

Study Subject Number -

 Study Hospital Code

 Maternal Hospital Record No.

 Date of Delivery

 First day of last menstrual period (LMP)

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

Section 1: Lab information

	<15 weeks	15-27 weeks	>27 weeks
1. Highest maternal blood glucose level:	<input type="text"/> mmol/l	<input type="text"/> mmol/l	<input type="text"/> mmol/l
2. Lowest maternal blood glucose level:	<input type="text"/> mmol/l	<input type="text"/> mmol/l	<input type="text"/> mmol/l
3. Highest maternal serum creatinine level:	<input type="text"/> µmol/l	<input type="text"/> µmol/l	<input type="text"/> µmol/l

Section 2: Clinical conditions

During this pregnancy was she diagnosed with, or treated for, any of the following conditions?

4. Diabetic ketoacidosis	<input type="checkbox"/> yes <input type="checkbox"/> no	9. Systemic lupus erythematosus	<input type="checkbox"/> yes <input type="checkbox"/> no
5. Thyroid disorder	<input type="checkbox"/> yes <input type="checkbox"/> no	10. Shock (non-sepsis-related)	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, did she suffer from a thyroid storm?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, were pressor agents required?	<input type="checkbox"/> yes <input type="checkbox"/> no
6. Seizures	<input type="checkbox"/> yes <input type="checkbox"/> no	11. Positive test for heritable thrombophilias	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, with what frequency? (cross one box only)		If yes, which tests were positive? (cross all that apply)	
≤1 per month <input type="checkbox"/> >1 per month <input type="checkbox"/> Epileptic <input type="checkbox"/>		Factor V Leiden <input type="checkbox"/> Prothrombin Gene 20210A <input type="checkbox"/>	
7. Antiphospholipid syndrome (APS)	<input type="checkbox"/> yes <input type="checkbox"/> no	Protein C deficiency <input type="checkbox"/> Antithrombin III deficiency <input type="checkbox"/>	
8. Intrahepatic cholestasis	<input type="checkbox"/> yes <input type="checkbox"/> no	Protein S deficiency <input type="checkbox"/>	

During this pregnancy was she diagnosed with, or treated for, any of the following infections?

12. Cytomegalovirus	<input type="checkbox"/> yes <input type="checkbox"/> no	14. Listeria	<input type="checkbox"/> yes <input type="checkbox"/> no	16. Toxoplasmosis	<input type="checkbox"/> yes <input type="checkbox"/> no
13. Hepatitis B	<input type="checkbox"/> yes <input type="checkbox"/> no	15. Parvovirus	<input type="checkbox"/> yes <input type="checkbox"/> no		

Section 3: Pregnancy-related complications

During this pregnancy was she diagnosed with, or treated for, any of the following conditions?

17. Uterine rupture	<input type="checkbox"/> yes <input type="checkbox"/> no	21. Hydrops	<input type="checkbox"/> yes <input type="checkbox"/> no
18. Clinical chorioamnionitis	<input type="checkbox"/> yes <input type="checkbox"/> no	22. Red cell isoimmunisation	<input type="checkbox"/> yes <input type="checkbox"/> no
19. Evidence of direct fetal trauma	<input type="checkbox"/> yes <input type="checkbox"/> no	23. Platelet alloimmunisation	<input type="checkbox"/> yes <input type="checkbox"/> no
20. Positive Kleihauer-Betke (KB) test	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, with which characteristic? (cross all that apply)	
If yes, percentage of fetal blood lost: <input type="text"/> %		Parental platelet antigen incompatibility <input type="checkbox"/>	Fetal thrombocytopenia <input type="checkbox"/>

During this pregnancy was she diagnosed with, or treated for, any of the following major cord complications?

24. Vasa praevia with bleeding	<input type="checkbox"/> yes <input type="checkbox"/> no	26. Cord entrapment with occlusion	<input type="checkbox"/> yes <input type="checkbox"/> no
25. Abnormal insertion	<input type="checkbox"/> yes <input type="checkbox"/> no	27. Knots, torsion or strictures (with thrombi or other obstruction)	<input type="checkbox"/> yes <input type="checkbox"/> no

Did she receive a blood transfusion?

28. During this pregnancy	<input type="checkbox"/> yes <input type="checkbox"/> no	29. After delivery	<input type="checkbox"/> yes <input type="checkbox"/> no
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Section 4: Placental pathology

Were any of the following placental pathologies detected?

30. Retroplacental clot	<input type="checkbox"/> yes <input type="checkbox"/> no	31. Abruptio placentae	<input type="checkbox"/> yes <input type="checkbox"/> no
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Section 5: Reported causes of fetal death according to medical records

32. Reported primary cause of death:

33. Reported secondary causes of death:

Name of Researcher	<input type="text"/>
Signature	<input type="text"/> Researcher Code <input type="text"/>