1 - SCREENING, CONSENT and KEY BASELINE INFORMATION FORM

This form should be completed for **ALL WOMEN CONSIDERED FOR PARTICIPATION IN THE WILL TRIAL**.

Section 1 - Woman's details

1.1 Study number (computer-generated) ☐☐☐☐

1.2 Last 4 digits of woman's NHS number N N N N

1.3 Woman's DOB *e.g. JAN2017* M M M Y Y Y Y

1.4 Hospital name: _____

1.5 Date of screening : D D - M M M - Y Y Y Y

Section 2 - Inclusion checklist

2.1 Maternal age 16 years or more? ◯ No ◯ Yes

2.2 Diagnosis of chronic or gestational hypertension? ◯ No ◯ Yes

2.3 Singleton pregnancy? ◯ No ◯ Yes

2.4 Live fetus? ◯ No ◯ Yes

2.5 Method of gestational age estimation *Please **mark ONE** only.* ◯ Ultrasound ◯ Last menstrual period (LMP) only

2.6 Please indicate Estimated Date of Delivery (EDD): D D - M M M - Y Y Y Y

What is the woman's gestational age at screening?	Weeks ☐☐	Days *(This must be 0 - 6)* ☐	Not applicable, previously screened and now post-partum. ☐

2.7 Gestational age of 36+0 to 37+6 weeks? *(At screening date)* ◯ No ◯ Yes

2.8 Able to give documented informed consent to participate? ◯ No ◯ Yes

Section 3 - Exclusion checklist

NOTE: Neither maternal co-morbidities (e.g. diabetes) nor fetal size are exclusion criteria.

3.1 Contraindication to either one of the trial arms? ◯ No ◯ Yes

3.1.1 If **yes**, please specify contraindication(s) to either one of the trial arms. *Please tick ALL that apply.*

- ◯ Evidence of pre-eclampsia
- ◯ Other

3.1.2 If **other**, please specify from the list. REMEMBER that these conditions are NOT contraindications for all women but may reflect legitimate reasons why this woman may not be suitable for WILL: *Please tick ALL that apply.*

- ◯ GDM with poor glycaemic control
- ◯ GDM on an oral hypoglycaemic agent
- ◯ Chronic kidney disease
- ◯ Care provider does not want woman to participate
- ◯ GDM on insulin
- ◯ Planned elective Caesarean
- ◯ Obesity (BMI ≥30kg/m^2)
- ◯ Other

If **other** please specify:

Please confirm all above items have been considered and that only those ticked apply.	○ No	○ Yes
3.2 Severe hypertension (i.e., BP ≥160mmHg systolic or ≥110mmHg diastolic)? *(until BP is below this level; i.e., is 'controlled')*	○ No	● Yes
3.3 Major fetal anomaly anticipated to require neonatal unit admission?	○ No	● Yes
3.4 Participation in another timing of delivery trial?	○ No	● Yes

NOTE: if **ANY of the shaded boxes** in Sections 2 and 3 above are ticked, then the woman is **ineligible** to take part in WILL. If that is the case, please go to **Section 4**.

If **NONE of the shaded boxes** in Sections 2 and 3 above are ticked, then the woman is **eligible** to take part in WILL. Please share the *Participant Information Sheet* with the woman, and proceed to **Section 5**.

Section 4 - Eligibility that may change

4.1 Might this woman become eligible for WILL? ◯ No ◯ Yes

If **no**, please proceed to **Section 7**.

If **yes**, is this woman willing to be recontacted at 36+0 to 37+6 weeks gestation (when she could be consented)? ◯ No ◯ Yes

If **yes**, you will receive an email when the woman is 35+0 weeks to remind you to recontact her to reassess eligibility. Please now go to **Section 7.**

If **no**, please give reasons below.

Reason(s) why woman does not wish to be recontacted: *Please tick ALL that apply.*

◯ Does not want to take part in research ◯ Does not want to be induced if at all possible ◯ Wants to await onset of spontaneous labour
◯ Wants to be delivered at 38+0-6 weeks ◯ Wants to be delivered at 39+0-6 weeks ◯ Wants to be delivered at 40+0-6 weeks
◯ Care-provider does not want them to participate ◯ Other

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

Please now go to **Section 7.**

Section 5 - Informed consent

5.1 Did the woman give documented informed consent to take part in the WILL trial? ◯ No ◯ Yes

If **yes,** how was consent taken? *Please mark ONE only*

◯ In person: Woman signed ◯ Remote consent: Woman signed ◯ Remote consent: Research staff signed on woman's behalf

If **yes**, woman's NHS number: ☐☐☐☐☐☐☐☐☐☐

If **yes**, was a translator used? ◯ No ◯ Yes

If **no** , please give reason(s) why woman did not consent: *Please tick ALL that apply.*

◯ Does not want to take part in research ◯ Does not want to be induced if at all possible ◯ Wants to await onset of spontaneous labour
◯ Wants to be delivered at 38+0-6 weeks ◯ Wants to be delivered at 39+0-6 weeks ◯ Wants to be delivered at 40+0-6 weeks
◯ Care-provider does not want woman to participate ◯ Other

If **other**, please specify reason(s):

_____

_____

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

If the woman **did not consent**, please go to **Section 7**

If **the woman did consent**, please **record the version of the Consent Form signed, and date signed, in the woman's medical notes**.

Date of consent: D D - M M M - Y Y Y Y

Consent Form Version ___.__

Section 6 - Key baseline information

6.1 Known high blood pressure when not pregnant? *(chronic hypertension)* ◯ No ◯ Yes

If **no**, when did hypertension develop during this pregnancy? *(Hypertension is defined as a sBP ≥140 or dBP ≥90mmHg.) Please **mark ONE** only.*

◯ < 20 weeks *(chronic hypertension)* ◯ ≥ 20 weeks *(gestational hypertension)*

6.2 Has the woman had previous severe hypertension during this pregnancy? ◯ No ◯ Yes

6.3 Is the woman currently taking any antihypertensive medication? ◯ No ◯ Yes

If **yes**, please specify target BP or indicate 'not stated/not known' (according to the notes or according to the woman):

_____

If **yes**, please specify antihypertensive medication(s): *Please mark no or yes for EACH medication.*

Labetalol	◯ No	◯ Yes
Methyldopa	◯ No	◯ Yes
Nifedipine long-acting (LA)	◯ No	◯ Yes
Nifedipine modified-release (MR)	◯ No	◯ Yes
Other	◯ No	◯ Yes

If **other**, please specify ALL antihypertensive medication(s):

_____

_____

6.4 Most recent BP before consent: Systolic *(should be ≤159mmHg)* ☐☐☐	Diastolic *(should be ≤109mmHg)* ☐☐☐
How was this BP taken? *Please mark ONE only.* ◯ Automated device (any type) ◯ Aneroid device (manual) ◯ Don't know	
6.5 Is the woman currently using home BP monitoring? ◯ No ◯ Yes	
6.6 Previous Caesarean delivery? ◯ No ◯ Yes	

If the woman is 36+0 to 36+6 weeks, please complete **Section 7** recontact her when she is 37+0 to 37+6 weeks to reconfirm eligibility and randomise her if eligible.

If the woman is 37+0 to 37+6 weeks, please complete **Section 7** and then **Form 2 - RECONFIRMATION OF ELIGIBILITY & RANDOMISATION FORM**.

Section 7 - Form completion details

Name of person completing form:	Date of form completion : D D - M M M - Y Y Y Y