



4 - MATERNAL & FETAL SURVEILLANCE AND ANTENATAL CARE

This form should be completed for **ALL WOMEN WHO WERE CONSENTED AND RANDOMISED IN THE WILL TRIAL**

(Do not complete this form for women who 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" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/> <input type="text" value="N"/>
1.3 Woman's DOB e.g. JAN2017	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		

Section 2 - Maternal Monitoring (from RANDOMISATION until ADMISSION for birth)

If the woman was not admitted for birth, please answer the questions for the period from randomisation until birth.

2.1 Did the woman have 'pre-eclampsia' blood and/or urine tests at hospital?	<input type="radio"/> No <input type="radio"/> Yes	If yes , how many times?	<input type="text"/> <input type="text"/>
2.2 Did the woman have any outpatient visits? (<i>scheduled or unscheduled</i>)	<input type="radio"/> No <input type="radio"/> Yes	If yes , how many times?	<input type="text"/> <input type="text"/>
2.3 Was the woman seen in a medical, day, or maternity assessment unit?	<input type="radio"/> No <input type="radio"/> Yes	If yes , how many times?	<input type="text"/> <input type="text"/>
2.4 Was the woman seen in her home by a community midwife?	<input type="radio"/> No <input type="radio"/> Yes	If yes , how many times?	<input type="text"/> <input type="text"/>
2.5 Was the woman seen in an acute area (such as Accident and Emergency)?	<input type="radio"/> No <input type="radio"/> Yes	If yes , how many times?	<input type="text"/> <input type="text"/>
2.6 Was the woman admitted to and discharged from hospital for at least ONE night before the admission during which she gave birth (or before birth if she did not give birth in hospital)? If yes , please enter how many times she was admitted. (<i>Only enter dates where the admission occurred prior to the admission in which she gave birth. The birth admission should be entered on Maternal Outcomes Form 6. Consider if an SAE form needs completing, refer to section 9.4.1 of the protocol.</i>)			
<input type="radio"/> No <input type="radio"/> Yes			

If **yes**, how many times?

If **yes**, please enter dates.

1st admission, Date admitted:	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Date discharged	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
2nd admission, Date admitted:	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Date discharged	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>
3rd admission, Date admitted:	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	Date discharged:	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

If there were more than 3 admissions, please continue to enter the details at the end of the form, in **Section 5**.

Section 3 - Fetal monitoring (from RANDOMISATION until ADMISSION for birth)

3.1 Did the woman have a fetal cardiotocograph (CTG)?	<input type="radio"/> No <input type="radio"/> Yes
3.2 Did the woman have a fetal ultrasound?	<input type="radio"/> No <input type="radio"/> Yes
3.2.1 If yes , was there evidence of persistently absent or reduced end-diastolic flow by umbilical artery Doppler?	<input type="radio"/> No <input type="radio"/> Yes
If yes , date of FIRST diagnosis	<u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> - <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u>

(Please continue to next page.)

Section 4 - Maternal management (from RANDOMISATION until ADMISSION for birth)

4.1 Was the woman put on bedrest at home? No Yes4.2 Did the woman use home BP monitoring? No Yes4.3 Did the woman take any antihypertensive medication? No YesIf **yes**, specify antihypertensive medication(s): *Please mark no or yes to EACH medication.*Labetalol No YesMethyldopa No YesNifedipine long-acting (LA) No YesNifedipine modified-release (MR) No YesOther No YesIf **other**, please specify ALL antihypertensive medication(s):

Section 5 - Form completion details

Name or person completed the form:

Date of form completion

Please use this section if there were more than 3 admissions to hospital prior to the admission for birth.*Please use a new row for each admission.*

4th admission , Date admitted: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date discharged <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
5th admission , Date admitted: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date discharged <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
6th admission , Date admitted: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date discharged <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
7th admission , Date admitted: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date discharged <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
8th admission , Date admitted: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date discharged <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
9th admission , Date admitted: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date discharged <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
10th admission , Date admitted: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date discharged <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>