Maternal Interview	
1. Study arm? Case	C Control
2. Hospital	
3. Study Number:	
4. Date of Interview:	
DD MM YYYY DD/MM/YYYY J / J / J / J / J / J / J / J / J / J	
A	
6. Who else is present during the interview?	

Inclusion Criteria	
7. Cases: Is gestation greater than or equal at time of birth)	to 28 weeks at the time of the stillbirth? (Not
C Yes	O No
8. Cases: Did the stillbirth occur 1-6 weeks than 6 weeks previously)	prior to the interview? (Not eligible if more
C Yes	C No
9. Controls: Is the gestation within 2 weeks interview (or at birth if already given birth)?	
C Yes	O No
10. Gestational age? Weeks Days	
11. Singleton pregnancy?	
C Yes	O No
12. Major fetal abnormality?	
C Yes	O No
13. Consent form signed?	
C Yes	○ No
14. Fluent in English?	
C Yes	O No
If not fluent in English, was an interpreter used?	

Mat	ternal Demog	_j raphics			
15.	What is your d	late of birth	?		
DD/N	MM/YYYY	1 1			
16.	Which country	y were you	born in?		
		-			
17.	If not the Unit	ed Kingdon	n: how many ye	ears have you live	d in the UK?
Years	3				
Mont	hs				
18.	If not the Unit	ed Kingdom	n: what is your	immigration statu	s?
	UK National		Study Visa		Refugee
	EEA National		☐ Work Visa		Humanitarian Protection
	Discretionary leave to	remain	Husband/ Wife S	Sponsorship	Declined to answer
	Indefinate leave to re	main	Asylum seeker a	waiting decision	
19.	How do you de	escribe you	r ethnicity?		
	White- British				
	Irish				
	Gypsy or Irish traveller	-			
	Any other white backg	round			
	Black/ Black British				
	African				
	Caribbean				
	Any other black backg	round			
	Asian/ Asian British				
	Indian				
	Pakistani				
	Banladeshi				
	Chinese				
	Any othe Asian backg	round			
	Multiple ethinic group)			
	White & Black Caribbe	ean			
	White & Black African				
	White & Asian				
	Any other multiple eth	nic background			
	Declined to answer				

21. Which of the fo	llowing best describes the place you live in? (Lived in most of the
time during your p	regnancy).
Own house	
C Private rental	
Council/ Housing Associ	iation rental
Stay with family or frien	ds
C No fixed address	
Other (please specify)	
22. How many peo	ple usually live in your house? (The house you lived in during you
pregnancy).	
yourself)	
yourself) Children under 10 years Other adults and children	
yourself) Children under 10 years Other adults and children	
children under 10 years Other adults and children over 10 years	rooms does your house have? (The house you lived in during yo
Children under 10 years Other adults and children Over 10 years 23. How many bed	rooms does your house have? (The house you lived in during yo
yourself) Children under 10 years Other adults and children over 10 years 23. How many bed pregnancy).	rooms does your house have? (The house you lived in during yo
Children under 10 years Other adults and children over 10 years 23. How many bed pregnancy).	rooms does your house have? (The house you lived in during your house is large enough for your family's needs? (The house you
Children under 10 years Other adults and children over 10 years 23. How many bed oregnancy). Number of bedrooms	ır house is large enough for your family's needs? (The house you
yourself) Children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms	ır house is large enough for your family's needs? (The house you
children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes	Ir house is large enough for your family's needs? (The house your pregnancy). □ No
children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes 25. What is your high	ur house is large enough for your family's needs? (The house your pregnancy).
Children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes 25. What is your high	ur house is large enough for your family's needs? (The house your pregnancy). No ghest educational qualification? (Please tick one answer only).
Children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes 25. What is your high one of the content	ur house is large enough for your family's needs? (The house your pregnancy). No Sphest educational qualification? (Please tick one answer only).
children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes 25. What is your high one GCSE level (GCSE, OLC) A level (A, AS, S-level,	ar house is large enough for your family's needs? (The house your pregnancy). No Sphest educational qualification? (Please tick one answer only). evel, Standards) Highers)
Children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes 25. What is your high one C GCSE level (GCSE, O L) C A level (A, AS, S-level, C Undergraduate (Diplom	ur house is large enough for your family's needs? (The house your pregnancy). No Sphest educational qualification? (Please tick one answer only). evel, Standards) Highers)
Children under 10 years Other adults and children over 10 years 23. How many bed pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes 25. What is your high one GCSE level (GCSE, OL A level (A, AS, S-level, Undergraduate (Diplom Graduate (Degree, BSC)	ur house is large enough for your family's needs? (The house your pregnancy). No Sphest educational qualification? (Please tick one answer only). evel, Standards) Highers) BA)
pregnancy). Number of bedrooms 24. Do you feel you lived in during you Yes 25. What is your high one GCSE level (GCSE, O LE) A level (A, AS, S-level, Undergraduate (Diplom	ur house is large enough for your family's needs? (The house your pregnancy). No Sphest educational qualification? (Please tick one answer only). evel, Standards) Highers) A) BA) A, PhD)

3	Full time work (over 30 hours per week)	
0	Part time work (includes casual work)	
0	Student	
0	Housewife	
0	Unemployed	
0	Long- term sickness benefit	
	er (please specify)	
Othic	in (piedde specify)	
7.	What was your work situation in	the last month? (before your baby died). (Please
	k one answer only).	the last months (belove your baby alea)! (Fleast
0	Full time work (over 30 hours per week)	
0	Part time work (includes casual work)	
0	Student	
0	Housewife	
0	Unemployed	
0	Long-term sickness benefit	
0	Off-work due to pregnancy complications	
0	Maternity leave	
Othe	er (please specify)	
	If you are currently on maternity	leave. how many weeks were you when you be
28. /OU	ır matenity leave?	leave, how many weeks were you when you beg
28. you ^{Veek} 29.	r matenity leave?	
28. /OU Week	r matenity leave? S Do you or have you ever worked	regular night shifts?
28. /OU Week	r matenity leave? S Do you or have you ever worked Yes	regular night shifts?
28. /OU Week 29.	r matenity leave? S Do you or have you ever worked Yes	regular night shifts?
28. you Week 29.	The state of the s	regular night shifts?

	What was your partner's (not necessarily father of your baby) work situation in the
	t month? (before your baby died) (Please tick one answer only).
0	Full time work (over 30 hours per week)
0	Part time work (includes casual work)
0	Student
0	Home maker
0	Unemployed
0	Long term sickness benefit
Othe	er/ unknown/ no partner
32	What is your combined household income?
0	<£10,000
0	
0	£10,000-£14,999
0	£15,000-£19,999
0	£20,000-£24,999
0	£25,000-£29,999
0	£30,000-£39,999
	£40,000-£49,999
0	£50,000-£59,999
0	£60,000-£74,999
0	£75,000 +

Rela	ationships			
33.	What is your m	narital status? (Please tick on	e answer only).	
0	Single			
0	Married			
0	Cohabiting			
34.	How old is the	father of your baby?		
Age ii	n years			
Don't	know			ı
35.	How would he	describe his ethnicity?		
	Unknown			
	White- British			
	Irish			
	Gypsy or Irish traveller			
	Any other white backg	round		
	Black/ Black British			
	African			
	Caribbean			
	Any other black backg	ound		
	Asian/ Asian British			
	Indian			
	Pakistani			
	Banladeshi			
	Chinese			
	Any othe Asian backgr	ound		
	Multiple ethinic group			
	White & Black Caribbe	an		
	White & Black African			
	White & Asian			
	Any other multiple eth	nic background		
	Declined to answer			
36.	Is this your fire	st pregnancy with this father?		
	Yes		No	

37. How long had conceived?	you had a relationship w	ith the father of your baby	when you
C Conceived on first epis	sode of intercourse		
C Less than 6 months			
C 6-12 months			
More than 1 year			
C Declined to answer			
38. Are you relate	ed to the father of your bal	by? (Other than by marriage	e).
C Yes			
C No			
If yes what relation are you	to each other?		

