



CONFIDENTIAL WHEN COMPLETED

Baseline and Birth Form

To be completed by the local site team, entered onto the electronic system, and paper copy to be kept securely at site.

Part 1: Background Information on Mother

1.1 Ethnic Origin taken from green pregnancy notes ('if mixed, tick more than one box'):

British European (e.g. England, Wales)

East European (e.g. Poland, Romania)

Irish European (e.g. N. Ireland, Eire)

North European (e.g. Sweden, Denmark)

South European (e.g. Greece, Spain)

West European (e.g. France, Germany)

North African (e.g. Egypt, Sudan)

East African (e.g. Ethiopia, Kenya)

Central African (e.g. Cameroon, Congo)

South African – Black (e.g. Botswana, S. Africa)

South African – Euro (e.g. Botswana, S. Africa)

West African (e.g. Gambia, Ghana)

Middle Eastern (e.g. Iraq, Turkey)

Indian

Pakistani

Bangladeshi

Chinese

Other Far East (e.g. Japan, Korea)

South East Asia (e.g. Thailand, Phillippines)

Caribbean (e.g. Barbados, Jamaica)

Declined

Other

'If other, please specify'

1.2 Indications for induction:	Post-term pregnancy (37 weeks or over)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Diabetes mellitus/gestational diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Gestational hypertension	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Pre-eclampsia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Maternal renal disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Maternal hepatic disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Rhesus isoimmunisation/increasing antibody titre	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Intrauterine growth restriction/oligohydramnios	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Elected by mother	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other maternal disease	Yes <input type="checkbox"/>	No <input type="checkbox"/>

'If other, please specify'

1.3 Expected date of delivery (based on USS)

1.4 Number of previous miscarriages (<24 weeks)

1.5 Number of previous terminations of pregnancies (<24 weeks)

1.6 Previous deliveries >24 weeks Yes No

'If yes, what was the mode of delivery': Unassisted vaginal Yes No 'If yes, please give number'

Instrumental vaginal Yes No 'If yes, please give number'

Elective caesarean Yes No 'If yes, please give number'

Emergency caesarean Yes No 'If yes, please give number'

1.7 Presence of risk factor for GBS (according to local protocol) Yes No

1.8 Weight at booking antenatal visit (kg)

1.9 Height (cm)

1.10 BMI (kg/ m²)

Part 2: Induction of Labour (to be completed after randomisation):

2.1 Bishop score on initiation of cervical ripening i.e. 1st VE since randomisation (see score system below)

Please tick the relevant boxes below:

Score	0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>	1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>	2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>	-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>	Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>	Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

2.2 What treatment allocation was the woman randomised to (tick one)? Dilapan-S Propess

2.3 Series 1: Intervention used

(Please tick one treatment and complete the corresponding information. Please use a new series for each insertion. There is more space to complete further series, if required, at the back of this form).

Dilapan-S OR Propess OR Intervention not given

If NO intervention was given OR the allocated intervention was NOT given, what was the reason:

- Bishop score 6 or over (please record score in appendix) Yes No
- Spontaneous labour Yes No
- Caesarean due to maternal deterioration Yes No
- Caesarean due to fetal deterioration Yes No
- Declined induction of labour Yes No
- Received Foley catheter Yes No
- Received other form of pessary Yes No
- Inability to fit allocated intervention Yes No
- Failure of cervical ripening Yes No
- Withdrawal of consent Yes No

Other Yes No 'If other, please specify'

Number of rods inserted (if Dilapan-S) LOT number (if Dilapan-S)

Time and date inserted (24 hour clock)

Time and date removed (24 hour clock)

Was the intervention removed due to complications (if yes, record complication in question 2.8) Yes No

Did the intervention fall out? Yes No

'If yes, please record details of insertion of new intervention in next series'

'If yes, what was the time/date intervention fell out (24 hour clock)

2.4 Series 2: Intervention used

(Please tick one treatment and complete the corresponding information. Please use a new series for each insertion. There is more space to complete further series, if required, at the back of this form).

Dilapan-S OR Propess OR Intervention not given

If NO intervention was given OR the allocated intervention was NOT given, what was the reason:

- Bishop score 6 or over (please record score in appendix) Yes No
- Spontaneous labour Yes No
- Caesarean due to maternal deterioration Yes No
- Caesarean due to fetal deterioration Yes No
- Declined induction of labour Yes No
- Received Foley catheter Yes No
- Received other form of pessary Yes No
- Inability to fit allocated intervention Yes No
- Failure of cervical ripening Yes No
- Withdrawal of consent Yes No

Other Yes No 'If other, please specify'

If intervention was given, what was the reason for the new series?

