



Anzdata Registry Parenthood Outcome Form

Form 3

This form is additional to the main data form

REGISTRY NO	CURRENT HOSPITAL	SURNAME	GIVEN NAMES

In this survey period, enter the outcome of pregnancy (Q18 on the main data form)

1. DATE OF OUTCOME

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2. PREGNANCY OUTCOME

A = Spontaneous Abortion
L = Live Delivery
S = Stillbirth >20 weeks
T = Surgical Termination

7. IMMUNOSUPPRESSION AT CONCEPTION

Y = Yes N= No U=Unknown

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CYA AZA Pred Tac MMF Sirol Other

3. GESTATIONAL AGE (Best clinical estimate, in weeks) OR ESTIMATED DATE OF CONCEPTION (if accurately known)

GA

EDC

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8. DELIVERY

S = Spontaneous onset labour
I = Induction of labour
E = Not applicable

4. DIABETES

D = Pre-conception Diabetes
G = Gestational Diabetes
N = No Diabetes
U = Unknown

V = Vaginal Delivery
E = Elective Caesarean
M = Emergency Caesarean (specify indication for Caesarean below)

5. HYPERTENSION

SOMANZ 2014 Definitions - see ANZDATA website

N = No hypertension at any time
C = Chronic Hypertension pre-conception
G = Gestational Hypertension (new onset in pregnancy)
U = Unknown

P = Pre-eclampsia (with or without other hypertension)
E = Eclampsia
H = HELLP
U = Unknown

Gestational Age at onset of Pre-eclampsia

9. FOETAL OUTCOME

Foetal Birthweight in grams (if applicable)

Congenital Condition
Y=Yes (specify below if known)
N=No U=Unknown

Foetal Gender
M=Male F=Female U=Unknown

Neonatal Survival >28 Days
Y=Yes N=No E=Not Applicable

6. PROTEINURIA

Last available result Pre-pregnancy

A = A:CR mg/mmol
P = P:CR mg/mmol
U = Unknown

Value

10. RENAL FUNCTION

Closest available creatinine (umol/L)

Prior to Conception (all males and females)

At Delivery (only females with transplant)

3 months Post Delivery (only females with transplant)

MEDICAL COMPLICATIONS IN PREGNANCY
Can Record Multiple Items

UTI = Urinary tract infection
B = Blood transfusion
I = Other infection
A = Antepartum haemorrhage
P = Postpartum haemorrhage
V = Venous thromboembolism
O = Other (specify below)
U = Unknown

DRUG THERAPY DURING PREGNANCY
Y = Yes N= No U=Unknown

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asprin	EPO	Heparin	Iron	Insulin Or Metformin	Anti hypertensive

GRAFT FUNCTION DURING PREGNANCY
Closest available creatinine at the end of Trimester (mmol/L)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st	2nd	3rd

<input type="checkbox"/>	Acute Rejection during pregnancy Y = Yes (complete acute rejection form)
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CONCEPTION

<input type="checkbox"/>	N = Natural I = In Vitro Fertilisation A = Assisted Reproduction (not IVF) O = Other U = Unknown
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DIALYSIS DURING PREGNANCY

<input type="checkbox"/>	C = CAPD A = APD H = Haemo N = Nocturnal HD U = Unknown
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<input type="text"/>	Date of change if Modality changed in pregnancy
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Maximum HOURS per week in each Trimester

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st	2nd	3rd

Maximum SESSIONS per week in each Trimester

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st	2nd	3rd

<input type="checkbox"/>	Vascular Access A=AVF G=AV Graft C=Catheter U=Unknown
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COMMENTS