General Health and Past History

39.	Did you have any medical conditions before the start of your pregnancy? (Please
tick	k all relevant answers).
	None
	Anaemia (prior to booking Hb<10g/L)
	Asthma
	Cervical surgery
	Depression
	Diabetes type 1- Insulin dependent
	Diabetes type 2
	Epilepsy
	Heart condition- congenital
	Heart condition- rheumatic
	Hypertension- Essential
	Hyperthyroid
	Hypothyroid
	Inflammatory bowel disease (Crohn's disease or ulcerative colitis)
	Polycystic ovarian syndrome
	Psychiatric disorder (other than depression)
	Renal disease
	Sickle cell disease
	Systemic lupus erythematosus
	Thalassaemia
	Thrombophilia
	Urinary tract infections (recurrent)
	Uterine abnormality
	Uterine surgery
	Venous thromboembolism
Othe	er medical condition
40.	Did you have fertility treatment to get pregnant with your baby?
0	Yes C No

1. If yes, what was the treat	ment? (Please tick o	ne answer only)
C Artificial insemination		
Ovulation induction		
○ IVF		
GIFT		
C ICSI		
Other (please specify)		
2. Have you ever been preg	nant before?	
C Yes	O N	0

Miscarriages or ectopic pregnancies in the first 12 weeks of pregnancy		
-		
Miscarriages or ectopic		
oregnancies between 13		
and 24 weeks of pregnancy	y	
Surgical termination of		
pregnancy below 14 weeks	;	
Medical termination of		
pregnancy below 14 weeks	;	
Surgical termination of		
pregnancy between 15 and 24 weeks of pregnancy	d	
Medical termination of		
pregnancy between 15 and	d	
24 weeks of pregnancy	-	
Termination of pregnancy		
after 24 weeks 44. How many o	ther pregnancies have you had? ou tell me about your other pregnancies ar	ıd bi
44. How many o		ıd b
44. How many of 45. If yes, can yo		ıd bi
after 24 weeks 44. How many o		nd bi
44. How many of the second of		nd bi
after 24 weeks 44. How many or 45. If yes, can you Year of birth Gestation Birth weight (in grams) Mode of delivery		nd bi
44. How many or 45. If yes, can you Year of birth Gestation Birth weight (in grams) Mode of delivery Outcome (LB/SB/NND)		nd bi
44. How many of 45. If yes, can you year of birth Gestation Birth weight (in grams) Mode of delivery Outcome (LB/SB/NND) Were there any		nd bi
44. How many or 45. If yes, can yo Year of birth Gestation Birth weight (in grams) Mode of delivery Dutcome (LB/SB/NND) Were there any complications?		
44. How many of 45. If yes, can your car of birth Gestation Birth weight (in grams) Mode of delivery Dutcome (LB/SB/NND) Were there any complications? 46. If yes, can your can you ca	ou tell me about your other pregnancies ar	
44. How many of 45. If yes, can you year of birth Gestation Birth weight (in grams) Mode of delivery Outcome (LB/SB/NND) Were there any complications? 46. If yes, can you year of birth	ou tell me about your other pregnancies ar	
44. How many of 45. If yes, can you year of birth Gestation Birth weight (in grams) Mode of delivery Outcome (LB/SB/NND) Were there any complications? 46. If yes, can you year of birth Gestation	ou tell me about your other pregnancies ar	
44. How many of 45. If yes, can you year of birth Gestation Birth weight (in grams) Mode of delivery Outcome (LB/SB/NND) Were there any complications? 46. If yes, can you year of birth Gestation Birth weight (in grams)	ou tell me about your other pregnancies ar	
44. How many of 45. If yes, can you year of birth Gestation Birth weight (in grams) Mode of delivery Outcome (LB/SB/NND) Were there any complications?	ou tell me about your other pregnancies ar	

Year of birth	ou tell me about your other pregnancies and
rear or birtir	
Gestation	
Birth weight (in grams)	
Mode of delivery	
Outcome (LB/SB/NND)	
Were there any complications?	
48. If yes, can y	ou tell me about your other pregnancies and
Year of birth	
Gestation	
Birth weight (in grams)	
Mode of delivery	
Outcome (LB/SB/NND)	
Were there any complications?	
49. If yes, can y	ou tell me about your other pregnancies and
Year of birth	
Gestation	
Birth weight (in grams)	
Mode of delivery	
Outcome (LB/SB/NND)	
Were there any complications?	
50. If yes, can y	ou tell me about your other pregnancies and
Year of birth	
Gestation	
Birth weight (in grams)	
Birth weight (in grams) Mode of delivery Outcome (LB/SB/NND)	

Antenatal care in th	is pregnancy		
51. How many weeks about this pregnancy		en you first saw a health	n professional
Weeks			
52. Who did you first s	ee ? (Please tick one	answer only).	
O GP	-		
Midwife			
C Infertility specialist			
C Hospital obstetrician			
C Family planning clinic			
C Pharmacist			
C Nurse			
C Private obstetrician			
Other (please specify)			
E2 Did way have mare	-in-u cialenaca dunina 4	hio nyo anonon'a	
53. Did you have morr	ling sickness during t		
C Yes		O No	
54. If yes, were you ad	lmitted to hospital due	to your vomiting?	
		O No	
If yes, how many times?			
, . , ,			
EE Did vou hove one	- f 4h-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a-a		
(Please tick all relevan		sses/ problems during y	our pregnancy?
(Flease tick all leleval	Anytime during your pregnance	y In the last two w	reeks of your pregnancy
High fever		,	
If high fever, was it confirmed to be higher than 38°C by thermometer			
Runny nose/ sore throat/ swollen glands			
Cough with phlegm			
Diarrhoea and/or vomiting			
Frequent urge to urinate and/or pain on urinating			
56. Were you unwell ir	າ any other way in the	last 2 weeks of your pre	gnancy?
C Yes		C No	
If yes, please describe			

nly).			
No bleeding			
Single episode <20 weeks			
Recurrent bleeds <20 wee			
Single episode >20 weeks			
Recurrent bleeds >20 wee Recurrent bleeds through			
Recurrent bleeds throughout Unsure	Jut		
Onsure			
B. During your preg	gnancy, did you take any ar	ntibiotics?	
Yes	○ No	© Unsure	
yes, what antibiotics and wha	it did you have them for?		
	· -	ne most recent course).	
	·		
	·		
eeks			

30. Do you currently sn	noke ? (Please tick one ar	swer only)
C Yes		
No, stopped in pregnancy		
No, stopped prior to pregnancy		
No, never smoked		
i1. If yes, what do you	smoke and what is the av	erage amount per day? №
Smoke cigarettes	Tes	NO
Smoke roll ups		
Smoke cannabis		
Chew tobacco		
Jse shisha		
verage amount per day		
smoke? mount per day 63. If you stopped smo		how much a day on average did you ow many weeks pregnant were you
smoke? Smount per day Sa. If you stopped smowhen you stopped?		
smoke? mount per day 63. If you stopped smowhen you stopped? Veeks	king during pregnancy, he	ow many weeks pregnant were you
smoke? mount per day 33. If you stopped smovhen you stopped? /eeks		ow many weeks pregnant were you
smoke? mount per day 33. If you stopped smovhen you stopped? /eeks	king during pregnancy, he	ow many weeks pregnant were you
moke? mount per day 3. If you stopped smowhen you stopped? yeeks 4. Did you use any nic	king during pregnancy, he otine-replacement produ	ow many weeks pregnant were you cts during pregnancy?
moke? mount per day 3. If you stopped smowhen you stopped? eeks 4. Did you use any nic Electronic cigarettes Nicotine gum	king during pregnancy, ho otine-replacement produ	ow many weeks pregnant were you cts during pregnancy?
moke? mount per day 3. If you stopped smowhen you stopped? leeks 4. Did you use any nic Electronic cigarettes Nicotine gum Nicotine inhalators	king during pregnancy, ho otine-replacement produ	ow many weeks pregnant were you cts during pregnancy? Nicotine microtabs Nicotine nasal spray
imoke? imount per day 33. If you stopped smowhen you stopped? 44. Did you use any nice Electronic cigarettes Nicotine gum Nicotine inhalators Nicotine lozenges	king during pregnancy, ho otine-replacement produ	ow many weeks pregnant were you cts during pregnancy? Nicotine microtabs Nicotine nasal spray
Smoke? Amount per day 63. If you stopped smowhen you stopped? Weeks 64. Did you use any nic C Electronic cigarettes Nicotine gum Nicotine inhalators Nicotine lozenges	king during pregnancy, ho otine-replacement produ	ow many weeks pregnant were you cts during pregnancy? Nicotine microtabs Nicotine nasal spray
imount per day 33. If you stopped smowhen you stopped? Weeks 44. Did you use any nice Electronic cigarettes Nicotine gum Nicotine inhalators Nicotine lozenges Other (please specify)	otine-replacement produ	cts during pregnancy? Nicotine microtabs Nicotine nasal spray Nicotine patches
mount per day 33. If you stopped smovhen you stopped? /eeks 44. Did you use any nice Electronic cigarettes Nicotine gum Nicotine inhalators Nicotine lozenges Other (please specify)	vou smoking habits during	cts during pregnancy? Nicotine microtabs Nicotine nasal spray Nicotine patches
Smoke? Amount per day 63. If you stopped smowhen you stopped? Weeks 64. Did you use any nic C Electronic cigarettes Nicotine gum Nicotine inhalators Nicotine lozenges Other (please specify)	vou smoking habits during	cts during pregnancy? Nicotine microtabs Nicotine nasal spray Nicotine patches

