

INTERBIO-21<sup>st</sup> PTID Number

-

Hospital/Clinic Code

**AFFIX  
PTID LABEL  
HERE**

Maternal Hospital Record No.

Maternal Date of Birth

Date of Ultrasound

Please answer all yes/no questions by placing a 'X' in the corresponding box

**Section 1: Ultrasound observations**

1. Are there any fetal abnormalities?

If yes, please complete the **Fetal Abnormality Form**.

2. Fetal presentation: (cross one box only)

Cephalic  Transverse

Breech  Oblique

3. Amniotic fluid volume: (cross one box only)

Normal  Moderately reduced

Moderately increased  Oligohydramnios

Polyhydramnios  Anhydramnios

4. Placental localisation: (cross one box only)

Fundal  Low anterior

High anterior  Low posterior

High posterior  Low left lateral

High left lateral  Low right lateral

High right lateral

5. Can the uterine cervix be visualised transabdominally?

If yes, length:   mm

**Section 2: Ultrasound measurements**

6. Crown-rump length (CRL):     .  mm      7. Estimated gestational age by CRL:   weeks  days

8. Biparietal diameter (BPD):   .   cm      12. Abdominal circumference (AC):   .   cm

9. Occipito-frontal diameter (OFD):   .   cm      13. Femur length (FL):   .   cm

10. Head circumference (HC):   .   cm      14. Amniotic Fluid Index (AFI):   .   cm

11. Estimated gestational age by HC:   weeks  days

**Section 3: Doppler examinations**

15. Were the Uterine Doppler measurements obtained?    
If yes, continue to Question 16; if no, skip to Question 20.

20. Were the Umbilical Doppler measurements obtained?    
If yes, continue to Question 21; if no, **stop here**.

**Uterine arteries**

16. Notch?

**LEFT artery**

**RIGHT artery**

17. Pulsatility index (PI):  .

18. Resistance index (RI):  .

19. Systolic/Diastolic (SD) ratio:  .

**Umbilical artery**

21. End diastolic flow: (cross one box only)

Positive

Absent

Reversed

22. Pulsatility index (PI):  .

23. Resistance index (RI):  .

24. Systolic/Diastolic (SD) ratio:  .

Name of Researcher/Midwife

Signature       Researcher Code