

PROBIT V
MATERNAL DELIVERY RECORD DATA ABSTRACTION FORM

Many questions can be answered simply by ticking the appropriate box ☒.

All answers will be treated as strictly confidential and will only be seen by the research team.

1. Identifying Information			
1.01 PROBIT Hospital number __ __	1.02 Paediatrician Number 3 __ __ __		
1.03 PROBIT child's date of birth __ __ dd __ __ mm 199 __ y	1.04 PROBIT child's subject ID: __ __ __ __		
1.05 Mother's telephone consent given and recorded? ☐ ₁ Yes ☐ ₂ No			
1.06 Mother's delivery record is blank, incomplete, damaged, or otherwise illegible ☐ ₁ Yes ☐ ₂ No			
2. Maternal information			Check boxes below if information not available in maternal record
2.01 Name of health institution (Maternal delivery hospital) _____			
2.02 Maternal delivery record No. (if present) _____			2.02a Not available ☐
2.03 Maternal Age (at time of delivery) __ __ years			2.02a Not available ☐
2.04 Maternal Hemoglobin (at time of delivery): _____			2.04a Not available ☐
2.05 Family Status: ☐ ₁ Marriage Registered ☐ ₂ Not Registered ☐ ₃ Single ☐ ₄ Not available			
2.06 Place of Work: _____			2.06a Not available ☐
2.07 ANC card present? ☐ ₁ Yes ☐ ₂ No (If no, skip to Q3.01)			
2.08 Attended ANC during pregnancy: ☐ ₁ Yes ☐ ₂ No		2.09 Number of ANC Visits: __ __	2.09a Not available ☐
3. Hospital Admission and Diagnosis			
3.01 Diagnosis at Admission	☐ ₁ Bleeding ☐ ₂ Preterm Labour ☐ ₃ Labour, at term ☐ ₄ Rupture of Membranes (Water Broke) ☐ ₅ High Blood Pressure / Preeclampsia ☐ ₆ Other (specify) _____	3.01a Not available ☐	
3.02 Clinical Diagnosis	☐ ₁ Bleeding ☐ ₂ Preterm Labour ☐ ₃ Labour, at term ☐ ₄ Rupture of Membranes (Water Broke) ☐ ₅ High Blood Pressure / Preeclampsia ☐ ₆ Other (specify) _____	3.02a Not available ☐	
3.03 Final Diagnosis	☐ ₁ Bleeding ☐ ₂ Preterm Labour ☐ ₃ Labour, at term ☐ ₄ Rupture of Membranes (Water Broke) ☐ ₅ High Blood Pressure / Preeclampsia ☐ ₆ Other (specify) _____	3.03a Not available ☐	