¬				
Midwife				
☐ GP				
Hospital doctor				
Friend/ relative				
Internet				
Magazine				
Pregnancy book				
□ TV				
Please add details				
67. Does your partne	er smoke?			
© Yes	© No		○ No partner	
	€ NO		~ 140 partirei	
68. Does anyone els	e living in your	house smoke?		
C Yes		O No		
	4		/: :	
	_	d alcoholic drinks	(if any) do you ha	ve each week
	ncy?			
	_	d alcoholic drinks 1-2 std drinks/wk	(if any) do you ha	ve each week ≥5 std drinks/wk
In the first 3 months of your pregnancy	1 std drink/wk	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
during your pregnat	1CY?	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy	<pre>cy? < 1 std drink/wk </pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregnancy To. What was the high	<pre>cy? < 1 std drink/wk phest number or one</pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy 70. What was the higoccasion during you	<pre>cy? < 1 std drink/wk phest number or one</pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy 70. What was the higoccasion during you	<pre>cy? < 1 std drink/wk phest number or one</pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy In the last month of your pregancy 70. What was the high occasion during your own to be a second during your pregnancy.	<pre>cy? < 1 std drink/wk phest number or one</pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy 70. What was the higoccasion during you	<pre>cy? < 1 std drink/wk phest number or one</pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy 70. What was the higoccasion during you None 1 to 2	<pre>cy? < 1 std drink/wk phest number or one</pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
your pregnancy In the last month of your pregancy 70. What was the higoccasion during you None 1 to 2 3 to 4	<pre>cy? < 1 std drink/wk phest number or one</pre>	1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregnancy In the last month of your pregancy 70. What was the higoccasion during you None 1 to 2 3 to 4 5 to 10 greater than 10	toy? < 1 std drink/wk ghest number our pregnancy? (1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy In the last month of your pregancy 70. What was the higoccasion during you None 1 to 2 3 to 4 5 to 10 greater than 10 71. How many week	toy? < 1 std drink/wk ghest number our pregnancy? (1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy In the last month of your pregancy 70. What was the higoccasion during you None 1 to 2 3 to 4 5 to 10 greater than 10 71. How many week Weeks	toy? < 1 std drink/wk ghest number our pregnancy? (1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy In the last month of your pregancy 70. What was the higoccasion during you None 1 to 2 3 to 4 5 to 10 greater than 10 71. How many week Weeks	toy? < 1 std drink/wk ghest number our pregnancy? (1-2 std drinks/wk	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregnancy In the last month of your pregancy 70. What was the high occasion during your or not	s pregnant wei	f standard alcoho Please tick one as	3-4 std drinks/wk	≥5 std drinks/wk
In the first 3 months of your pregnancy In the last month of your pregancy 70. What was the higoccasion during you None 1 to 2 3 to 4 5 to 10 greater than 10 71. How many week	s pregnant wei	f standard alcoho Please tick one as	3-4 std drinks/wk	≥5 std drinks/wk

GP Hospital doctor Friend/ relative Internet Magazine			
Friend/ relative Internet			
☐ Internet			
_			
☐ Magazine			
☐ Pregnancy book			
□ TV			
Please add details			
74 Have ver taken en	w street drugs du	ring progonov?	
74. Have you taken an	y street drugs dui		
C Yes		O No	
75. If yes, have you us	ed any of the follo	owing, if so when?	
	first 3 months of pregnancy	In the last month of pregnancy	In the last week of pregnancy
Amphetamine			
Amyl Nitrites			
Cannabis			
Cocaine			
Gas			
Glue			
Heroin			
Ketamine			
Magic Mushrooms			
Methadone			П
Tranquillisers			
Other (please specify)			

C Yes		C No	
If so, what have you changed?			
78. If you have chan	aed vour drug use (during pregnancy follow	ving advice, where did
_		l relevant answers).	ing davice, where are
☐ Midwife	•	,	
☐ GP			
☐ Hospital doctor			
Friend/ relative			
☐ Internet			
☐ Magazine			
☐ Pregnancy book			
□ TV			
Please add details			
Flease add details			
© Yes		lication during your pre	-
© Yes		© No	-
○ Yes BO. If yes, please list		© № medication you have tak	-
© Yes 80. If yes, please list pregnancy?	t all the prescribed i	© No medication you have tak	-
© Yes 80. If yes, please list pregnancy?	t all the prescribed i	Medication you have take which ones. During the first 3 months of	-
C Yes 80. If yes, please listoregnancy? 81. Have you taken a	all the prescribed i	© No medication you have tak which ones.	en during your
C Yes 80. If yes, please list pregnancy? 81. Have you taken a	all the prescribed i	Medication you have take which ones. During the first 3 months of	en during your
C Yes 30. If yes, please list pregnancy? 31. Have you taken a Folic Acid 400mcg Folic Acid 5mg	all the prescribed i	Medication you have take which ones. During the first 3 months of	en during your
C Yes 30. If yes, please list pregnancy? 31. Have you taken a Folic Acid 400mcg Folic Acid 5mg Iron supplement	all the prescribed i	Medication you have take which ones. During the first 3 months of	en during your
C Yes 30. If yes, please list pregnancy? 31. Have you taken a Folic Acid 400mcg Folic Acid 5mg Iron supplement Multi- vitamin Multi-vitamin for pregnant	all the prescribed i	Medication you have take which ones. During the first 3 months of	en during your
C Yes 80. If yes, please list pregnancy? 81. Have you taken a Folic Acid 400mcg Folic Acid 5mg Iron supplement Multi- vitamin Multi-vitamin for pregnant women	all the prescribed i	Medication you have take which ones. During the first 3 months of	en during your
C Yes 30. If yes, please list pregnancy? 31. Have you taken a Folic Acid 400mcg Folic Acid 5mg Iron supplement Multi- vitamin Multi-vitamin for pregnant women Omega-3	all the prescribed i	Medication you have take which ones. During the first 3 months of	en during your
○ Yes BO. If yes, please list	all the prescribed i	Medication you have take which ones. During the first 3 months of	en during your

Perceived Stress Scale

82. The questions in this scale ask you about your feelings and thoughts during the LAST MONTH (before your baby died).

	Never 0	Almost Never 1	Sometimes 2	Fairly Often 3	Very Often 4
1.How often have you been upset because of something that happened unexpectedly?	O	O	•	O	O
2.How often have you felt that you were unable to control the important things in your life?	C	О	0	O	O
3.How often have you felt nervous and "stressed"?	0	O	O	0	0
4.How often have you felt confident about your ability to handle your personal problems?	O	0	O	O	O
5.How often have you felt that things were going your way?	0	O	O	O	0
6.How often have you found that you could not cope with all the things that you had to do?	O	C	О	O	O
7.How often have you been able to control irritations in your life?	0	0	O	O	0
8.How often have you felt that you were on top of things?	O	O	0	O	O
9.How often have you been angered because of things that were outside your control?	0	0	0	O	O
10.How often have you felt difficulties were piling up so high that you could not overcome them?	0	0	O	O	O
Other (please specify)					

83. On average, how often did you eat the following foods in the month before you were pregnant and during the last 4 weeks (before your baby died)?

