



START # 167

Plate #061

Visit #012

Participant ID
 Centre # Participant #

Initials
 F M L

For Office Use Only

Date when information was collected: 20
 year month day

Source of information: Chart - Paper or electronic
 Physician
 Nurses
 Mother
(may check more than one)

Date of admission: (mother) 20
 year month day

Date of discharge: 20
 year month day

Mother's last recorded weight (before delivery): . Kg

20
 year month day

Gravida (number of pregnancies)

Para (number of viable births)

Date and time of membranes rupture: Date 20
 year month day

Time : Unknown
 (00:00-23:59)

Rupture of membranes (mark only ONE): Spontaneous Artificial Don't know

Date and time of onset of Labour: Date 20
 year month day

Time :
 (00:00-23:59)

Date and time of delivery: Date 20
 year month day

Time :
 (00:00-23:59)

A. INFANT BIRTH and DELIVERY INFORMATION

1. Gestational age (according to hospital records): .
 Weeks Days

2. Medications received in labour ward:

- a) Epidural Yes No DK
- b) IV Syntocinon Yes No DK
- c) Gel induction Yes No DK
- d) Antibiotics Yes No DK

3. Type of delivery:

- a) Spontaneous Vaginal Delivery → Was it an assisted breech? Yes No
- b) Vacuum extraction
- c) Forceps
- d) Caesarean section → i) Was it: Planned → If Yes: _____ (Reason)
 Emergency → If Yes: Fetal distress
 Prolonged labour
 Breach
 Other
- ii) Type of anaesthetic: Spinal
 General



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4. Sex: Male Female Ambiguous sexuality Dont Know

5. Status at birth: Alive
 Dead shortly after birth → How soon after birth? :
 hours mins
 Still birth

6. APGAR Scores: One minute Post Birth: Five minutes Post Birth:

7. Meconium stain / particulate: Yes No DK

8. Did the mother receive a blood transfusion during or after delivery?

Yes → If Yes, how many units of pRBC's? units
 No

Did the mother receive a transfusion of other blood products (i.e. plasma, platelets) ? Yes No

9. Baby's stay in hospital:

Well baby with mother
 NICU → (check all that apply)
 Prematurity
 Infection
 Hypoglycemia
 Respiratory distress
 Jaundice
 Other: _____

Unrecorded

Transferred to another hospital → Reason: _____

10. Baby feeding in hospital:

Breastfed Formula Both Other: _____

11. Did the baby go home when the mother did?

Yes

No → If NO then:
 Maternal reason (eg. illness) → Reason: _____
 Baby reason (eg. illness) → Reason: _____
 Other (eg. social reasons)

Unrecorded



START # 167

Plate #063

Visit #012

Participant ID

Centre # [][] Participant # [][][][]

Initials

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B. ANTENATAL/OBSTETRIC COMPLICATIONS:
(Fill in the following section at the end of labour)

Approximate Date of Diagnosis

1. Antenatal Hemorrhage

Yes No DK

20 [][] [][] [][]
year month day

2. Gestational Diabetes

Yes No DK

20 [][] [][] [][]
year month day

3. Hypertension (>120/80) without proteinuria

Yes No DK

20 [][] [][] [][]
year month day

4. Pre-eclampsia: Hypertension with proteinuria

>140/90 Other

Yes No DK

20 [][] [][] [][]
year month day

5. Eclampsia (preclampsia plus seizure or coma)

Yes No DK

20 [][] [][] [][]
year month day

6. Oligohydramnios

Yes No DK

20 [][] [][] [][]
year month day

7. Rh negative (raised titre)

Yes No DK

20 [][] [][] [][]
year month day

8. Reduced amniotic fluid index

Yes No DK

20 [][] [][] [][]
year month day

9. Placenta previa

Yes No DK

20 [][] [][] [][]
year month day

10. Infectious Status: _____
(VDRL, HIV, Toxo, Rubella, Varicella, HepBsAg, GBS)

Yes No DK

20 [][] [][] [][]
year month day

11. Cord presentation/prolapse

Yes No DK

20 [][] [][] [][]
year month day

12. Premature rupture of membrane

Yes No DK

20 [][] [][] [][]
year month day

13. Non reactive Non Stress Test

Yes No Unknwn

20 [][] [][] [][]
year month day

14. Postpartum endometritis (fever with abdominal pain and tenderness)

Yes No DK

20 [][] [][] [][]
year month day

15. Other, specify: _____

Yes No Unknwn

20 [][] [][] [][]
year month day



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C. MOTHER'S PRE DELIVERY LAB RESULTS

Date of collection 20
year month day

Not collected

- 1) Hemoglobin • g/l
- 2) Platelet count • 10⁹/l
- 3) INR •
- 4) PTT •
- 5) Glucose • mmol/L
- 6) Creatinine • mg/dL

D. MOTHER'S POST DELIVERY LAB RESULTS

Date of collection 20
year month day

(Take earliest date post delivery)

Not collected

- 1) Hemoglobin • g/l
- 2) Hematocrit • %
- 3) Platelet count • 10⁹/l
- 4) White blood cell count • 10³/mm³
- 5) Glucose • mmol/L
- 6) Creatinine • mg/dL



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Date : 20
year month day

A. CORD BLOOD

1. Was Cord Blood drawn at this visit?

- No → Reason for missing cord blood: Labour ward staff forgot to collect
 Complicated Delivery
 Outside Delivery
 Other, specify: _____
- Yes → Complete Section 2
- Unrecorded

2. Cord Blood Tests Drawn

Time of collection: :
(00:00-23:59)

FOR OFFICE USE ONLY:

Blood Label #

- a) Red top tube Not drawn Drawn
- b) Pax gene Not drawn Drawn
- c) Lavender top tube Not drawn Drawn

If above tests not drawn, reason: _____

B. PLACENTA

Time of placenta delivery > 10 mins after birth? Yes No

Untrimmed complete placenta weight: . grams

Placental biopsy collected → Collection time: :
(00:00-23:59)

Form completed by: _____ Date of completion: 20
(please print) Last Name First Initial year month day