- Slow/failure to ripen
- Maternal request
- Previous intervention fell-out
- Other

'If other, please specify'

Number of rods inserted (if Dilapan-S) LOT number (if Dilapan-S)

Time and date inserted (24 hour clock)

Time and date removed (24 hour clock)

Was the intervention removed due to complications (if yes record complication in question 2.8) Yes No

Did the intervention fall out? Yes No

'If yes, please record details of insertion of new intervention in next series'

'If yes, what was the time/date intervention fell out (24 hour clock)

2.5 Series 3: Intervention used

(Please tick one treatment and complete the corresponding information. Please use a new series for each insertion. There is more space to complete further series, if required, at the back of this form).

Dilapan-S OR Propess OR Intervention not given

If NO intervention was given OR the allocated intervention was NOT given, what was the reason:

Bishop score 6 or over (please record score in appendix) Yes No

Spontaneous labour Yes No

Caesarean due to maternal deterioration Yes No

Caesarean due to fetal deterioration Yes No

Declined induction of labour Yes No

Received Foley catheter Yes No

Received other form of pessary Yes No

Inability to fit allocated intervention Yes No

Failure of cervical ripening Yes No

Withdrawal of consent Yes No

Other Yes No *'If other, please specify'*

If intervention was given, what was the reason for the new series?

Slow/failure to ripen

Maternal request

Previous intervention fell-out

Other *'If other, please specify'*

Number of rods inserted (if Dilapan-S) LOT number (if Dilapan-S)

Time and date inserted (24 hour clock)

Time and date removed (24 hour clock)

Was the intervention removed due to complications (if yes record complication in question 2.8) Yes No

Did the intervention fall out? Yes No

'If yes, please record details of insertion of new intervention in next series'

'If yes, what was the time/date intervention fell out (24 hour clock)

2.6 Was analgesia used during cervical ripening (including insertion)? Yes No

'If yes, what types were used?':

Oral non-steroidal anti-inflammatory drugs (excluding paracetamol) Yes No

Paracetamol Yes No

Oral opioid Yes No

Pethidine Yes No

Entonox Yes No

Epidural Yes No

Other Yes No *'If other, please specify'*

If analgesia was used, what was the time/date first analgesic was started? (24 hour clock)
H H M M
D D M M M Y Y Y Y

2.7 Was the woman suitable to go home following first insertion of device/drug? Yes No

'If yes, did she go home?' Yes No

2.8 Complications during cervical ripening? Yes No

'If yes, were they?' Cervical injury Yes No

Uterine activity or contractions Yes No

Uterine tachysystole Yes No
(defined as uterine contractions of more than 5 in 10 minutes for 20 minutes)

Uterine hyperstimulation with non reassuring/abnormal fetal heart rate Yes No
(defined as uterine contractions of more than 5 in 10 minutes with a non-reassuring or abnormal CTG according to NICE guidelines)

Effect on fetus (CTG) with non-reassuring/abnormal fetal heart rate Yes No

Nausea Yes No

Vomiting Yes No

Diarrhoea Yes No

Fever Yes No

Hypotension Yes No

Maternal tachycardia Yes No

Rupture of membranes Yes No

Suspected chorioamnionitis Yes No

Other Yes No *'If other, please specify'*

Part 3: Labour Events

3.1 Bishop score on completion of cervical ripening process (see scoring system below)

Please tick the relevant boxes below for last VE:

Score		0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>		1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>		-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>		Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>		Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

3.2 Was another intervention used to induce labour? Yes No

'If No, time/date labour started' (24 hour clock)

'If yes, what intervention was used?' **1) Amniotomy undertaken for induction** Yes No

Time/Date of amniotomy (24 hour clock)

2) Required oxytocin for induction Yes No

Time/Date of oxytocin started (24 hour clock)

Time/Date of oxytocin completed (24 hour clock)

3) Other Yes No 'If other, please specify'

Time/Date of 'other' intervention (24 hour clock)

3.3 Did the labour require augmentation? Yes No

'If yes, what method was used?' **1) Amniotomy undertaken for augmentation** Yes No

Time/Date of amniotomy (24 hour clock)

2) Required oxytocin for augmentation Yes No

Time/Date of oxytocin started (24 hour clock)

Time/Date of oxytocin completed (24 hour clock)

3) Other Yes No 'If other, please specify'

Time/Date of 'other' intervention (24 hour clock)

3.4 Was analgesia used during labour?

Yes No

'If yes, what types were used'

Oral non-steroidal anti-inflammatory drugs
(excluding paracetamol)

Yes No

Paracetamol

Yes No

Oral opioid

Yes No

Systemic opioids e.g pethidine

Yes No

Epidural/spinal analgesia

Yes No

Remifentanil PCA

Yes No

Entonox

Yes No

General anaesthesia

Yes No

Other Yes No

'If other, please specify'

3.5 Ultimate mode of delivery (please tick one)

Unassisted vaginal

Caesarean

Instrumental Ventouse

Instrumental Forceps

If the delivery was instrumental, what was the indication for this?