	Pre pregnancy	Within the last 4 weeks
Rice and pasta (1 portion)	V	<u> </u>
White bread (1 slice)	•	▼
Wholemeal bread (1 slice)	•	<u> </u>
Crisps (1 bag)	•	<u></u>
Processed meat (1 portion)	▼	<u> </u>
Salad vegetables (1 portion)	▼	▼
Green vagetables (1 portion)	▼	_
Other vegetables (1 portion)	▼	▼
Vegetable dishes/ foods (1 portion)	▼	
Soft drinks (1 glass)	▼	▼
Diet soft drinks (1 glass)	▼	<u> </u>
Chips (1 portion)	▼	▼
Fruit (1 portion)	▼	▼
Full fat spread (for 1 slice of bread)	V	

84. Please write how many per day.

Total teaspoons of sugar	
added each day to cereals,	
tea,coffee etc (tsp)	
Full- fat milk on average	
consumed per day in	
drinks, cereals etc (pints)	
Semi- skimmed milk on	
average consumed per day	
in drinks, cereals etc (pints)	
Skimmed milk on average	
consumed per day in	
drinks, cereals etc (pints)	

stant coffee	number of servings/day
	▼
ewed coffee (filter/	
rcolated)	
ecaffeinated coffee rewed/instant)	¥
ea	<u> </u>
hai tea	<u> </u>
reen tea	▼
rinking chocolate	v
nergy drinks/ 250ml erving	
Cola (regular/ diet)/ 330ml serving	
Chocolate/ 50g bar	<u> </u>
6. Have you changed any as	spects of your diet or caffine intake during your
,	, , , ,
regnancy?	
regnancy?	O No
C Yes f so, what have you changed? 7. If you have changed your	C No r diet or caffine intake during pregnancy following advice from? (Please tick all relevant answers).
C Yes f so, what have you changed? 7. If you have changed your	r diet or caffine intake during pregnancy following advic
C Yes f so, what have you changed? 7. If you have changed your where did you get this advice	r diet or caffine intake during pregnancy following advic
Yes f so, what have you changed? 7. If you have changed your where did you get this advice Midwife	r diet or caffine intake during pregnancy following advic
 Yes f so, what have you changed? 7. If you have changed your /here did you get this advice Midwife GP 	r diet or caffine intake during pregnancy following advic
Yes f so, what have you changed? 7. If you have changed your where did you get this advice Midwife GP Hospital doctor	r diet or caffine intake during pregnancy following advic
Yes f so, what have you changed? 7. If you have changed your where did you get this advice Midwife GP Hospital doctor Friend/ relative	r diet or caffine intake during pregnancy following advic
7. If you have changed your where did you get this advice Midwife GP Hospital doctor Friend/ relative Internet	r diet or caffine intake during pregnancy following advic
To yes f so, what have you changed? 7. If you have changed your where did you get this advice Midwife GP Hospital doctor Friend/ relative Internet Magazine	r diet or caffine intake during pregnancy following advic

Sleep Practice	S
If the main period of	sleep is in the day (such as for shift workers) then use the day time for the following questions.
88. On average	how many hours actual sleep did you usually get at night? (Hours).
Before pregnancy	
In the last four weeks(* before your baby died)	
In the last week*	
Last night*	
89. What size be	ed did you sleep in last night?(the last night before your baby died).
(Please tick one	answer only).
© Small single	
© Single	
C Small double	
C Double	
C King size	
Superking	
Other- didn't sleep in bed	(specify)
90. Did anyone e	else sleep in the same bed as you last night? (The last night before your
90. Did anyone o	else sleep in the same bed as you last night? (The last night before your
	else sleep in the same bed as you last night? (The last night before your
baby died).	else sleep in the same bed as you last night? (The last night before your
baby died). C Yes, partner	else sleep in the same bed as you last night? (The last night before your
baby died). O Yes, partner O No	else sleep in the same bed as you last night? (The last night before your
baby died). Yes, partner No Yes, other	else sleep in the same bed as you last night? (The last night before your
baby died). Yes, partner No Yes, other Other (please specify)	else sleep in the same bed as you last night? (The last night before your
baby died). Yes, partner No Yes, other Other (please specify)	
baby died). Yes, partner No Yes, other Other (please specify) 91. What side of	
baby died). O Yes, partner No O Yes, other Other (please specify) 91. What side of C Left	
baby died). O Yes, partner No O Yes, other Other (please specify) 91. What side of C Left O Middle	
baby died). Yes, partner No Yes, other Other (please specify) 91. What side of Left Middle Right	
baby died). Yes, partner No Yes, other Other (please specify) 91. What side of Left Middle Right	
baby died). Yes, partner No Yes, other Other (please specify) 91. What side of Left Middle Right	
baby died). O Yes, partner O No Yes, other Other (please specify) 91. What side of the control of the cont	

C Left							
Middle							
○ Right							
C Unsure							
J. 0.104.10							
93. How many pillo	ws did yo	u usually us	e at night	in the la	st few wo	eeks? (Be	fore your
baby died). No. of pillows							
No. of philows							
94. What position d	•	•	• •			•	•
2.6	Left side		Right side	Tummy	Variable		Don't remember
Before pregnancy	0	0	0	0	0	0	0
In the last 4 weeks (before your baby died)	O	O	0	0	0	0	O
Last night (before your baby died)	0	0	O	0	0	0	O
95. What position d	id you usı	ually wake u	p in? (Ple	ase tick	one answ	ver per lin	e).
•	Left side	-	Right side	Tummy	Variable	-	Don't remember
Before pregnancy	0	0	0	0	0	0	\odot
In the last 4 weeks (before your baby died)	O	0	O	0	0	0	0
Last night (before your baby died)	0	0	0	0	0	0	0
96. Did you change	sleep pos	sition during	the night	t? (Pleas	e tick one	e answer i	per line).
	Not at all	Possibly once	Possibly tw	ice	nan twice ot lots	ots of times	Don't remember
Before pregnancy	0	0	0	(3	0	0
In the last 4 weeks (before your baby died)	0	O	0	(9	O	0
Last night (before your baby died)	0	0	0	(5	O	0
97. Would you desc	ribe vour	self as a res	tless slee	eper (i.e r	nove a lo	t during th	e night)?
(Please tick one ans	-						J
(1 louise them should the	Not at all	A little		Average	More than	average	Very restless
Before pregnancy	0	0		0	0		0
In the last 4 weeks (before your baby died)	0	0		O	C		O
Last night (before your baby died)	O	O		0	C		O
98. Have you EVER	been tol	l that you sr	ore, or a	re you av	vare that	you snore	?
-		=	•	-			

99. If you have bee	en told you	snore, or yo	ou have wo	ken yourself	up snoring,	how ofte
has this happened	? (Please t	ick one ansv	wer per line	·).		
	Occasionally	1-2 times/week	3-4 times/week	5-6 times/week	Every night	Don't know
Before pregnancy	0	0	O	O	0	O
During the last 4 weeks (the 4 weeks before your baby died)	0	0	0	0	O	O
100. Did you snore	last night	? (The last n	ight before	your baby di	ied).	
C Yes		O No		C Do	on't know	
101. Has your sno	ring ever b	othered oth	er people?			
	Ye	es	!	No	Don't	know
Before pregnancy	(0	(0
Last 4 weeks (before your baby died)	C		•	O	(5
102. Did your snor	ing bother	anyone last	night? (The	e last night b	efore your l	baby died
C Yes		O No		O Do	on't know	
103. How loud is y	our snoring	reported to	be? (Pleas	se tick one a	nswer per li	ne).
_	Slightly louder breathing	As I	oud as talking	Very loud, can be adjacent roo		Don't know
Before pregnancy	O		0	0		0
Last 4 weeks (before your baby died)	0		O	O		O
Last night (before your baby died)	0		0	O		О
104. Have you bee	n told you	briefly stop	breathing w	hen you are	asleep? (Pl	ease tick
one answer per lin	e).					
	Never	Rarely	Som	etimes	Often	Every night
Before pregnancy	0	O		0	0	0
4 weeks ago (before your baby died)	0	0		0	O	O
105. Were you told	l you briefly	/ stopped bi	eathing wh	en asleep la	st night? (T	he night
before your baby o	lied).					
			© No			
106. Have you bee	n told that	you cough	or choke du	ring sleep? (Please tick	one
answer per line).						
	Never	Rarely	Som	etimes	Often	Every night
Before pregnancy	O	O		0	0	O
4 weeks ago (before your baby died)	0	0		O	0	O

