

Supplement file

Appendix

Confidential



PSMMC

Booklet of

“Pattern of Fetal Malformations in a Saudi Population”

Study

Control

Local ID No.: _____ / Year 201

Mother's Name:

Mother's MRN:

Baby's Name:

Baby's MRN:

Date of Birth:

_____/_____/_____

Contact No: Mobile (husband)

Mobile (wife)

Home

Confidential

Keep in a safe place

Pattern of Malformations Study – PSMMC

(Baby and mother)

Local ID No _____

D.O.B. (dd/mm/yy): ____/____/____ Year: 201__

D. O. B./ Year Unknown Sex: Male Female indeterminate Not known

No. of babies delivered: Singleton 1 Twin 2 Triplet 3 Quadruplet 4
 Quintuplet 5 Sextuplet 6
 Not known 9

Specify twin type of birth, like or unlike sex, zygosity: _____

No. of malformed (in multiple set): No. ____ Not known

Type of birth: Live Birth (LB). Still Birth (SB) Spontaneous Abortion
 TOP Not known

Civil registration status LB SB No CR Not known Birth weight (g): _____ Confirmed Length of gestation (weeks): _____ Confirmed

Survival beyond one week of age:

Yes No Alive at discharge <1 Week Not known

Date of death (dd/mm/yy): ____/____/____ Year: _____

D. O. B. Mother (dd/mm/yy): ____/____/____ Year: _____ Confirmed

Age of mother at delivery: _____

Pattern of Malformations Study – RMH

(Baby and mother)

Local ID No _____

Mother's residence code at conception: Province _____ District _____

Mother's residence code at delivery: Province _____ District _____

Total No. of previous pregnancies: None Number (___) Not known **When discovered:**At birth Less than 1 wk 1-4 wk 1-12 m >12 m Prenatal diagnosis At abortion (sp) or termination Not known Postnatal diagnosis, age not known Condition at discovery: Alive Dead Not known

Gestational age at discovery (wk): _____

First positive prenatal test:US at <14 wks US at 14-21 wks US at ≥ 22 wk US GA unknown
Serum/combined screening CVS Amniocentesis Other tests positive No positive test, all results negative

Specify 'other' prenatal test: _____

Karyotype of infant/ fetus:Performed, result known Performed, result unknown Not performed Probe test performed Failed Not known

Specify karyotype: _____

Post mortem exam:Performed, result known Performed, result unknown Macerated fetus Not known Not performed **First surgical procedure:**Performed (or expected) in the first year of life Performed (or expected) after the first year of life Prenatal surgery No surgery required Too sever for surgery Not known

Pattern of Malformations Study – PSMMC

(Prenatal Malformations)

Local ID No _____

	Code	Text
Syndrome:		
Malformation 1:		
Malformation 2:		
Malformation 3:		
Malformation 4:		
Malformation 5:		
Malformation 6:		
Malformation 7:		
Malformation 8:		

Pattern of Malformations Study – RMH

(All Malformations)

Local ID No _____

	Code	Text
Syndrome:		
Malformation 1:		
Malformation 2:		
Malformation 3:		
Malformation 4:		
Malformation 5:		
Malformation 6:		
Malformation 7:		
Malformation 8:		

McKusick code: _____

Aetiology:

Chromosome **C** Familial **F** Isolated **I** Multiple **M**

New Dominant **ND** Other Genomic **OG** Syndrome **S** Teratogens **T** Inborn

Error of Metabolism **IEM** Control **Co**

View anomaly subgroup(s):

Pattern of Malformations Study – RMH

Local ID No _____

Assisted conception: No Induced ovulation only Artificial insemination
 In vitro fertilization Gamete intrafollopian transfer
 Intracytoplasmic sperm injection Egg donation Other
 Not known

Mother's occupation: House wife Teacher Student Other

Maternal Systemic illnesses;

None EHT Hypothyroidism CHD
 RHD CRF Asthma SCA SLE
 IDA Anxiety Depression Epilepsy
 Other (specify) _____

Weight before pregnancy (Kg) _____

Current weight (Kg) _____

Mother's height (m) _____

Body Mass Index: <18.5 18.5 – 24.9 25 – 29.9
 30.0 – 34.9 35.0 – 39.9 ≥ 40.0

True DM: Yes No

Gestational DM on Diet (GDOD)

Gestational DM on Insulin (GDOI)

Diabetes screening: GTT (result) 0 time: _____ 1hour: _____ 2 hours: _____

Booking RBS: _____

HbA1c _____

Infectious disease:

