NSHPC confidential pregnancy notification

MREC approval ref: MREC/04/2/009 *form date 10/19* www.ucl.ac.uk/nshpc

CONFIDENTIAL

Please complete all sections of this form.

PART 1: WOMAN'S DETAILS

Date of birth: ____/____/____	**Hospital no.:**	**NHS/CHI no.:**	**Soundex:** ....

Ethnic origin:
☐ White ☐ Black other
☐ Black African ☐ Asian, Indian Subcontinent
☐ Black Caribbean ☐ Other Asian / Chinese
☐ Mixed or other, specify: ....

Country of birth: ....
If not UK/Ireland, date arrived: ____/____/____

Postcode (leave off last letter): ☐☐☐☐ ☐☐■

Previous pregnancies:
Please indicate below numbers of previous livebirths/stillbirths/miscs/terms and dates of livebirths where known.

.... **livebirth(s)**, date(s) if known: ______________________________ .... **stillbirth(s)** .... **misc(s)/term(s)**

PART 2: INFECTION HISTORY

Maternal infection probably acquired: ☐ In UK/Ireland ☐ Abroad, specify: .... ☐ Not known

Likely exposure:
☐ Heterosexual, specify partner's likely risk factor if known: ....
☐ Vertical transmission, specify place and age at diagnosis: ....
☐ Injecting drug use
☐ Other, specify: ....

Date of 1st positive test: ____/____/____	**CDC stage C disease ever?** ☐ No ☐ Yes, date of onset: ____/____/____ (specify details overleaf)	If type 2 only, tick here: ☐

Diagnosed *when*: ☐ During this pregnancy or ☐ Before this pregnancy

Diagnosed *where*: ☐ Antenatal ☐ GUM clinic ☐ Other, specify: ....

Any evidence of seroconversion in this pregnancy? ☐ No ☐ Yes (specify details overleaf) ☐ Not known

PART 3: PREGNANCY DETAILS

Antenatal booking date: ____/____/____ | **EDD:** ____/____/____ and/or **LMP:** ____/____/____

Pregnancy status:
☐ Continuing to term – planned mode of delivery: ☐ Vaginal ☐ CS ☐ Not yet decided
☐ Miscarriage* – date: ____/____/____ at .... weeks gestation
☐ Termination* – date: ____/____/____ at .... weeks gestation
*If miscarriage or termination, any congenital abnormality? ☐ No ☐ Yes: ....

Infant feeding intention at booking: ☐ Breastfeeding ☐ Artificial (formula) feeding ☐ Not yet decided

PART 4: DRUG TREATMENT DURING THIS PREGNANCY

Was this woman on antiretrovirals when she became pregnant? ☐ No ☐ Yes
Did she receive antiretrovirals during pregnancy? ☐ No ☐ Yes ☐ Not yet ☐ Declined

Antiretroviral drugs	**Before preg?**	**Date started (or gest. week)**	**Date stopped (or gest. week)**
Drug 1	Yes / No	____/____/____ _____	____/____/____ _____
Drug 2	Yes / No	____/____/____ _____	____/____/____ _____
Drug 3	Yes / No	____/____/____ _____	____/____/____ _____
Drug 4	Yes / No	____/____/____ _____	____/____/____ _____
Drug 5	Yes / No	____/____/____ _____	____/____/____ _____

PART 5: MATERNAL CLINICAL STATUS

Symptomatic in this pregnancy? ☐ No ☐ Yes, specify: ....
Sexual health screening test in this pregnancy? ☐ No ☐ Yes, 1st screen date this pregnancy: ____/____/____
Concurrent maternal infection(s)? ☐ None ☐ HBV ☐ HCV ☐ Syphilis ☐ Other, specify: ....

PART 6: MATERNAL TEST RESULTS

Please provide the first test results available in this pregnancy.

Viral load: ________________ copies/ml Date: ____/____/____ **CD4:** _________ (____%) Date: ____/____/____

Form completed by: Name: ____ Date: ____/____/____
Position: ______________________ Telephone: ______________________ Email: ______________________________

Please return to: CONFIDENTIAL, FAO H Peters, Surveillance Studies Group PPP Programme, UCL GOS Institute of Child Health, 30 Guilford St, London WC1N 1EH. Telephone 020 7905 2739 or email nshpc@ucl.ac.uk for any queries (helen.peters2@nhs.net for those with identifiers).