



3 - ADDITIONAL BASELINE INFORMATION FORM

This form should be completed for **ALL WOMEN WHO HAVE CONSENTED TO PARTICIPATE IN THE WILL TRIAL**

(EVEN IF THEY WERE NOT RANDOMISED)

Section 1 - Woman's details

1.1 Woman's study number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.2 Last 4 digits of woman's NHS number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3 Woman's DOB	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.4 Woman's mobile phone number: <i>(as agreed so that we can send a link to the six-week postpartum questionnaire)</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Section 2 - Demographics

2.1 Woman's self-declared ethnicity: *Please choose ONE only.*

British European
 Irish European
 East European
 North European
 South European
 West European
 North African
 Sub-Saharan African
 Middle Eastern
 Indian
 Pakistani
 Bangladeshi
 Chinese
 Other Far East
 South East Asia
 Caribbean
 Other
 Declined to give information

2.2 Pre-pregnancy weight *Please complete EITHER in kg, stone and pounds, or pounds only. If pre-pregnancy weight is unavailable, use booking weight. Please round up to a whole number.*

kg	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	stone	<input type="text"/> <input type="text"/>	pounds	<input type="text"/> <input type="text"/> <input type="text"/>
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2.3 Height *Please complete EITHER in cm or in ft and inches.*

cm	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ft	<input type="text"/>	inches	<input type="text"/>
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If height and weight have been recorded, go to **Section 3**. Otherwise, proceed to question 2.4.

2.4 Pre-pregnancy or booking body mass index (BMI) *As recorded in the notes. If not recorded, leave blank.* . kg/m²

Section 3 - Pre-pregnancy medical and obstetric history

3.1 Pre-existing medical conditions *Please answer yes or no to EACH condition.*

Diabetes (type I)	<input type="radio"/> No	<input type="radio"/> Yes
Diabetes (type II)	<input type="radio"/> No	<input type="radio"/> Yes
Renal disease	<input type="radio"/> No	<input type="radio"/> Yes
Autoimmune disease (including antiphospholipid antibody syndrome)	<input type="radio"/> No	<input type="radio"/> Yes
HIV positive	<input type="radio"/> No	<input type="radio"/> Yes

3.2 Parity: *(Number of previous deliveries of fetus at ≥22+0 weeks, ≥500g birthweight, or a crown-heel length ≥25cm. Twins and other multiple births should be counted as 1).*

If parity is **zero**, please go to **Section 4**.

3.2.1 Previous gestational hypertension *(in a previous pregnancy, not the current one)*

No Yes

3.2.2 Previous pre-eclampsia *(in a previous pregnancy, not the current one)*

No Yes

Section 4 - This pregnancy

4.1 Did the woman conceive by artificial reproductive technology? *(defined as in vitro fertilisation (IVF) +/- intracytoplasmic sperm injection (ICSI), donor egg, and/or donor sperm)*

No Yes

(Please continue on next page.)

4.2 Did the woman develop gestational diabetes (GDM) during this pregnancy? No Yes

If **yes**, please indicate how the GDM was managed. *Mark ALL that apply.* Diet Oral tablets (e.g. metformin) Insulin

Please confirm all the above have been considered and that only those ticked apply. No Yes

4.3 Did the woman develop intrahepatic cholestasis of pregnancy? No Yes

4.4 Did the woman use nicotine beyond 20 weeks during this pregnancy? No Yes

If **yes**, please indicate nicotine product used: *Please mark ALL that apply.* Cigarettes/cigars/pipe Vaping Other

Please confirm all above nicotine products have been considered and that only those ticked apply. No Yes

4.5 Did the woman take low-dose aspirin (e.g., 75mg/d) to prevent pre-eclampsia during this pregnancy? No Yes

4.6 Did the woman take supplemental calcium to prevent pre-eclampsia during this pregnancy? No Yes

Section 5 - Form completion details

Name of person completing form:

Date of form completion

D	D	M	M	M	Y	Y	Y	Y
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