# 5 - DELIVERY 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 ☐☐☐☐

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

## Section 2 - Care in hospital AFTER admission for birth and BEFORE birth

2.1 Was the baby born in hospital? ◯ No ◯ Yes

If **no**, please go to **Section 3**. If **yes**, please go to question 2.2.

2.2 Did the woman receive magnesium sulphate? *(after admission and before the birth)* ◯ No ◯ Yes

2.3 Did the woman take any antihypertensive medication? *(after admission and before the birth)* ◯ No ◯ Yes

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

| | | |
|---|---|---|
| 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):

## Section 3 - Details of birth

3.1 Was a membrane sweep performed after randomisation? ◯ No ◯ Yes ◯ Not applicable (not randomised)

If **yes**, how many times was it performed after randomisation? ☐☐

If **yes**, what was the date of the first membrane sweep after randomisation? D D M M M Y Y Y Y

3.2 Onset of labour *Please mark ONE only.* ◯ Spontaneous ◯ Induced ◯ No labour (Caesarean before labour)

3.2.1 If **induced**, please indicate ALL methods. *Please mark ALL that apply.*

◯ Artificial rupture of membranes ◯ Prostin ◯ Propess ◯ Foley catheter in cervix ◯ Misoprostol ◯ Other

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

If **other**, please specify:

3.2.2 If **induced** or **no labour (Caesarean before labour)**, on what date was delivery initiated? *(Date of labour induction or booked Caesarean)*

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3.2.3 If **induced** or **no labour (Caesarean before labour)**, what led to the decision to deliver the woman? *Please mark ALL that apply.*

- ◯ Dictated by study protocol for allocated group
- ◯ Maternal hypertension not controlled
- ◯ Maternal pre-eclampsia
- ◯ Other maternal reason(s) *(Please specify below, e.g., PROM.)*
- ◯ Poor fetal growth
- ◯ Abnormal fetal heart rate or pattern
- ◯ Abnormal umbilical artery Doppler
- ◯ Other fetal reason(s) *(Please specify below.)*
- ◯ Busy hospital induction or theatre schedules
- ◯ Woman's preference as only reason
- ◯ Clinician's preference as only reason
- ◯ Other *(Please specify below.)*

Please complete a **Protocol Deviation Form** if birth was not initiated between $38^{+0}$ and $38^{+3}$ weeks, and woman's preference or clinician's preference was the only reason for timing of initiation of birth.

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

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

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

If **other**, please specify:

3.3 Mode of birth *Please mark ONE only.*

◯ Caesarean before labour *(as in Q3.2 above)* ◯ Caesarean in labour ◯ Spontaneous vaginal ◯ Operative vaginal

If **Caesarean in labour** or **operative vaginal** mode of birth, please specify the indication(s). *Please mark ALL that apply.*

- ◯ Maternal hypertension not controlled
- ◯ Maternal pre-eclampsia
- ◯ Other maternal reason(s)
- ◯ Abnormal fetal heart rate or pattern
- ◯ Other fetal reason(s)
- ◯ Woman's preference as only reason
- ◯ Clinician's preference as only reason (without clinical need)
- ◯ Other

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

3.4 Baby's date and time of birth D D - M M M - Y Y Y Y H H : M M

3.5 Baby's NHS number N N N N N N N N N N

3.6 Sex of baby *Please mark ONE only.* ◯ Male ◯ Female ◯ Uncertain

3.7 Birthweight ___ ___ ___ ___ grams

3.8 Status of baby at birth *Please mark ONE only.* ◯ Alive ◯ Stillborn

If **stillborn**, was there a post-mortem? ◯ No ◯ Yes

| | |
|---|---|
| If **stillborn**, was a cause of death specified? | ◯ No ◯ Yes |
| If **yes**, please specify the primary cause of death . | |

If **stillborn, please complete a SAE form** and go to **Section 5**.

## Section 4 - Newborn information

| | | |
|---|---|---|
| 4.1 Apgar score at 1 minute recorded? | ◯ No ◯ Yes | If **yes**, please specify the score value: __ __ |
| 4.2 Apgar score at 5 minutes recorded? | ◯ No ◯ Yes | If **yes**, please specify the score value: __ __ |
| 4.3 Apgar score at 10 minutes recorded? | ◯ No ◯ Yes | If **yes**, please specify the score value: __ __ |

## Section 5 - Participation in any other trial(s)

If the participant has enrolled in any other trial(s) since consenting to WILL, please enter the details in the **Other Information** tab on the **Participant Assessments** page.

## Section 6 - Form completion details

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