3.04 Complications In Labour: _____ _____ _____ _____	3.04a Not available ☐ ₁ None ☐ ₂
3.05 Complications After Labour: _____ _____ _____ _____	3.05a Not available ☐ ₁ None ☐ ₂
3.06 Surgery Operations and Assistance ☐₁ None ☐₂ Version (manually repositioning baby) ☐₃ Cesarean section ☐₄ Vacuum extraction ☐₅ Forceps ☐₆ Episiotomy ☐₇ Other (specify) _____ 3.06a Not available ☐	
4. Pregnancy Information	
4.01 Mother's standing height: _____ cm 4.01a Date of height measurement ____ __ dd ____ __ mm 19 __ __ yy 4.01b Not available ☐	
4.02 Mother's Body Weight at admission for delivery: _____ kg _____ . _____ kg 4.02a Date of body weight measurement ____ __ dd ____ __ mm 19 __ __ yy 4.02b Not available ☐	
<i>(Please list any additional prenatal body weight measurements on the last page of this form.)</i>	
4.03 Number of the pregnancy: ____ __ 4.03a Not available ☐	
4.04 Date of Last Menstrual Period (LMP) ____ __ dd ____ __ mm 19 __ __ yy 4.04a Not available ☐	
4.05 Last menstrual period normal? ☐ ₁ Yes ☐ ₂ No ☐ ₃ Not available	
4.06 Menses regular? ☐ ₁ Yes ☐ ₂ No ☐ ₃ Not available	
4.07 Date of first fetal movement: ____ __ dd ____ __ mm 19 __ __ yy 4.07a Not available ☐	
4.08 Abdominal circumference at admission for delivery _____ cm 4.08a Not available ☐	
4.09 Height of uterine fundus at admission for delivery _____ cm 4.09a Not available ☐	
4.10 Labour started: ____ __ dd ____ __ mm 19 __ __ yy 4.10a ____hh:____mm 4.10b Not available ☐	
4.11 Membranes ruptured: ____ __ dd ____ __ mm 19 __ __ yy 4.11a ____hh:____mm 4.11b Not available ☐	
4.12 Amniotic fluid quality and quantity ☐₁ Clear ☐₂ Bloody ☐₃ Meconium ☐₄ Other (specify) _____ 4.12a Not available ☐	
4.13 Strains started: ____ __ dd ____ __ mm 19 __ __ yy 4.13a ____hh:____mm 4.13b Not available ☐	
4.14 Foetus position and type _____ 4.14a Not available ☐	
4.15 Fetal heart rate: ____ beats per minute 4.15a ☐₁ Regular ☐₂ Irregular 4.15b Not available ☐	

5. Infant Measurements		
5.01	Child born: __ __ dd __ __ mm 19 __ __ yy 5.01a __hh:__mm	5.01b Not available ☐
5.02	Presenting part: ☐ _1 Head ☐ _2 Posterior ☐ _3 Feet ☐ _4 Not available	
5.03	Body weight at birth __ __ __ g	5.03a Not available ☐
5.04	Body length at birth __ __. __ cm	5.04a Not available ☐
5.05	Head circumference at birth: __ __. __ cm	5.05a Not available ☐
5.06	Chest circumference at birth: __ __ cm	5.06a Not available ☐
5.07	Apgar Score: __ __ (1 minute after delivery)	5.07a Not available ☐
5.08	Apgar Score: __ __ (5 minutes after delivery)	5.08a Not available ☐
6. Case History		
6.01	Systemic diseases (mother) ☐ _1 None ☐ _2 Diabetes Mellitus ☐ _3 Gestational diabetes mellitus (current pregnancy) ☐ _4 High blood pressure ☐ _5 Urinary tract infection ☐ _6 Chlamydia ☐ _7 Gonorrhea ☐ _8 Hepatitis B ☐ _9 Other (specify) _____	6.01a Not available ☐
6.02	Menses began at age __ __ years	6.02a Not available ☐
6.03	Course and complications of the current pregnancy _____ _____ _____	6.03a Not available ☐
6.04	Mother's health on admission for delivery: _____ _____ _____	6.04a Not available ☐
6.05	Mother's heart rate at admission for delivery __ __ __ beats per minute	6.04a Not available ☐
6.06	Mother's blood pressure at admission for delivery: 6.06a Systolic __ __ __ mmHg 6.06b Diastolic __ __ __ mmHg	6.06c Not available ☐
6.07	Mother's blood pressure at admission for delivery: taken on ☐ _1 Right arm ☐ _2 Left arm ☐ _3 Not indicated	
(Please list any additional blood pressure measurements on the last page of this form.)		
7. Maternal Urinalysis (if no urinalysis results are listed, please skip to section 8)		
7.01	7.01a Glucose ☐ _1 Yes ☐ _2 No ☐ _3 Not Indicated	
__ __ dd __ __ mm 19 __ __ yy	7.01b Protein ☐ _1 Yes ☐ _2 No ☐ _3 Not Indicated	
7.02	7.02a Glucose ☐ _1 Yes ☐ _2 No ☐ _3 Not Indicated	
__ __ dd __ __ mm 19 __ __ yy	7.02b Protein ☐ _1 Yes ☐ _2 No ☐ _3 Not Indicated	

