

CONFIDENTIAL

PART 1: CHILD INFORMATION

PART 4: ADDITIONAL INFORMATION (please add any information for multiple births)

Please complete part 5 in the case of a twin pregnancy.

PART 5: CHILD INFORMATION FOR SECOND TWIN			
i. Pregnancy outcome			
<input type="checkbox"/> Livebirth <input type="checkbox"/> Stillbirth	Date of birth: ____/____/____	Gestational age:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate
		Birthweight:	
Hospital no.:	Congenital conditions? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
NHS no.:	Neonatal infections? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	Admitted to Neonatal Unit? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
ii. Child follow-up			
Was an infant exam done and infant serology taken at birth? <input type="checkbox"/> <input type="checkbox"/>			
Infant 3 month paediatric follow-up appointment arranged?			
<input type="checkbox"/> Paediatrician			
<input type="checkbox"/>			
Chorionicity: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Amnionicity: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

Please complete part 6 in the case of a stillbirth or neonatal death

PART 6: STILLBIRTHS AND NEONATAL DEATHS	
I. Stillbirth:	
Was hepatitis B thought to have caused or contributed to the stillbirth? <input type="checkbox"/> <input type="checkbox"/>	
What was the cause of death reported as?	
Was a postmortem accepted? <input type="checkbox"/> <input type="checkbox"/>	
Were fetal swabs sent? <input type="checkbox"/> <input type="checkbox"/>	
Were placental swabs sent? <input type="checkbox"/> <input type="checkbox"/>	
Were placental swabs sent for histology? <input type="checkbox"/> <input type="checkbox"/>	
Were fetal blood samples sent for infection testing? <input type="checkbox"/> <input type="checkbox"/>	
Were maternal blood samples sent for infection testing? <input type="checkbox"/> <input type="checkbox"/>	
I. Neonatal death:	
Was hepatitis B thought to have caused or contributed to this neonatal death? <input type="checkbox"/> <input type="checkbox"/>	
What was the cause of death reported as?	
Was a postmortem accepted? <input type="checkbox"/> <input type="checkbox"/>	
Were neonatal swabs sent? <input type="checkbox"/> <input type="checkbox"/>	
Were placental swabs sent? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Were placental samples sent for histology? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Were neonatal blood samples sent for infection testing? <input type="checkbox"/> <input type="checkbox"/>	
Were maternal blood samples sent for infection testing? <input type="checkbox"/> <input type="checkbox"/>	