C Yes			0	No			
08. Do your legs t	witch or jei	rk often w	hile you	sleep? (Do	not cour	nt the sudd	len jerk
hat sometimes occ	curs as you	fall aslee	p). (Plea	se tick one	answer	per line).	
	Never	Rarely	Someti	imes O	ften	Every night	Don't know
Before pregnancy	0	0	0		0	0	0
Last 4 weeks (before your baby died)	0	0	0		0	О	0
l09. Did your legs t our baby died).	witch or je	rk often w	hile you	slept last	night? (Tl	ne last nigl	nt before
O Yes		O No			O Don't k	now	
l10. Did you take n	nedication	for sleep?	(Prescri	bed medic	ation NO	T herbal re	medies)
Please tick one an	swer per lii	ne).					
	Never	Occasionally 1	1-2 times/week	3-4 times/week	5-6 times/wee	k Every night	Don't kno
Before pregnancy	0	0	0	0	0	\odot	\odot
4 weeks ago (before your	0	0	0	0	O	0	O
baby died)							
^{baby died)} 111. Did you take n	nedication	for sleep	last nigh	t? (The nig	ht before	your baby	died).
•	nedication	for sleep	_	t? (The nig	ht before	your baby	died).
111. Did you take n			o ality over	No		answer p	-
111. Did you take n O Yes 112. How would yo	u rate your	sleep qua	ality over	No rall?(Please	e tick one	answer p	er line).
111. Did you take n Yes 112. How would you	u rate your Very good	sleep qua	ality over	No rall?(Please Average	e tick one Fairly	e answer p	er line). Very bad
111. Did you take n Yes 112. How would you Before pregnancy Last 4 weeks (before your baby died) 113. How often do you	u rate your Very good O	sleep qua Fairly (ality over	No rall?(Please Average	e tick one Fairly C	e answer p	er line). Very bad
I11. Did you take n Yes I12. How would you Before pregnancy Last 4 weeks (before your baby died) I13. How often do you	u rate your Very good O O you feel tire	sleep qua Fairly (O O ed or fatiç	ality over	Average	e tick one Fairly C	e answer p	er line). Very bad C C e tick on
I11. Did you take n Yes I12. How would you Before pregnancy Last 4 weeks (before your baby died) I13. How often do yoursenswer per line).	very good very good very good very good	sleep qua Fairly 9 Coccasionally	ality over	No rall?(Please Average	e tick one Fairly C	e answer postado	er line). Very bad C C e tick on
111. Did you take n Yes 112. How would you Before pregnancy Last 4 weeks (before your baby died) 113. How often do your answer per line). Before pregnancy Last 4 weeks (before your	u rate your Very good O O you feel tire	sleep qua Fairly (O O ed or fatiç	ality over	Average C TER your nice 3-4 times/week	e tick one Fairly G ght's slee	e answer p	er line). Very bad C C e tick on
I11. Did you take not yes I12. How would you Before pregnancy Last 4 weeks (before your baby died) I13. How often do your baby died). Before pregnancy Last 4 weeks (before your baby died)	very good very good very good very good very good very good	sleep qua Fairly 9 Coccasionally	gued AFT	Average C TER your ni 3-4 times/week C	e tick one Fairly ght's slee	e answer postad	er line). Very bad C e tick on Don't kno
I11. Did you take not yes I12. How would you before pregnancy Last 4 weeks (before your baby died) I13. How often do your before pregnancy Last 4 weeks (before your baby died) Last 4 weeks (before your baby died) I14. During your Walliam in the pregnancy	u rate your Very good O you feel tire Never O AKE TIME	sleep qua Fairly 9 Coccasionally	gued AFT	Average C TER your ni 3-4 times/week C	e tick one Fairly ght's slee	e answer postad	er line). Very bad C e tick on Don't kno
I11. Did you take not yes I12. How would you before pregnancy Last 4 weeks (before your baby died) I13. How often do your before pregnancy Last 4 weeks (before your baby died) Last 4 weeks (before your baby died) I14. During your Walliam in the pregnancy	u rate your Very good O you feel tire Never O AKE TIME (sleep qua Fairly 9 C ed or fatig Occasionally C do you fee	gued AFT 1-2 times/week	Average C TER your ni 3-4 times/week C atigued or	ght's slee	e answer per bad ep? (Please k Every night C par? (Please	er line). Very bad C e tick on Don't kno
In 11. Did you take not yet a line of the pregnancy Last 4 weeks (before your baby died) In 13. How often do your baby died) Before pregnancy Last 4 weeks (before your baby died) In 14. During your Washen answer per line	very good very good	sleep qua Fairly 9 Compared or fatige Occasionally 1 Compared or fatige Occasionally 1 Compared or fatige Occasionally 1	gued AFT 1-2 times/week	Average C TER your ni 3-4 times/week C atigued or	ght's slee	e answer por bad ep? (Please k Every night par? (Please k Every night	er line). Very bad C e tick on Don't kno C ase tick Don't kno
I11. Did you take now Yes I12. How would you before pregnancy Last 4 weeks (before your baby died) I13. How often do your baby died) Before pregnancy Last 4 weeks (before your baby died) I14. During your Washen answer per line	u rate your Very good O you feel tire Never O AKE TIME (sleep qua Fairly 9 C ed or fatig Occasionally C do you fee	ality over good gued AFT 1-2 times/week	Average C TER your ni 3-4 times/week C atigued or	ght's slee	e answer per bad ep? (Please k Every night par? (Please k Every night	er line). Very bad C e tick on Don't kno
111. Did you take n Yes 112. How would you Before pregnancy Last 4 weeks (before your	very good very good	sleep qua Fairly 9 Compared or fatige Occasionally 1 Compared or fatige Occasionally 1 Compared or fatige Occasionally 1	gued AFT 1-2 times/week	Average C TER your ni 3-4 times/week C atigued or	ght's slee	e answer por bad ep? (Please k Every night par? (Please k Every night	er line). Very bad C e tick on Don't kno C ase tick Don't kno
111. Did you take not yes 112. How would you Before pregnancy Last 4 weeks (before your baby died) 113. How often do your baby died) Before pregnancy Last 4 weeks (before your baby died) 114. During your Woone answer per line Before pregancy Last 4 weeks (before your baby died)	very good very good very good very good very good very good Aver very Never Never Never Never	sleep qua Fairly 9 Compared or fatige Occasionally Compared or fatige Occasionally Compared or fatige Occasionally Compared or fatige Occasionally	ality over good gued AFT 1-2 times/week	Average C TER your ni 3-4 times/week C atigued or	ght's slee	e answer per bad ep? (Please k Every night par? (Please k Every night	er line). Very bad C e tick on Don't kno C ase tick Don't kno

115. BEFORE YOUR	PREGNANC	Y how likely were	e you to doze off or f	all asleep in the
following situations,	in contrast	to just feeling tire	ed? (Please tick one	answer per line).
	Would never doze	Slight chance of doz	ing Moderate chance of dozin	g High chance of dozing
Sitting and reading	0	O	O	O
Watching TV	0	0	0	O
Sitting inactive in a public place (eg cinema, meeting)	O	C	O	6
As a passenger in a car for an hour without a break	O	O	O	0
Lying or sitting down to rest in the afternoon	0	0	O	0
Sitting and talking to someone	O	O	O	O
Sitting quietly after lunch without alcohol	O	O	O	O
In a car, while stopped for a few minutes in the traffic	O	0	O	O
116. IN THE LAST 4 \ asleep in the followir		,		ze off or fall
Even if you have not		of these things re	ecently try and work	out how they
would have affected	-			
(Please tick one ansv	wer per line)			
	Would never doze			
Sitting and reading	0	0	0	O
Watching TV	0	0	0	O
Sitting inactive in a public place (eg cinema, meeting)	0	O	O	0
As a passenger in a car for an hour without a break	O	O	O	O
Lying or sitting down to rest in the afternoon	O	0	O	0
Sitting and talking to someone	O	O	O	O
Sitting quietly after lunch without alcohol	O	O	0	O
In a car, while stopped for a few minutes in the traffic	0	O	O	O
a few minutes in the traffic				
a few minutes in the traffic 117. On average how	v many time			
a few minutes in the traffic 117. On average how one answer per line).	w many time Never Occa	s would you take	a nap during the day	y? (Please tick Every day Don't know
a few minutes in the traffic 117. On average how	w many time Never Occa	s would you take asionally 1-2 times/week 3	a nap during the day	/? (Please tick Every day Don't know
a few minutes in the traffic 117. On average how one answer per line).	w many time Never Occa	s would you take	a nap during the day	y? (Please tick Every day Don't know

