

C-STICH2: Emergency Cervical Cerclage to Prevent Miscarriage and Preterm Birth



CRF2b: Inpatient Management (including expectant management) during first presentation with exposed membranes			
Please complete this form for all patients consented into C-STICH2			
Section 1 - Patient Details			
Patient Trial Number:	Patient Initials: First, Middle, Last F M L		
Section 2 - Pregnancy History			
Please enter 0 if no previous pregnancies or events			
Number of previous pregnancies			
If zero previous pregnancies, please go to section 3.			
Number of 1st trimester miscarriages (<12 weeks)	Number of 2nd trimester miscarriages (12 - <24 weeks)		
Number of previous terminations of pregnancy	Number of previous stillbirths		
Number of previous livebirths <24 weeks	Number of previous livebirths 24 - <28 weeks		
Number of previous livebirths 28 - <34 weeks	Number of previous livebirths 34 - <37 weeks		
Number of previous livebirths ≥37 weeks			
Section 3 - Antibiotics			
Did the mother receive any antibiotics from admission to hospital up to recruitment to C-STICH2 or until the decision for ECC/expectant			
management was made (whichever occurred first)	○ No ○ Yes		
If yes, date started: e.g. 31-JAN-2017 D D - M M M - Y Y Y Y			
If yes, what was the indication for antibiotics? tick all that apply Bacterial Vaginosis Urinary Tract Infection Other			
If other, please specify:			
Did the mother receive any antibiotics from recruitment to C-STICH2 or until the decision for ECC/expectant management was made (whichever			
occurred first) up to discharge	○ No ○ Yes		
If yes, date started: e.g. 31-JAN-2017 D D - M M M - Y Y Y Y			
If yes, what was the indication for antibiotics? tick all that apply	Bacterial Vaginosis Urinary Tract Infection Other		
If other, please specify:			

Section 4 - Myometrial depressants

Were myometrial depressants used (excluding in theatre for cerclage placement)?		○ No	Yes
If yes, which was used? tick one	Indomethacin	Nifedipine	Other
If other, please specify:			

Section 5 - Baseline Characteristics			
Maternal BMI at booking kg/m ²			
Did the mother smoke at booking?	○ No ○ Yes		
Section 6 - Previous Cervical Surgery			
Has the mother had any cervical surgery prior to joining this trial?			
If yes , please indicate which type of of surgery: <i>tick all that apply</i>	vious LLETZ 2 x previous LLETZ Knife Cone Biopsy Other		
If other, please specify:			
Does the mother have a uterine anomaly?	If yes, please specify:		
Section 7 - Your details			
Name:	Signature:		
Today's Date: e.g. 31-JAN-2017 D D - M M M - Y Y Y Y			

Thank you for completing this form.

Please enter the information from this CRF into the C-STICH2 online database by logging in at: www.trials.bham.ac.uk/C-STICH2. Please then send a copy to **c-stich2@trials.bham.ac.uk** or to C-stich2 trails office, FREEPOST RTZL-JGLJ-TALA, Birmingham Clinical Trials Unit, Institute of Applied Health Research, University of Birmingham, B15 2TT