

# LAMBS – Late And Moderately preterm Birth Study

## Maternal Data Collection



Survey ID:

### MATERNAL DATA

#### 1. Mother's Details

1.1 Surname

1.2 First name

1.3 Address

1.4 Postcode

 

1.5 Hospital number

1.6 NHS number

  

1.7 Date of birth

 /  / 19   OR Age  years

1.8 Ethnicity

- |                                 |   |
|---------------------------------|---|
| A White                         | <input type="checkbox"/> A1 British                   |
|                                 | <input type="checkbox"/> A2 Irish                     |
|                                 | <input type="checkbox"/> A3 Other White background    |
| B Mixed                         | <input type="checkbox"/> B1 White and Black Caribbean |
|                                 | <input type="checkbox"/> B2 White and Black African   |
|                                 | <input type="checkbox"/> B3 White and Asian           |
|                                 | <input type="checkbox"/> B4 Other Mixed background    |
| C Asian or Asian British        | <input type="checkbox"/> C1 Indian                    |
|                                 | <input type="checkbox"/> C2 Pakistani                 |
|                                 | <input type="checkbox"/> C3 Bangladeshi               |
|                                 | <input type="checkbox"/> C4 Other Asian background    |
| D Black or Black British        | <input type="checkbox"/> D1 Caribbean                 |
|                                 | <input type="checkbox"/> D2 African                   |
|                                 | <input type="checkbox"/> D3 Other Black background    |
| E Chinese or other ethnic group | <input type="checkbox"/> E1 Chinese                   |
|                                 | <input type="checkbox"/> E2 Other background          |
|                                 | <input type="checkbox"/> Unsure                       |
|                                 | <input type="checkbox"/> Not disclosed by participant |

1.9 Name of GP

1.10 Address

1.11 Postcode

## 2. General Medical History

2.1 Does the mother suffer from any chronic conditions (diagnosed prior to this pregnancy)?

Please tick all that apply

- Diabetes
- Hypertension
- Autoimmune Disorder
- Other (specify)

2.2 Has the mother had any treatment to the cervix in the past?

- No
- Yes
  - Laser
  - Cone biopsy
  - Other (specify)

- Not known

## 3. Past Obstetric History

Using the convention (live births + stillbirths ) + (abortions), write the number of such births the woman has had, including this pregnancy (eg. 4 + 2) NB. Please count births not pregnancies.

3.1 Number of live births and stillbirths including this pregnancy

 + 

3.2 Number of spontaneous abortions

3.3 Number of medical terminations of pregnancy

3.4 Number of preterm births

## 4. This Pregnancy

### 4A. Booking

4.1 Date of booking

/ / 20 

4.2 Height at booking

 cm OR  ft  in

4.3 Weight at booking

 kg OR  st  lb

4.4 BMI at booking

4.5 Haemoglobin at booking

 g/dl

4.6 Number of reviews by a doctor or midwife (excluding scans)

4.7 Expected date of delivery:

By dating scan: / / 20

By Dates: / / 20

### 4B. Ultrasound Scans

4.8 Was an ultrasound dating scan performed?

 No  
 Yes

4.9 Was an ultrasound anomaly scan performed?

 No  
 Yes

4.10 Was a nuchal scan performed?

 No  
 Yes

4.11 Ultrasound scan findings:

- Fetal growth restriction  
 Major anomalies (please specify)

- Minor anomalies (please specify)

- Other (please specify)

## 4C. Amniocentesis / Chorionic Villous Sampling

4.12 Was amniocentesis performed?

- No
- Yes, due to maternal age
- Yes, suspected chromosomal anomaly
- Yes, suspected other anomaly
- Yes, other (*please specify*)

4.13 Result of amniocentesis:

- Normal
- Major abnormality (*please specify*)

- Minor abnormality (*please specify*)

4.14 Was CVS performed?

- No
- Yes
  - Normal
  - Abnormal (*please specify*)

## 4D. Antenatal Steroids

4.15 Were antenatal corticosteroids given?

- No
- Not known
- Complete course
- Incomplete course

4.16 Date and time of last antenatal corticosteroid course:

/ / 20   : 

- Multiple courses

## 4E. Antenatal Dopplers

4.17 Were antenatal dopplers measured?

- No
- Yes
- Not known

4.18 Date of last measurement:

/ / 20  

4.19 Result:

- Normal
- Absent end diastolic flow
- Reversed end diastolic flow

## 4F. Drugs During Pregnancy

In the week prior to delivery did the mother receive any of the following drugs?