Tuberculosis: Before pregnancy During pregnancy 1st T 2nd T 3rd T

Rubella Before pregnancy During pregnancy 1st T 2nd T 3rd T

CMV Before pregnancy During pregnancy 1st T 2nd T 3rd T

Toxoplasmosis Before pregnancy During pregnancy 1st T 2nd T 3rd T

Syphilis Before pregnancy During pregnancy 1st T 2nd T 3rd T

UTI Before pregnancy During pregnancy 1st T 2nd T 3rd T

Fever Before pregnancy During pregnancy 1st T 2nd T 3rd T

FLU Before pregnancy During pregnancy 1st T 2nd T 3rd T

Others Before pregnancy During pregnancy 1st T 2nd T 3rd T

(Specify others) _____

Previous surgical history: Obstetrical/Gynaecological

Specify; _____

Non Obstetrical

Specify; _____

Pattern of Malformations Study – PSMMC

Family history & sociodemographic

Local ID No _____

Folic acid supplementation:At least 0.4 mg folic acid supplement taken regularly, starting periconceptionally Folic acid supplement taken irregularly or starting post-conceptionally No folic acid supplement taken or not recorded **ATC code**Text (**only** drugs taken in the 1st trimester of pregnancy)

Drugs 1:		
Drugs 2:		
Drugs 3:		
Drugs 4:		
Drugs 5:		

Consanguinity: Not related or relationship more distant than second cousin Relationship of second cousin or closer Not known **Specific information on consanguinity:**

Sibs with anomalies: Same Other Same and other No Not known **Previous sibs notified to the Saudi Malformations Registry:** Yes No Not known **Local ID of previous sibs notified to the SMR (1):** _____**Local ID of previous sibs notified to the SMR (2):** _____**Local ID of previous sibs notified to the SMR (3):** _____**Mother's family with anomalies:** Same Other Same and other No Not known Specify _____

Father's family with anomalies: Same Other Same and other No

Not known Specify _____

Maternal education: Illiterate Elementary and lower secondary

Upper secondary Tertiary Not known

Family monthly income (SR): _____

(husband or combined husband and wife income)

Nationality: Saudi None Saudi Only father Saudi Only mother Saudi

General additional comments:

Pattern of Malformations Study – PSMMC

Local Vars. (1)

Local ID No _____

Place of birth: _____

Birth order (in multiple set), (please write as 1st, 2nd, 3rd and so on): _____

Date of discovery (dd/mm/yy): ____/____/____ Year: _____

Amniocentesis: Performed result positive Performed result not known

Not performed Performed result negative Failed Not known

Ultrasound: Performed result positive Performed result not known

Not performed Performed result negative Failed Not known

Chorionic villous sampling: _____

Other techniques:

Performed result positive Performed result not known Not performed

Performed result negative Failed Not known

Specify other technique for prenatal diagnosis: _____

(Cordocentesis,..etc)

No. of previous spontaneous abortions: None 1 2 3 4
5 6 7 8+ Not known

No. of previous TOP: None 1 2 3 4 5
6 7 8+ Not known

No. of previous live births: please write the exact No (1-20) _____ Unknown

No. of previous stillbirths: None 1 2 3 4
5 6 7 8+ Not known

Mode of transmission: Familial De novo Not known

Habitual exposures: Smoking F179 Oude F159
 Other (specify) _____

Unusual exposures: X-ray during pregnancy (any) Nuclear medicine during pregnancy
 (Radiation & chemical)

Date of birth of father: ____/____/____ **Year:** _____ **Age of father:** _____

Occupation of father: Soldier Officer Civilian

Pattern of Malformations Study – RMH

Local Vars. (2)

Local ID No _____

Date of last LMP: ____/____/____

Certainty of LMP: Certain Uncertain No LMP Not known

Labor: Spontaneous Induced No labor

Delivery: Spontaneous EMLSCS ELSCS ABD
 Instrumental

Sources of information 1:

Notes in routine scan Birth notification or notification of malformation at birth

Hospital case notes Death or stillbirth certificate Prenatal diagnosis

Lab. report (cytogenetic ... etc) Postmortem exam Other Not known

Sources of information 2: please insert as in one _____

Sources of information 3: please insert as in one _____

Sources of information 4: please insert as in one _____

Sources of information 5: please insert as in one _____

Racial information Mother, Tribe code _____ Father, Tribe code _____

Same tribe Different tribe

Otaibi 1, Mutairi 2, Shuhri 3, Asiri 4, Shamrani 5, Onazi 6, Shahrani 7, Zaharani 8, Harbi 9, Qahatni 10, Ghamdi 11, Shamari 12, Asmari 13, Ahmari 14, Amri 15, Dawsari 16, Harthi 17, Subaie 18, Ajman 19, Not known (99)

Other 20, specify: _____

Chronic illness of father (including drug abuse): _____

Confirmation of diagnosis:

Follow up needed for further confirmation Confirmed at <6 months

Confirmed at 6-12 m Confirmed at 12-18 m Confirmed at 18-24 m

Not confirmed, lost for follow up

Source: Booked Un booked Referred