**Data Extraction Sheet: Hyperglycaemia in Pregnancy - Tonga**

1. Demographic profile

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| Name  GDM #: Auto Generated  Consideration of Unique code, per patient apart from Hosp # as only Tongatapu has Hosp #. Making consideration for outer islands.  Unique Code will be known as GDM # |
| Hosp # Note, Only Tongatapu has Hosp# for patients. consideration for outer islands later on |
| DOB |
| Ph# |
| Address   * Tongatapu (Central, Western, Eastern)   + Village List * Ha’apai   + Village List * Vava’u   + Village List * ‘Eua   + Village List * Niuafoou   + Village List * Niuatoputapu   + Village List   Pre-defined list of Villages per Main Island using Wikipedia list of villages, double check villages to Hospital list of villages. List of Village to be provided by Ma'ake or Hola from Hospital Records |
| Ethnicity   * Tongan * Others   Confirmed Tongan and others is sufficient |
| Level of education   * None * Primary * Secondary * Tertiary   As Is, as education is compulsory in Tonga,    Considerations for "Others" in Ethnicity whom are not of Tongan Ethnicity and did not grow up in Tonga that might not have any level of education |
| Marital status   * Single * Married * Defacto   As is |

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| Gravida  Previous Gravida: 6  Please Input Gravida: .7........  Instead of tick box, integer input might be better, given error checks will be heavily enforced. Also must show previous Gravida, to ensure data integrity. Positive Integers only    1st consideration : using Hosp #, Gravida, Parity to link a new born to mother  2nd Consideration: in cases where hosp # is not available(outer islands) can use GDM Code(refer name section under demographic profile)  3rd Consideration : Migration of outer islands to Hosp # an easy way to update Hosp # for outer island patients with no previous Hosp # but is uniquely identified with GDM Code(refer name section under demographic profile)  4th Consideration : Might need to consult Walter on hosp # and how they play within the current medical Information System to make provisions for outer islands being included to the hosp # setup in the future |

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| Parity (Outcome of pregnancy  Previous Parity: 0  Please Input Parity: .0........  Instead of tick box, integer input might be better, given error checks will be heavily enforced. Also must show previous Parity, to ensure data integrity. Positive Integers only  1st consideration : using Hosp #, Gravida, Parity to link a new born to mother  2nd Consideration: in cases where hosp # is not available(outer islands) can use GDM Code(refer name section under demographic profile)  3rd Consideration : Migration of outer islands to Hosp # an easy way to update Hosp # for outer island patients with no previous Hosp # but is uniquely identified with GDM Code(refer name section under demographic profile)  4th Consideration : Might need to consult Walter on hosp # and how they play within the current medical Information System to make provisions for outer islands being included to the hosp # setup in the future |
| Smoking   * Yes * No * Ex-Smoker   Addition of Ex-Smoker option |

1. Risk factors (Can select all, or none) Confirm all this the risk factors?

* Positive family history
* Previous GDM
* Previous big babies (4.5kg)
* Unexplained stillbirth
* Polycystic ovarian syndrome
* BMI>/=30
* Age >/=35

1. BMI As is

* 18.5-24.9
* 25 – 29.9
* 30 – 34.9
* 35 – 39.9
* >/=40

1. Booking gestation: As is

* 1st trimester
* 2nd trimester
* 3rd trimester
* unbook

1. Method of Diagnosis Can only select 1 method at a time
2. GTT results: FBS………………………. 2hrs……………………

* Decimal number input, increments by 0.1
* Enforce heavy error and numerical checks to ensure integrity of data

1. RSB>/= 11.1mmol/L
2. HBA1C>/= 6.5%
3. FBS(CBG)>/= 7.0 mmol/L
4. Diagnosis: As is

* Overt DM
* GDM A1
* GDM A2
* Pre-existing diabetes

1. Antenatal visits

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Urinalysis  Pro/sug | BP | AOG | FH | Fetal lie | Fetal heart | 4 Points | Comments |
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1. Treatment : Hola to provide Range Selection of Doses for both Metformin and Insulin in each case

* Lifestyle/ Diet only
* Lifestyle/ Diet + Metformin only: Dose
* Lifestyle/ Diet + Insulin only: Dose…………………….
* Lifestyle/ Diet + Metformin: Dose ...........+ Insulin: Dose…………………………..

1. Onset of labour: Can select only of the options, but if IOL then, must select 1 of the 3

* Spontaneous
* IOL
  + Medical
  + Mechanical
  + Surgical

1. Mode of delivery As Is

* NVD
* AVD
* C/section-
  + elective
  + emergency

1. Pregnancy outcomes

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| --- | --- |
| ***Maternal complications*** | ***Fetal/Neonatal/Child complications*** |
| 1. ***Early pregnancy***  * Spontaneous abortion | * congenital malformations * Shoulder dystocia * Respiratory distress syndrome * Cardiomyopathy * Urinary tract infections * Neonatal hypoglycemia * Neonatal polycythemia * Neonatal hyperbilirubinemia * Neonatal hypocalcemia * Erb’s palsy * Stillbirth * Neonatal death * Normal outcome |
| 1. ***Pregnancy***  * Pre-eclampsia * Gestational hypertension * Excessive fetal growth * Hydramnios * Premature rupture of membranes |
| 1. ***Delivery***  * 3rd/ 4th degree tears * Instrumental delivery * Cesarean delivery * postpartum infection * postpartum hemorrhage * Preterm labor |
| 1. ***Puerperium***  * Depression * Normal outcome |

1. Fetal Birth weight As Is

* <2500g
* 2500g - <4500g
* >/= 4500g

1. Gender Baby Gender

* Female
* Male

1. Apgars score:

* 5min Scale 1 - 10
* 10min Scale 1 - 10

1. Maternal 6weeks follow up Can only select 1

* Normal HbA1c
* DM Type 2
* Defaulted

1. Follow up Surveillance for normal HA1C

**Maternal**

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| --- | --- | --- | --- | --- | --- | --- |
| **Maternal indicators** | **6weeks** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| **HBAIC Level >/= 6.5%** |  |  |  |  |  |  |
| **BMI (use WHO)** |  |  |  |  |  |  |
| * **GDM next pregnancy** * **Type 2 DM** * **Cardiovascular disease** | | | | | | |

**Neonate**

|  |  |  |  |
| --- | --- | --- | --- |
| **Neonatal indicators** | **YEAR 5** | **YEAR 10** | **YEAR 15** |
| **HBA1C level </=6.5%** |  |  |  |
| **BMI( use WHO)** |  |  |  |
|  | * Diabetes * Obesity * Hypertension * metabolic syndrome | * Diabetes * Obesity * Hypertension * metabolic syndrome | * Diabetes * Obesity * Hypertension * metabolic syndrome |

**Data analysis**

1. Demographic profile
2. # 2-6, 8-15 - analyse individually
3. # 7 & 16 – will analyse at the 6mth interval, depending on what info we got
4. Multivariate analysis – will send later needs some indepth discussion with team on wat exactly they want out of this study.