Suspicious CTG Yes No

Poor maternal effort Yes No

Pathological CTG Yes No

Abnormal FBS (≤ 7.20) Yes No

Delay in 2nd stage Yes No

Significant STAN event Yes No

Hyperstimulation** Yes No

Other Yes No

'If other, please specify'

** Hyperstimulation is defined as more than 5 uterine contractions in 10 mins, for a period of 20 mins or more, and resulting in a non-reassuring or abnormal fetal heart rate.

3.6 If delivery by caesarean, tick one category only:

Caesarean category I
(immediate threat to life of woman or fetus)

Caesarean category II
(maternal or fetal compromise which is not immediately life threatening)

Caesarean category III
(no maternal or fetal compromise but needs early delivery)

3.7 If delivery by caesarean tick all indications that apply:

- Fetal hypoxia/distress Yes No
- Abnormal/non-reassuring CTG Yes No
- Abnormal FBS (≤ 7.20) Yes No
- Significant STAN event Yes No
- Uterine hyperstimulation/tachysystole Yes No
- Failure of induction Yes No
- Failed instrumental birth Yes No
- Unsuitable for instrumental Yes No
- Failure to progress Yes No

- If failure to progress, was this:
- a) failure to dilate Yes No
- b) fetal malposition Yes No
- c) poor maternal effort Yes No
- d) delay 1st stage Yes No
- e) delay 2nd stage Yes No

- Induction refused by mother Yes No
- Caesarean requested by mother Yes No
- Other Yes No

'If other, please specify'

3.8 If **delivery by caesarean** what was the decision to birth interval (minutes)

3.9 **Complications during/immediately after labour** (please report uterine dehiscence as an SAE)

Uterine hyperstimulation Yes No

Perineal injury Yes No

If perineal injury please specify tear grade: I

II

III

IV

Episiotomy

Manual removal of placenta Yes No

Primary post-partum haemorrhage (loss \geq 500 ml blood from genital tract) Yes No

Cervical injury Yes No

Other Yes No 'If other, please specify'

3.10 Where did delivery take place? Home Birth centre Hospital maternity unit

Other 'If other, please specify'

Part 4: Information on birth and baby (– please use 24 hour clock for times)

4.1 Birth weight (grams)

4.2 Was the baby born alive? Yes No Time/date delivery (24 hour clock)

4.3 Please record APGAR Score at:

1 Min	5 Mins	10 Mins
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

Please tick if the score was not recorded at 1 minute

Please tick if the score was not recorded at 5 minutes

Please tick if the score was not recorded at 10 minutes

4.4 Was meconium staining noted? Yes No

4.5 Were cord blood gases collected? Yes No 'If no, go to question 4.6'

If any core blood gases were collected, what were the results?

Arterial pH ____ or tick if not recorded Base deficit ____ (mmol/l)/Base excess ____ (mmol/l)
or tick if not recorded base deficit/base excess

Venous pH ____ or tick if not recorded Base deficit ____ (mmol/l)/Base excess ____ (mmol/l)
or tick if not recorded base deficit/base excess

Lactate - ____ mmol/l or tick if not recorded

4.6 Where did the baby go after birth? Transferred to postnatal ward

Discharged home from labour ward

Admitted to intensive care

Admitted to high dependency unit

Admitted to special/transitional care

Part 5: From delivery until discharge

REMEMBER TO COMPLETE SAE FORMS FOR MATERNAL AND NEONATAL SAEs WHERE NECESSARY

5.1 Did the woman experience any complications? Yes No

'If yes, please tick all that apply':

clinical diagnosis consistent with vaginal infection Yes No

clinical diagnosis consistent with endometritis Yes No

clinical diagnosis consistent with uterine infection Yes No

secondary post-partum haemorrhage (>500ml) Yes No

other Yes No *'If other, please specify'*

5.2 If 'yes' to 5.1, was the woman given antibiotics? Yes No

'If yes, was this by' IV or given orally and how long for (days)?

5.3 Date of discharge of mother from this hospital

5.4 Did baby require review by a doctor from the neonatal team (excluding routine baby check)? Yes No

5.5 If 'yes', why was the baby reviewed (please tick)?

Infection Other *'If other, please specify'*

5.6 If review was for INFECTION was the baby given antibiotics?

Yes No

'If yes, how long for (days)?'

