

Pre Pregnancy History

study_unique_id	<input type="text"/>
gravida	<input type="text"/>
parity	<input type="text"/>
multiple_birth	<input type="radio"/> Yes <input type="radio"/> No
num_fetus	<input type="text"/>
prenatal_care	<input type="radio"/> Yes <input type="radio"/> No
hypertension_eclampsia	<input type="radio"/> Yes <input type="radio"/> No
antepartum_hemorrhage	<input type="radio"/> Yes <input type="radio"/> No
thyroid_malfunction	<input type="radio"/> Yes <input type="radio"/> No
diabetes	<input type="radio"/> Yes <input type="radio"/> No