7. Maternal Urinalysis (if no urinalysis results are listed, please skip to section 8)					
7.03	____ dd ____ mm 19 ____ yy	7.03a	Glucose	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
		7.03b	Protein	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
7.04	____ dd ____ mm 19 ____ yy	7.04a	Glucose	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
		7.04b	Protein	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
7.05	____ dd ____ mm 19 ____ yy	7.05a	Glucose	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
		7.05b	Protein	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
8. Maternal Bloodwork (if no bloodwork results are listed, please skip to section 9)					
8.01	____ dd ____ mm 19 ____ yy	8.01a	Fasting	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
		8.01b	Glucose	____ mmol /L	
8.02	____ dd ____ mm 19 ____ yy	8.02a	Fasting	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
		8.02b	Glucose	____ mmol /L	
8.03	____ dd ____ mm 19 ____ yy	8.03a	Fasting	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
		8.03b	Glucose	____ mmol /L	
8.04	____ dd ____ mm 19 ____ yy	8.04a	Fasting	☐ ₁ Yes	☐ ₂ No ☐ ₃ Not Indicated
		8.04b	Glucose	____ mmol/L	
9. Ultrasounds and Measurements					
9.01	Date of earliest ultrasound during PROBIT pregnancy: ____ dd ____ mm 19 ____ yy	9.02	Estimated Gestational Age:	____ weeks ____ days	
9.03	Estimated fetal weight: ____ kgs	9.04	Biparietal diameter	____ cm	
9.05	Heart rate: ____ beats per minute	9.06	Chest diameter:	____ cm	
9.07	Femur length: ____ cm				
If any additional ultrasound measurements are available, please enter them below. Otherwise, skip to section 10					
9.08	Date of measurements ____ dd ____ mm 19 ____ yy	9.09	Estimated Gestational Age:	____ wks ____ Days	
9.10	Presumed weight: ____ kgs	9.11	Head circumference	____ cm	
9.12	Heart rate: ____ beats per minute	9.13	Chest:	____ cm	
9.14	Femur length: ____ cm				
9.15	Date of measurements ____ dd ____ mm 19 ____ yy	9.16	Estimated Gestational Age:	____ wks ____ Days	
9.17	Presumed weight: ____ kgs	9.18	Head circumference	____ cm	
9.19	Heart rate: ____ beats per minute	9.20	Chest:	____ cm	
9.21	Femur length: ____ cm				

10. Additional Maternal Weight Measurements during PROBIT pregnancy (if not available, skip to section 11)

Date of weight measurement

Mother's Weight

10.01 *dd* *mm* 19 *yy*

10.01a . *kg*

10.02 *dd* *mm* 19 *yy*

10.02a . kg

10.03 *dd* *mm* 19 *yy*

10.03a . *kg*

10.04 *dd* *mm* 19 *yy*

10.04a . kg

10.05 *dd* *mm* 19 *yy*

10.05a . *kg*

11. Additional Maternal Blood Pressure Measurements during PROBIT pregnancy (if not available, leave blank)

Date of measurement

11.01a Systolic mmHg

11.01 |__|__|*dd* |__|__|*mm* 19|__|__|*yy*

11.01b Diastolic _____ mmHg

11.02 |__|__|*dd* |__|__|*mm* 19|__|__|*yy*

11.02a Systolic mmHg

11.02b Diastolic mmHg

11.03 |__|__|dd |__|__|mm 19|__|__|yy

11.03a Systolic ____mmHg

11.03b Diastolic mmHg

11.04 |__|__|dd |__|__|mm 19|__|__|yy

11.04a Systolic mmHg

11.04b Diastolic mmHg

11.05 |__|__|dd |__|__|mm 19|__|__|yy

11.05a Systolic mmHg

11.05b Diastolic mmHg

12. Notes

[illegible]