118. Have you changed your sleeping	habits during your pregnancy?	
C Yes	C No	
If so, what have you changed?		
	g habits during your pregnancy following	g advice,
where did you get this advice from? (Pl	lease tick all relevant answers).	
Midwife		
☐ GP		
☐ Hospital doctor		
Friend/ relative		
☐ Internet		
☐ Magazine		
☐ Pregnancy book		
□ TV		
Please add details		

Fetal Movements				
120. Did anyone give you in No information was given Verbal information Written information Other (please specify)				
121. Was there anytime from less than usual?	m 26 weeks of pr	egnancy that your ba	aby's movements v	vere
less than usual? (Yes		C No		

122. If yes, on how many occasions	?
O 1	O 3
⊙ 2	C 4 or more
123. If yes, did you speak to a health	professional for advice?
O Yes	© No
If did not speak to a health professional, why was that?	
124. If yes, did you attend hospital?	
○ Yes	O No
If you did not attend hospital, why was that?	
125. If you did attend hospital, what	did they do?
I26. In the last 2 weeks did the strei	ngth of your baby's movements: (The two weeks
before your baby died) (Please tick o	
C Increase	
O Decrease	
C Stay the same	
C Unsure	
	uency of your baby's movements: (The two weeks
127. In the last 2 weeks did the frequ	uency of your baby's movements: (The two weeks ne answer only).
l27. In the last 2 weeks did the frequ	,
127. In the last 2 weeks did the freque pefore your baby died)(Please tick o	· ·
127. In the last 2 weeks did the frequence for the state of the state	· ·
127. In the last 2 weeks did the frequence for the second control of the second control	· ·
127. In the last 2 weeks did the frequence before your baby died)(Please tick of Increase) Decrease Stay the same Unsure	ne answer only).
127. In the last 2 weeks did the frequence before your baby died)(Please tick of Increase) Decrease Stay the same Unsure 128. During the last 2 weeks, did you	ne answer only). u notice anytime that your baby was more vigorou
127. In the last 2 weeks did the frequence fore your baby died)(Please tick of Increase) Decrease Stay the same Unsure 128. During the last 2 weeks, did you	ne answer only). u notice anytime that your baby was more vigorou
127. In the last 2 weeks did the frequence before your baby died)(Please tick of Increase) Decrease Stay the same Unsure 128. During the last 2 weeks, did you than usual? (The two weeks before yeeks)	ne answer only). u notice anytime that your baby was more vigorou your baby died).
127. In the last 2 weeks did the frequence before your baby died)(Please tick of Increase) Increase Stay the same Unsure 128. During the last 2 weeks, did you than usual? (The two weeks before your yes) Yes	ne answer only). u notice anytime that your baby was more vigorou your baby died).
127. In the last 2 weeks did the frequence fore your baby died)(Please tick of Increase) Decrease Stay the same Unsure 128. During the last 2 weeks, did you than usual? (The two weeks before your yes)	u notice anytime that your baby was more vigorou your baby died).

		our baby having hiccups? (The two w	eeks
before your baby died			
C Yes	○ No	C Unsure	
31. If yes, how often?			
C Once		O Daily	
Occasionally		O Unsure	
132. During the last 2 v	weeks, did you feel ut	terine contractions (tightenings/ pre-la	bour
contractions/ Braxton	Hicks contractions/	false labour) for longer than an hour?	(The
wo weeks before you	r baby died).		
C Yes	C No	C Unsure	

Injury	
133. Did you experience any physical in (Please tick all relevent boxes).	njury at any time during your pregnancy?
☐ No injury	
☐ Slips and falls	
Road traffic accident	
☐ Blow to abdomen	
Self- harm	
Other non- accidental injury	
Other accidental injury	
134. If yes, please describe the physica	
135. If yes, was this during the last two	
C Yes	O No
136. Did you see a health professional	about your injury?
C Yes	O No

These questions must be asked only if the woman is on her own		
Family Violence 137. Family violence questions not asked a O Yes	s woman was not on her own?	
138. Family violence questions not asked for	or other reason (specify)	
139. Woman declined to answer family viole	ence questions?	
140. In the past year have you been hurt or O Yes	frightened by someone close to you?	
141. In the past year have you felt controlled	d or always criticized in your relationship?	
142. In the past year have you been made to to do?	o do anything sexual that you did not want	
Yes143. Who in your family controls the money	○ No ?	
YouYour partner	Joint- you and your partnerOther family member	
144. If disclosure of domestic abuse made,	have you followed your local protocol.	

Other- fo	or Cases only
-----------	---------------

O Not sure

Finally I would like to ask you some questions about when your baby died.

	5. What was the first reason that you thought something was wrong with you
pre	gnancy or that your baby was dying/ had died? (Please tick one answer only).
0	I felt a reduction of kicks/ movements
0	I felt kicks/ movements stop
0	I felt abdominal pain
0	I had vaginal bleeding/ haemorrhage
0	I had discharge of amniotic fluid/ the membranes ruptured/ my waters had broken
0	I had a "feeling that something was wrong", but cannot specify
0	I had a trauma (involved in a physical accident)
0	I had other symptoms (specify below if possible)
0	I was told at an antenatal appointment
0	I was told when I was admitted in labour
0	I was told during labour
0	It was not discovered before my baby was born
0	I do not remember/ know
Othe	er (please specify)
140	6. When do you think your baby died?
	MM/YYYY
	not know when my died
147	7. What time of day do you think your baby died? (Please tick one answer only).
0	During the night
0	During a daytime nap
0	In the morning
0	In the afternoon
0	In the evening

