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## **Pregnancy**

Please complete the survey below.

Thank you!

During the first trimester p appropriate interval for each		, ,	nerally consid	er to be the m	ost	
	2 weekly	4 weekly	6 weekly	8 weekly	>8 weekly	
Frequency of physical clinical review	0	0	0	0	0	
Frequency of maternal blood sampling	0	0	0	0	0	
Frequency of assessment of nutritional status	0	0	0	0	0	
During the second trimeste	r please sel	ect what you	generally con	sider to be the	most	
appropriate interval for each	h clinical fa	ctor				
	2 weekly	4 weekly	6 weekly	8 weekly	>8 weekly	
Frequency of physical clinical review	0	$\circ$	0	$\circ$	0	
Frequency of maternal blood sampling	0	0	0	0	0	
Frequency of assessment of nutritional status	0	0	0	0	0	
During the third trimester p	olease selec	t what you ge	nerally consid	der to be the n	nost	
appropriate interval for each	h clinical fa	ctor				
	2 weekly	4 weekly	6 weekly	8 weekly	>8 weekly	
Frequency of physical clinical review	0	0	0	0	0	
Frequency of maternal blood sampling	0	0	0	0	0	
Frequency of assessment of nutritional status	0	0	0	0	0	
For pregnant women attend	ling the hig	h risk ohstatr	ic clinic nlead	se select the ti	me interval	
For pregnant women attending the high risk obstetric clinic, please select the time interval most appropriate for each factor:						
	2 weekly	4 weekly	6 weekly 8	weekly >8 w	eekly Don't know	
1st trimester-Frequency of physical clinical review	0	0	0	0		
1st trimester-Frequency of fetal ultrasound	0	0	0	0	) 0	

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2nd trimester-Frequency of physical clinical review	0	0	0	0	0 0			
2nd trimester-Frequency of fetal ultrasound	0	0	0	0	0 0			
3rd trimester-Frequency of physical clinical review	0	0	0	0	0 0			
3rd trimester- Frequency of fetal ultrasound	0	0	0	0	0 0			
Would you monitor more closely for cholestasis of pregnancy in an HPN-compared to other pregnant mother	dependent i		○ Yes ○ No					
Would you screen for gestational diabetes?								
If yes, when would you screen?				<ul><li>☐ Booking</li><li>☐ 24-28 weeks</li><li>☐ Both time points</li></ul>				
Would you monitor more closely for HPN-dependent mother compared to mothers?			○ Yes ○ No					
If yes, how would you facilitate this? (you may choose more than one option)			☐ Increase	<ul><li>☐ Increased community midwife visits</li><li>☐ Increased hospital clinic visits</li><li>☐ Home Blood Pressure self-monitoring</li></ul>				
<b>HPN</b> adjustments, compared	to precon	ception P	N: Please sel	ect the option bel	ow which best			
describes your general opinion Trimester/2nd Trimester/3rd	-		th regarding	PN formulation du	uring the 1st			
	Increase	2	Decrease	Remain the same	lt depends on general/individual requirements			
1st trimester-Energy requirements/energy content	0		0	0	0			
1st trimester-Lipid content	$\circ$		$\circ$	$\circ$	$\bigcirc$			
1st trimester-Nitrogen content	$\circ$		$\circ$	$\circ$	$\circ$			
1st trimester-Vitamins/Micronutrient s content	0		0	0	0			
2nd trimester-Energy requirements/energy content	0		0	0	0			
2nd trimester-Lipid content	$\circ$		$\circ$	0	$\circ$			
2nd trimester-Nitrogen content	$\circ$		$\bigcirc$	$\circ$	$\circ$			

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2nd trimester-Vitamins/Micronutrient s content	0	(		0	0	
3rd trimester-Energy requirements/energy content	0	(		0	0	
3rd trimester-Lipid content	$\circ$		$\supset$	$\circ$	$\bigcirc$	
3rd trimester-Nitrogen content	$\bigcirc$		$\supset$	$\bigcirc$	$\bigcirc$	
3rd trimester-Vitamins/Micronutrient s content	0	(		0	0	
Consider the whole pregnancy. Which lipid emulsion would you recommend during pregnancy?			<ul> <li>○ Olive oil based</li> <li>○ Fish oil based</li> <li>○ Soya based</li> <li>○ Combination lipids (e.g. 'SMOF')</li> <li>○ Other</li> </ul>			
What percentage of calorie requirements provided by lipid source would you consider to be optimal during pregnacy?			<ul> <li>○ 0%</li> <li>○ 1-20%</li> <li>○ 21-40%</li> <li>○ 41-60%</li> <li>○ &gt;61%</li> <li>○ Don't know</li> </ul>			
Please specify any specific Vitamin change you would make during pre						
For women with diabetes during pregnancy, in order to optimise blood glucose management, please select the option which best describes you opinion or usual practice.			<ul><li>○ Switch to a exclusive lipid regime</li><li>○ Glucose inclusive regime with insulin</li><li>○ I don't know</li></ul>			
During the pregnancy should biliary obstruction or other of think would be most approp	cause such as	HELLP sync	lrome, please			
	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	
Assume intrahepatic cholestasis of pregnancy and monitor	0	0	0	0	0	
Measure bile acids to distinguish between intrahepatic cholestasis in pregnancy and IFALD	0	0	0	0	0	
Reduce lipid content of parenteral support	0	0	0	0	0	
Do you feel that pregnant women receiving home parenteral are at increased risk of central venous catheter associated thrombosis?			→ Yes → No → I don't know			

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If yes, please select the option below which best describes your opinion or experience which is best employed to manage this risk						
Prophylactic subcutaneous Low Molecular Weight Heparin	0	0	0	0	0	
Therapeutic subcutaneous Low Molecular Weight Heparin	0	0	0	0	0	
Prophylactic therapy with a novel oral anticoagulant agent	0	0	0	0	0	
No intervention and monitor accepting increased risk	0	0	0	0	0	
Would you consider the use of Taurolidine-based lock in all pregnant patients who receive home parental support at risk of catheter related blood stream infections?			) Yes ) No			
Have you used Taurolidine in pregnancy?		(	) Yes ) No			
If yes, would you usual recommend withdrawal from the CVC rather than flushing through into the circulation?			) Yes ) No			

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