5.7 Was the baby admitted to NNU at this hospital?

Yes No

'If yes, what was the reason'

Infection

Yes No

Meconium aspiration

Yes No

Other Yes No

'If other, please specify'

If baby was admitted to NNU, what was the date of admission

Date of discharge from NNU

5.8 Date of discharge of baby from this hospital

5.9 Was the baby transferred to another hospital?

Yes No

Name of person completing form (PRINT)

Date form completed

Signature

Appendix 1: Additional Bishop Scores (between 1st and last VE)

Bishop score (see scoring system below)

Please tick the relevant boxes below:

Score		0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>		1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>		-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>		Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>		Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

Bishop score (see scoring system below)

Please tick the relevant boxes below:

Score		0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>		1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>		-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>		Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>		Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

Bishop score (see scoring system below)

Please tick the relevant boxes below:

Score		0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>		1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>		-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>		Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>		Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

Bishop score (see scoring system below)

Please tick the relevant boxes below:

Score		0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>		1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>		-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>		Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>		Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

Bishop score (see scoring system below)

Please tick the relevant boxes below:

Score		0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>		1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>		-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>		Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>		Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

Bishop score (see scoring system below)

Please tick the relevant boxes below:

Score		0		1		2		3	
Dilation (cm):	<1	<input type="checkbox"/>		1-2	<input type="checkbox"/>	3-4	<input type="checkbox"/>	≥5	<input type="checkbox"/>
Length of cervix (cm):	>4	<input type="checkbox"/>		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>	<1	<input type="checkbox"/>
Station relative to ischial spines (cm):	-3	<input type="checkbox"/>		-2	<input type="checkbox"/>	-1, 0	<input type="checkbox"/>	+1, +2	<input type="checkbox"/>
Consistency:	Firm	<input type="checkbox"/>		Medium	<input type="checkbox"/>	Soft	<input type="checkbox"/>		
Position of cervix:	Posterior	<input type="checkbox"/>		Mid	<input type="checkbox"/>	Anterior	<input type="checkbox"/>		

Time and date of Bishop score recorded (24 hour clock)

Appendix 2: Additional Treatment Series

Series 4: Intervention used

(Please tick one treatment and complete the corresponding information. Please use a new series for each insertion)

Dilapan-S OR Propess OR Intervention not given

If NO, intervention was given OR the allocated intervention was NOT given, what was the reason:

Bishop score 6 or over (please record score in appendix) Yes No

Spontaneous labour Yes No

Caesarean due to maternal deterioration Yes No

Caesarean due to fetal deterioration Yes No

Declined induction of labour Yes No

Received Foley catheter Yes No

Received other form of pessary Yes No

Inability to fit allocated intervention Yes No

Failure of cervical ripening Yes No

Withdrawal of consent Yes No

Other Yes No 'If other, please specify'

If intervention was given, what was the reason for the new series?

Slow/failure to ripen

Maternal request

Previous intervention fell-out

Other 'If other, please specify'

Number of rods inserted (if Dilapan-S) LOT number (if Dilapan-S)

Time and date inserted (24 hour clock)

Time and date removed (24 hour clock)

Was the intervention removed due to complications (if yes record complication in question 2.8) Yes No

Did the intervention fall out? Yes No

'If yes, please record details of insertion of new intervention in next series'

'If yes, what was the time/date intervention fell out (24 hour clock)

Series 5: Intervention used

(Please tick one treatment and complete the corresponding information. Please use a new series for each insertion)

Dilapan-S OR Propess OR Intervention not given

If NO, intervention was given OR the allocated intervention was NOT given, what was the reason:

Bishop score 6 or over (please record score in appendix) Yes No

Spontaneous labour Yes No

Caesarean due to maternal deterioration Yes No

Caesarean due to fetal deterioration Yes No

Declined induction of labour Yes No

Received Foley catheter Yes No

Received other form of pessary Yes No

Inability to fit allocated intervention Yes No

Failure of cervical ripening Yes No

Withdrawal of consent Yes No

Other Yes No *'If other, please specify'*

If intervention was given, what was the reason for the new series?

Slow/failure to ripen

Maternal request

Previous intervention fell-out

Other *'If other, please specify'*

Number of rods inserted (if Dilapan-S) LOT number (if Dilapan-S)

Time and date inserted (24 hour clock)

Time and date removed (24 hour clock)

Was the intervention removed due to complications (if yes record complication in question 2.8) Yes No

Did the intervention fall out? Yes No

'If yes, please record details of insertion of new intervention in next series'

'If yes, what was the time/date intervention fell out (24 hour clock)

THANK YOU

Any queries, please contact the SOLVE Study Office (Tel: 0121 415 9112)
Room G24, Public Health Building, University of Birmingham, Edgbaston, Birmingham B15 2TT