found to have died? (Please tick one answer only). Routine scheduled pregnancy visit Routine scan Decreased baby movements In labour Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? Yes No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible	(Please tick one answer only). Routine scheduled pregnancy visit Routine scan Decreased baby movements In labour In hospital Vaginal bleeding Rupture of membranes Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? Yes No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be taken away	148. What was the reason you saw a healt	h practitoner at the time that your baby was
Routine scheduled pregnancy visit Routine scan Decreased baby movements In labour In hospital Vaginal bleeding Rupture of membranes Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? Yes No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be taken away	C Routine scan C Decreased baby movements C In labour C In hospital C Vaginal bleeding C Rupture of membranes C Unwell C Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	found to have died?	
Continues an Court of the sear of the search of the sear	C Pocreased baby movements C In labour C In hospital C Vaginal bleeding C Rupture of membranes C Unwell C Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	(Please tick one answer only).	
C In labour C In hospital C Vaginal bleeding C Rupture of membranes C Unwell C Not recorded/ unknown Cother (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	C In labour C In hospital C Vaginal bleeding C Rupture of membranes C Unwell C Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	C Routine scheduled pregnancy visit	
In labour In hospital Vaginal bleeding Rupture of membranes Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? No Yes No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be be cut	C In hospital C Vaginal bleeding Rupture of membranes C Unwell C Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	C Routine scan	
C In hospital Vaginal bleeding Rupture of membranes Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? Yes No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be taken away	C In hospital C Vaginal bleeding Rupture of membranes Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes No 153. Is there anything else that you think might be important you would like to tell us	C Decreased baby movements	
 ○ Vaginal bleeding ○ Rupture of membranes ○ Unwell ○ Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? ○ Yes ○ No 150. If yes, did you choose to have a post-mortem? ○ Yes ○ No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). ○ We already knew why baby had died ○ It would not bring baby back ○ Did not want baby to be taken away ○ Did not want baby to be cut 	C Vaginal bleeding C Rupture of membranes C Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	C In labour	
C Rupture of membranes Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	C Rupture of membranes C Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	C In hospital	
C Unwell Not recorded/ unknown Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be taken away	C Unwell Cher (please specify) 149. Were you asked if you would like a post-mortem for your baby? C Yes	C Vaginal bleeding	
Cher (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? Yes No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be taken away	Cher (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes	C Rupture of membranes	
Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	Other (please specify) 149. Were you asked if you would like a post-mortem for your baby? Yes	C Unwell	
149. Were you asked if you would like a post-mortem for your baby? Yes No 150. If yes, did you choose to have a post-mortem? No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	149. Were you asked if you would like a post-mortem for your baby? Yes	Not recorded/ unknown	
C Yes C No 150. If yes, did you choose to have a post-mortem? C Yes C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). C We already knew why baby had died C It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	C Yes C No 150. If yes, did you choose to have a post-mortem? Yes C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes C No	Other (please specify)	
C Yes C No 150. If yes, did you choose to have a post-mortem? C Yes C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). C We already knew why baby had died C It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	C Yes C No 150. If yes, did you choose to have a post-mortem? Yes C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes C No		
150. If yes, did you choose to have a post-mortem? O Yes O No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). O We already knew why baby had died O It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	150. If yes, did you choose to have a post-mortem? Yes ONO 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes ONO 153. Is there anything else that you think might be important you would like to tell us	149. Were you asked if you would like a po	ost-mortem for your baby?
C Yes C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes No 153. Is there anything else that you think might be important you would like to tell us	O Yes	O No
C Yes C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). O We already knew why baby had died O It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	C No 151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes No 153. Is there anything else that you think might be important you would like to tell us	150. If yes, did you choose to have a post-	mortem?
151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). Output We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut	151. If no, what was the main reason you decided against a post-mortem? (Please tick one answer only). O We already knew why baby had died It would not bring baby back Did not want baby to be taken away Did not want baby to be cut Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes No 153. Is there anything else that you think might be important you would like to tell us		
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C Did not want baby to be cut	C Did not want baby to be cut C Wanted to bury baby as quickly as possible Other (please specify) 152. Would you make the same decision about the post-mortem now? C Yes No 153. Is there anything else that you think might be important you would like to tell us	C It would not bring baby back	
	Other (please specify) 152. Would you make the same decision about the post-mortem now? Yes No No	Did not want baby to be taken away	
○ Wanted to bury baby as quickly as possible	Other (please specify) 152. Would you make the same decision about the post-mortem now? O Yes O No 153. Is there anything else that you think might be important you would like to tell us	C Did not want baby to be cut	
	152. Would you make the same decision about the post-mortem now? O Yes O No 153. Is there anything else that you think might be important you would like to tell us	Wanted to bury baby as quickly as possible	
Other (please specify)	152. Would you make the same decision about the post-mortem now? O Yes O No 153. Is there anything else that you think might be important you would like to tell us	Other (blease specify)	
	○ Yes ○ No 153. Is there anything else that you think might be important you would like to tell us	(Final Specify)	
	153. Is there anything else that you think might be important you would like to tell us	152. Would you make the same decision a	bout the post-mortem now?
152. Would you make the same decision about the post-mortem now?		O Yes	C No
		153. Is there anything else that you think r	night he important you would like to tell us
© Yes © No			ingile be important you would like to ten us
O Yes O No 153. Is there anything else that you think might be important you would like to tell us			
○ Yes ○ No 153. Is there anything else that you think might be important you would like to tell us		V	
○ Yes ○ No 153. Is there anything else that you think might be important you would like to tell us		_	ı
O Yes O No 153. Is there anything else that you think might be important you would like to tell us			

MiNESS Feedback Form
Thank you very much for your time and thoughts.
154. How did you feel about being involved in this study?
155. Is there anything else that you would like to add (Anything that you feel was significant, but was not discussed)?

Clinical Data Collection	
This data is to be collected FROM THE ANTENATAL RECORD.	
Current pregnancy	
156. Study Number:	
157. Date:	
DD MM YYYY DD/MM/YYYY	
158. EDD by LMP:	
O DD/MM/YYYY	
© EDD not known	
DD/MM/YYYY	
159. EDD by USS:	
O DD/MM/YYYY O USS not done	
DD/MM/YYYY	
160. Gestation by first USS:	
Weeks	
Days	
161. Best agreed EDD:	
162. Height recorded in notes:	
C Cms	
O Not recorded	
Cms	

16	3. First weight	t in pregnar		
		t iii progilai	icy.	
	Kgs			
0	Not recorded			
Kgs	3			

165. Gestation	at first weight:		
/eeks			
66. Last weig	ıht:		
○ Kgs	, -		
Not recorded			
Kgs			
37. Gestation	at last weight:		
© Weeks			
○ N/A			
/eeks			
/MM/YYYY	rst visit with health care DD MM YYYY , , , , , , , , , , , , , , , , ,		e profess
DD/MM/YYYY			e profess
D/MM/YYYY 69. Estimated eeks	DD MM YYYY		e profess
D/MM/YYYY 69. Estimated eeks ays	DD MM YYYY	t visit with health care	
D/MM/YYYY 69. Estimated eeks ys 70. Initial typ	d gestational age at first	t visit with health care	
D/MM/YYYY 69. Estimated eeks eeks ays 70. Initial typ Midwifery-led ca	d gestational age at first e of maternity care? (Pl	t visit with health care	
D/MM/YYYY 69. Estimated decks ays 70. Initial typ Midwifery-led ca	d gestational age at first e of maternity care? (Pl	t visit with health care	
D/MM/YYYY 69. Estimated deeks ays 70. Initial typ Midwifery-led ca Consultant-led ca Shared care (bet	d gestational age at first de of maternity care? (Pl	t visit with health care	
DD/MM/YYYY 169. Estimated Veeks Days 170. Initial typ Midwifery-led ca Consultant-led ca Character (bet	d gestational age at first de of maternity care? (Pl	t visit with health care	
DD/MM/YYYY 169. Estimated Veeks Pays 170. Initial typ Midwifery-led ca Consultant-led ca Shared care (bether the call of the call o	d gestational age at first de of maternity care? (Pl	t visit with health care	
DD/MM/YYYY 169. Estimated Veeks Days 170. Initial typ Midwifery-led ca Consultant-led ca Shared care (better)	d gestational age at first de of maternity care? (Pl	t visit with health care	
69. Estimated /eeks ays 70. Initial typ Midwifery-led ca Consultant-led ca Shared care (bet Private Obstetric Private Midwife Other (please specify)	d gestational age at first de of maternity care? (Pl	t visit with health care	

C Pre-existing condition	
C Complication of pregnancy	
Maternal request	
Other (please specify)	
173. Transfer of care during pr	regnancy? (e.g. from midwifery-led care to consultant-led
care).	
C Yes	© No
174. Booked place of birth? (P	lease tick one answer only).
C Tertiary hospital	•,
C Secondary hospital	
O Primary birthing unit	
C Home	
Other (please specify)	
No.	s in 1st trimester (0-12 weeks) ? (From antenatal records). s in 2nd trimester (13-28 weeks)? (From antenatal
175. Number of antenatal visits	
175. Number of antenatal visits No. 176. Number of antenatal visits records).	
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits	
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits records).	s in 2nd trimester (13-28 weeks)? (From antenatal
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits records). Number	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits records). Number	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal
175. Number of antenatal visits No. 176. Number of antenatal visits records).	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal
175. Number of antenatal visits 176. Number of antenatal visits records). 177. Number of antenatal visits records). Number 178. If no antenatal records ava	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal ailable, please give details.
175. Number of antenatal visits 176. Number of antenatal visits records). 177. Number of antenatal visits records). Number 178. If no antenatal records available.	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits records). Number 178. If no antenatal records available. 179. Ultrasound this pregnancy	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal ailable, please give details.
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits records). Number 178. If no antenatal records available first trimester First trimester Anomaly scan 18-22 weeks	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal ailable, please give details.
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits records). Number 178. If no antenatal records avantal rec	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal ailable, please give details.
175. Number of antenatal visits No. 176. Number of antenatal visits records). No. 177. Number of antenatal visits records). Number 178. If no antenatal records available first trimester First trimester Anomaly scan 18-22 weeks	s in 2nd trimester (13-28 weeks)? (From antenatal s in 3rd trimester (29 -42 weeks)? (From antenatal ailable, please give details.

