

DOES THE CEREBROPLACENTAL RATIO (CPR) PREDICT ADVERSE OUTCOMES IN LOW RISK PREGNANCIES?

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Patient identification number: _____ **Site:** _____

SCREENING FORM

Complete this form for all patients under review for study participation.

1. Initial screening date: ____ / ____ / ____
mm dd yyyy

2. Ethnicity/race:

- 1 = Hispanic, Latina or Spanish origin
- 2 = White
- 3 = Black or African American
- 4 = Asian
- 5 = Other
- 99 = Missing, unknown or multiple races

4. Age: ____ years

5. Gravida ____ Para ____

6. Date of birth: ____ / ____ / ____
mm dd yyyy

7. Height: _____
____ inches
____ cm

8. Weight : _____
____ pounds
____ kg

9. BMI: _____

10. Inclusion Criteria:

The patient must meet all of these criteria to be eligible for the study:

- 1. Age 18-45 years
- 2. Singleton pregnancy

11. Exclusion Criteria:

Please mark if patient has any of these conditions

- 1. Multifetal pregnancy at the time of presentation
- 2. Known fetal chromosomal anomaly
- 3. Known fetal malformation
- 4. Preeclampsia
- 5. Fetal growth restriction <10th%le
- 6. Prior cesarean section
- 7. Abnormal placentation (placenta previa, vasa previa, morbidly adherent placenta)
- 8. Preexisting diabetes
- 9. Patient declines participation

If the patient does not meet **ALL** of the inclusion criteria and has any of the exclusion criteria, she should not have the CPR study unless ordered by the managing clinician.

Research staff initials: _____

Date: _____

DOES THE CEREBROPLACENTAL RATIO (CPR) PREDICT ADVERSE OUTCOMES IN LOW RISK PREGNANCIES?

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Patient identification number: _____ **Site:** _____

ULTRASOUND DATA COLLECTION FORM

Ultrasound date	____/____/____
Estimated date of confinement (EDC)	____/____/____
GA at time of ultrasound	_____ weeks _____ days
Biparietal diameter	_____ mm
Head circumference	_____ mm
Abdominal circumference	_____ mm
Femur length	_____ mm
Estimated fetal weight	_____ grams
Estimated fetal weight percentile	_____ %ile
Formula used	_____ Hadlock _____ Warsof _____ Shepard _____ Marsal _____ Merz _____ Other, please list _____
Amniotic fluid index and maximum vertical pocket	_____ (AFI) and _____ (MVP)
Umbilical artery pulsatility index	
Middle cerebral artery pulsatility index	
Cerebroplacental ratio	Sonographer initials: _____

DOES THE CEREBROPLACENTAL RATIO (CPR) PREDICT ADVERSE OUTCOMES IN LOW RISK PREGNANCIES?

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Patient identification number: _____ **Site:** _____

PREGNANCY OUTCOME DATA COLLECTION FORM

Complete this form for all patients under review for study participation.

1. GA at time of delivery: ____ weeks ____ days

2. Delivery type:

- 1= SVD
- 2= Cesarean
- 3= Forceps
- 4= Vacuum Extraction

3. Indication for operative vaginal delivery:

- 1 = Poor maternal effort
- 2 = Non reassuring fetal heart tracing
- 3 = Maternal condition, please list: _____
- 4 = Other, please list: _____

4. Indication for cesarean delivery (check all that apply):

- 1 = Non reassuring fetal heart tracing (NRFHT)
- 2 = Arrest of descent
- 3 = Arrest of dilation
- 4 = Malpresentation
- 5 = Cord prolapse
- 6 = Suspected abruption
- 7= Other, please list: _____

5. If NRFHT,

- 1= Persistent category II remote from delivery
- 2= Category III
- 3= Fetal bradycardia
- 99= Missing or unknown

6. Gender of neonate:

- 1 = Female
- 2 = Male
- 99 = missing or unknown

7. APGAR:

- 1 minute _____
- 5 minute _____

8. Birth weight : _____ grams

9. Arterial cord pH: _____

10. Venous cord pH: _____

11. NICU admission ____ yes ____ no

12. Reason for NICU admission (check all that apply):

- 1 = Respiratory distress
- 2 = Apnea
- 3 = Infection
- 4 = Hypoglycemia
- 5 = Hyperbilirubinemia
- 6 = Hypothermia
- 7 = Neurologic complication
- 8 = Other, please list: _____
- 99 = Missing or unknown

Research staff initials: _____

Date: _____

