



Participant Number - Date of birth - -

Newborn Hospital Record Number Date of this visit - -

Paediatric Outpatient Clinic Record Number Delivery Hospital Code

Please answer all yes/no questions by placing a 'X' in the corresponding box

Section 1: Ultrasound observations

1. Are there any fetal abnormalities? yes no
If yes, please complete the **Fetal Abnormality Form**.

2. Fetal presentation: (cross one box only)
Cephalic Transverse
Breech Oblique

3. Amniotic fluid volume: (cross one box only)
Normal Moderately reduced
Moderately increased Oligohydramnios
Polyhydramnios Anhydramnios

4. Placental localisation: (cross one box only)
Fundal Low anterior
High anterior Low posterior
High posterior Low left lateral
High left lateral Low right lateral
High right lateral

5. Can the uterine cervix be visualised transabdominally? yes no
If yes, length: mm

Section 2: Ultrasound measurements

6. Crown-rump length (CRL): mm 7. Estimated gestational age by CRL: weeks days

8. Biparietal diameter (BPD): cm 12. Abdominal circumference (AC): cm

9. Occipito-frontal diameter (OFD): cm 13. Femur length (FL): cm

10. Head circumference (HC): cm 14. Amniotic Fluid Index (AFI): cm

11. Estimated gestational age by HC: weeks days

Section 3: Doppler examinations

15. Were the Uterine Doppler measurements obtained? yes no
If yes, continue to Question 16; if no, skip to Question 20.

20. Were the Umbilical Doppler measurements obtained? yes no
If yes, continue to Question 21; if no, stop here.

Uterine arteries	LEFT artery	RIGHT artery	Umbilical artery
16. Notch?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	21. End diastolic flow: (cross one box only) Positive <input type="checkbox"/> Absent <input type="checkbox"/> Reversed <input type="checkbox"/>
17. Pulsatility index (PI):	<input type="text"/>	<input type="text"/>	22. Pulsatility index (PI): <input type="text"/>
18. Resistance index (RI):	<input type="text"/>	<input type="text"/>	23. Resistance index (RI): <input type="text"/>
19. Systolic/Diastolic (SD) ratio:	<input type="text"/>	<input type="text"/>	24. Systolic/Diastolic (SD) ratio: <input type="text"/>

Name of Researcher/Midwife

Signature Researcher Code