**4.20 Antibiotics** (*not including cover for LSCS*)  No  
 Yes  
 Not known

**4.21 Tocolytics**  No  
 Yes  
 Not known

**4.22 Antihypertensives**  No  
 Yes  
 Not known

**4.23 Antidepressants**  No  
 Yes  
 Not known

**4.24 Regular opiates** (*excluding those given in labour*)  No  
 Yes  
 Not known

**4.25 Recreational drugs**  No  
 Yes  
 Not known

**4.26 Other drugs** (*please specify*)

## 4G. Pregnancy Complications

Were any of the following present between 23+0 weeks of gestation and delivery?

**4.27 Systemic infection** (*+ve blood culture*)  No  
 Not known  
 Yes (*please specify organisms; indicate weeks in grid below*)

23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42

**4.28 Genital infection (+ve vaginal swab)**

- No
- Not known
- Yes (please specify organisms; indicate weeks in grid below)

23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42

**4.29 Urinary tract infection (+ve MSU)**

- No
- Not known
- Yes (please specify organisms; indicate weeks in grid below)

23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42

**4.30 Proteinuric hypertension**

- No
- Not known
- Yes (please indicate weeks in grid below)

23	24	25	26	27	28	29	30	31	32
33	34	35	36	37	38	39	40	41	42

**4.31 Fetal growth restriction (<10<sup>th</sup> centile)**

- No
- Yes
- Not known

**4.32 Pre-labour rupture of membranes**

- No
- Yes
- Not known

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--

**4.33 Gestational diabetes**

- No
- Yes
- Not known

**4.34 Other conditions developing during this pregnancy**

- No
- Yes (please specify)

## 5. Labour and Delivery

**5.1 Was delivery preceded by labour?** (any contractions including niggling. ie. Health Professional felt contractions)

- No  
 Yes  
 Not known

**Were any of the following present during labour:**

**5.2 Spontaneous rupture of membranes**

- No  
 Yes >24 hours before delivery  
 Yes ≤24 hours before delivery

**5.3 Evidence of maternal infection:**

**Maternal fever**

- No  
 Yes Temperature   .   
 Not known

**Raised maternal CRP**

- No  
 Not known  
 Yes

**5.4 Abnormal fetal scalp pH**

- No  
 Yes  
 Not monitored  
 Not known

**5.5 Meconium stained liquor**

- No  
 Yes  
 Not known

**5.6 CTG abnormality**

*Please tick all that apply*

- None  
 Fetal tachycardia  
 Early decelerations in fetal heart rate  
 Late decelerations in fetal heart rate  
 Variable decelerations in fetal heart rate  
 Sustained fetal bradycardia  
 Other (*please specify*)

**5.7 Cord prolapse**

- No  
 Yes

**5.8 Other fetal or maternal complication** (*please specify*)

**5.9 Was labour induced?**

- No  
 Yes  Post dates  
 Fetal compromise (*please specify*)

- Maternal compromise (*please specify*)

- Maternal choice (*please specify*)

- Other (*please specify*)

- Not known

**5.10 Length of labour**

First stage   :

Second stage   :

**5.11 Time between membrane rupture and delivery (indicate shortest time:**

- At delivery
- <24 hours
- <48 hours
- <96 hours
- <1 week
- ≥1 week

**5.12 Place of delivery**

- Leicester Royal Infirmary
- Leicester General Hospital
- Queens Campus NUH
- City Campus NUH
- St Mary's Hospital Melton
- Home
- Other (*please specify*)

**5.13 Intended place of delivery**

- Leicester Royal Infirmary
- Leicester General Hospital
- Queens Campus NUH
- City Campus NUH
- St Mary's Hospital Melton
- Home
- Other (*please specify*)

**5.14 Method of delivery**

- Spontaneous vaginal
- Forceps
- Ventouse
- Assisted breech
- Caesarean section labouring
- Caesarean section not in labour
- Not known



**5.15 Indication for caesarean section:**

- Previous CS
- Fetal compromise (*please specify*)

- Maternal compromise (*please specify*)

- Maternal choice (*please specify*)

- Other (*please specify*)

- Not known

**5.16 Caesarean section performed with:**

- Epidural anaesthetic
- Spinal block
- Epi-spinal
- General anaesthetic
- Not known

**5.17 Infant condition at birth:**

Apgar score at 1 minute

Apgar score at 5 minutes

**5.18 Cord bloods**

- Tick if cord bloods not done
- Tick if source of blood gases not known

	Arterial	Venous
pH	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
pCO <sub>2</sub>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
pO <sub>2</sub>	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>
mbe	<input type="text"/> . <input type="text"/>	<input type="text"/> . <input type="text"/>

**5.19 Midwife's initials**

**5.20 Midwife's notes/comments:**