

7. Obstetric ultrasound form for GA estimation

- 7.1. Clinic location:

 - Korogwe Town Council hospital
 - Kerenge Dispensary
 - Ngombezi Dispensary
 - Lwengera Dispensary
 - Majengo Health Centre
 - Segera Dispensary
 - Hale Dispensary
 - Makuyuni Dispensary
 - Chekelei Dispensary
 - Magazine Dispensary
 - Other

7.1.1. If other, specify: _____

7.2. Date of visit (dd/mm/yyyy) _____ / _____ / _____

7.3. Filled in by : _____

7.4. Type of visit GA US

7.4.1. Nb of this type of visit

7.5. Has CRF3 been filled yes

7.6 Ultrasound (if abdominal, fill bladder prior to examination): vaginal

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7.6.1. Intrauterine pregnancy confirmed? yes

7.6.1 Intrauterine pregnancy confirmed? : yes

If No skip to question 7.12

7.7. GESTATION SAC (Only in very early pregnancy)

7.7.1. Number : done not done
 1 2 Other __

7.7.2. Appearance:
 7.7.2.1. Second sac, appearance: vital non-vital
 vital non-vital

7.7.3. Diameter (Length+width-depth/3) (mm): _____, _____

7.7.3.1. 2nd sac diameter (Length+width+depth/3) (mm): _____, _____

7.7.4. Location : intra extra-uterine
 7.7.4.1 2nd sac location : intra extra-uterine

7.7.4.2. Filled in by : _____

7.8.1. Cardiac activity :	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.8.2. Active movements :	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.8.3. CRL (crown-rump length) (GA<14) (mm)	---	<input type="checkbox"/> not done
7.8.4. BPD (biparietal) (mm):	---	<input type="checkbox"/> not done
7.8.5. OFD (occiput-frontal diameter) (mm):	---	<input type="checkbox"/> not done
7.8.6. HC (head circumference) (mm):	---	<input type="checkbox"/> not done
7.8.7. FL (femur length (mm):	---	<input type="checkbox"/> not done
7.9. <u>2nd EMBRYO (most to the right)</u> <input type="checkbox"/> NA		
7.9.1. Cardiac activity:	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.9.2. Active movements:	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.9.3. CRL (crown-rump length) (GA<14) (mm)	---	<input type="checkbox"/> not done
7.9.4. BPD (biparietal) (mm):	---	<input type="checkbox"/> not done
7.9.5. OFD (occiput-frontal diameter) (mm):	---	<input type="checkbox"/> not done
7.9.6. HC (head circumference) (mm):	---	<input type="checkbox"/> not done
7.9.7. FL (femur length) (mm)	---	<input type="checkbox"/> not done
7.10. GA based on ultrasound estimate today (<i>use CRL until GA 14</i>):	__ weeks	__ Days
7.10.1. Filled in by: _____		
7.11. FINAL GA: (leave blank if a new GA US is needed)	<u> </u> weeks	<u> </u> Days
	<input type="checkbox"/> NA	

7.11.1. Intrauterine pregnancy visible:	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.11.1.1. If yes, fetus visible	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.11.1.2. If fetus visible, FHR observed:	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.11.1.3. If fetus visible, precise GA possible	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.11.2. Twin pregnancy	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.11.3. Ectopic pregnancy :	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.11.4. Other : _____		

7.12. Take a decision:

7.12.1. Include and book for GA 20-22 ANV follow-up	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.12.2. Include and book for new GA estimation (GA<8+3)	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.12.3. New ultrasound before inclusion since fetus not seen	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.12.4. Excluded due to twin/triplet pregnancy	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.12.5. Excluded due to miscarriage/ectopic pregnancy.	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.12.6. Excluded due to GA>14 weeks	<input type="checkbox"/> yes	<input type="checkbox"/> no
7.12.7. Refer to specialist :	<input type="checkbox"/> yes	<input type="checkbox"/> no

7.13. CONCLUSIONS: _____

If this is the first ultrasound performed in pregnancy:

All women without visible pregnancy (=no fetus) but positive UPT should be booked after 4-6 weeks for a new ultrasound, and a new form 7 will be filled. If an intrauterine pregnancy is confirmed and GA<14 weeks, and all other inclusion criteria is met the woman can be enrolled, form 1 is completed and form 2 is filled. A blood sample is also collected.

All women with a visible intrauterine pregnancy with a fetus, but GA<8+3 can be included but should be booked for a new ultrasound for GA estimation, preferable between 11-14 weeks so CRL is possible, and a new form 7 will be filled. If medical conditions are needed to be attended a form 3 will also be filled, and blood sample collected if relevant.

If ultrasound is not done at first contact in pregnancy or precise GA is not possible due to lie of foetus:

If US was not done or US indicates a GA≥8+3 (rough GA on US), but where it is not possible to get a precise GA due to lie of the fetus, the woman should be asked to come back the next day for a new ultrasound. Only form 7 is filled in and form 7 is only filled in the next day but not the day of enrolment.

If the women is already included in the study, but will be excluded at today's visit (2nd ultrasound for GA) due to miscarriage or ectopic pregnancy remember to fill Exclusion form 10.

Next visit booked on: ___ / ___ / ___, specify visit type: _____

DATA ENTRY:

1st entry done by: _____ Signature: _____ date: ___ / ___ / ___

2nd entry done by: _____ Signature: _____ date: ___ / ___ / ___