180	. Medical conditions in pregnancy? (Please tick all relevent answers).
	None
	Anaemia
	Asthma
	Cervix surgery
	Depression
	Diabetes - before pregnancy
	Epilepsy
	Essential hypertension
	Gestational diabetes - developed during pregnancy
	Heart condition- congenital
	Heart condition- rheumatic
	Hypertension / Pre-eclampsia
	Hyperthyroid
	Hypothyroid
	Inflammatory bowel
	Laparotomy
	Other autoimmune
	Renal disease
	Rheumatic heart
	Major psychiatric disorder (Other than depression)
	Sickle cell crisis
	Systemic lupus erythematosus
	Thalassaemia trait
	Urinary tract infection
	Uterine abnormality
	Venous thromboembolism
Othe	r (please specify)
181	. Blood pressure at booking ?
Systo	lic
Diasto	olic
182	Last blood pressure prior to interview (controls) or when baby was last know to be
aliv	re (cases)?
Week	
Days	

	ized growth chart use	97	
C Yes	C No	0	Don't kno
184. Was fetal grov	vth restriciton clinically	/ suspected?	
C Yes		C No	
185. If yes, gestation	on first suspected?		
Days			
186. If yes, were gı	rowth scan(s) done?		
C Yes		C No	
187. Was there evid	dence on the growth so	an of fetal growth re	striction
C Yes AC < 10%			
C Yes EFW < 10%			
C No			
188. If yes, what wa	as the management? (P	lease tick all releven	t answer
☐ No change	·		
☐ Increased antenatal visit	ts		
☐ Serial cardiotacography	(CTG's)		
Ultrasound scan			
Doppler's			
Admitted			
Delivered			
Other (please specify)			
189. Admitted with	threatened preterm la	bour in this pregnand	y?
	○ No		Don't know

190. Blood gro	up?					
O A Pos						
O B Pos						
C AB Pos						
O Pos						
C A Neg						
C B Neg						
C AB Neg						
O Neg						
C Not known						
101 Han Batai						
191. Hep B stat	lusi	6				
C Positive		○ Neg	ative		0	Not known
If not know						
400 1101 4 4	_					
192. HIV status	6?					
Positive		O Neg	ative		0	Not known
If not known						
193. HbA1c pe	rformed?					
193. HbA1c per	rformed?			O No		
○ Yes	rformed?			Ĉ No		
193. HbA1c per C Yes 194. If yes: Result	rformed?			Ĉ No		
C Yes 194. If yes: Result	rformed?			○ No		
C Yes 194. If yes: Result Gestation				○ No		
C Yes 194. If yes: Result Gestation				○ No		
C Yes 194. If yes: Result Gestation 195. GTT perfo C Yes						
C Yes 194. If yes: Result Gestation 195. GTT perfo C Yes 196. If yes:						
C Yes 194. If yes: Result Gestation 195. GTT perfo C Yes 196. If yes: Fasting						
C Yes 194. If yes: Result Gestation 195. GTT perfo C Yes 196. If yes: Fasting I hour						
C Yes 194. If yes: Result Gestation 195. GTT perfo C Yes 196. If yes: Fasting I hour 2 hour						
C Yes 194. If yes: Result Gestation 195. GTT perfo						
C Yes 194. If yes: Result Gestation 195. GTT perfo C Yes 196. If yes: Fasting I hour 2 hour Gestation						
C Yes 194. If yes: Result Gestation 195. GTT perfo C Yes 196. If yes: Fasting I hour 2 hour Gestation Fasting						

197. Baby's da	ite of birth?		
DD/MM/YYYY	DD MM YYYY		
L			
98. Place of b			
C Tertiary/ seconda	ary hospital		
C Birthing unit			
C Home			
Other (please specify)			
100 Di (I			
199. Birth weig Grams	gnt in grams?		
	at birth (for controls) or at	DIAGNOSIS of stillbirth	(for cases):
Veeks Days			
Jays			
	by?		
201. Sex of ba	by?	C Female	
	by? ion of the cord? (Please tick		
C Male			
○ Male 202. Examinat	ion of the cord? (Please tick		
C Male 202. Examinat Normal	ion of the cord? (Please tick		
Male 202. Examinat Normal Tight knot/ occul	ion of the cord? (Please tick		
Male 202. Examinat Normal Tight knot/ occul Loose knot	ion of the cord? (Please tick		
Male 202. Examinat Normal Tight knot/ occul Loose knot Cord round neck Cord round neck	ion of the cord? (Please tick		
Male 202. Examinat Normal Tight knot/ occul Loose knot Cord round neck Cord round neck Cord round limbs	ion of the cord? (Please tick		
Male 202. Examinat Normal Tight knot/ occul Loose knot Cord round neck Cord round neck Cord round limbs Card round limbs	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely		
Male Columnation Normal Tight knot/ occul Loose knot Cord round neck Cord round neck Cord round limbs Card round limbs Torsion or spring	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely like cord		
C Male CO2. Examinat Normal Tight knot/ occul Loose knot Cord round neck Cord round limbs Card round limbs Torsion or spring	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely like cord		
O Male O2. Examinat Normal Tight knot/ occul Loose knot Cord round neck Cord round limbs Card round limbs Torsion or spring Marginal/ velame	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely like cord		
Male **Documental Color of Policy Street** Normal	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely like cord entous insertion		
C Male 202. Examinat Normal Tight knot/ occul Loose knot Cord round neck Cord round limbs Card round limbs Torsion or spring Marginal/ velame Hypocoiled Thin cord	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely like cord entous insertion		
Male Normal Normal Tight knot/ occul Loose knot Cord round neck Cord round limbs Card round limbs Torsion or spring Marginal/ velame Hypocoiled Thin cord Meconium staine	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely like cord entous insertion		
Cond round limbs Card round limbs Card round limbs Card round limbs Card round limbs Hypocoiled Thin cord Meconium staine	ion of the cord? (Please tick ded tightly loosely s/ body tightly s/ body loosely like cord entous insertion		

Retroplacental clot Gritty/ caloffied Vasa praevia Cifensive odour Succenturiate lobe Extrachorial/ Circumvallate Billobate/ Bilipartite placenta Placenta accreta Not examined Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? Trimmed weight Full weight Unsure
Gritty/ calcified Vasa praevia Offensive odour Succenturiate lobe Extrachorial/ Circumvallate Bilobate/ Bilpartite placenta Placenta accreta Not examined Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? Trimmed weight Full weight
Vasa praevia Offensive odour Succenturiate lobe Extrachorial/ Circumvallate Bilobate/ Bilpartite placenta Placenta accreta Not examined Other (please specify)
Offensive odour Succenturiate lobe Extrachorial/ Circumvallate Bilobate/ Bilipartite placenta Placenta accreta Not examined Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight Full weight C Full weight
Succenturiate lobe Extrachorial/ Circumvallate Bilobate/ Bilpartite placenta Placenta accreta Not examined Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight Full weight
Extrachorial/ Circumvallate Bilobate/ Bilpartite placenta Placenta accreta Not examined Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight Full weight
Bilobate/ Bilpartite placenta Placenta accreta Not examined Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? Trimmed weight Full weight
Placenta accreta Not examined Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight Full weight
Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight Full weight
Other (please specify) 204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight Full weight
204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight C Full weight
204. Placental weight in grams? Grams Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight C Full weight
Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight C Full weight
Placenta not weighed 205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight C Full weight
205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight C Full weight
205. If placenta was weighed, was it trimmed weight or full weight? C Trimmed weight C Full weight
C Trimmed weight C Full weight
C Full weight
C Unsure

Details of Stillbirth (Cases only)	
206. Date of diagnosis of fetal death?	
DD MM YYYY DD/MM/YYYY	
207. Date of last consult prior to death when	re fetus confirmed alive?
DD MM YYYY	
DD/MM/YYYY / / /	
208. New findings at last consult prior to dia	ignosis of fetal death ?(Please tick all
relevant answers).	
☐ No new findings	
□ SGA	
□ LGA	
☐ Hypertension	
Oligohydramnios	
Polyhydramnios	
☐ APH	
☐ Diabetes	
☐ Decreased fetal movements	
☐ Urinary tract infection	
Other (please specify)	
209. When did death occur?	
C Antepartum	
C Intrapartum	
O Unknown whether antepartum/ intrapartum	
210. Post-mortem?	
C Yes	O No
211. If yes, where was it done? (Attach copy	of results if available).
212. Placental pathology?	
C Yes	O No

042 If we surhave were it down 2 (Attack come of records if everylable)
213. If yes, where was it done? (Attach copy of results if available).

	endment 22.07.14)
214. During the I	night how often do you have to get up to use the toilet?
Before you were pregnant?	,
The last four weeks (before your baby died)?	
The last week of your pregnancy?	
Last night (the night before your baby died)?	
215. Since you b	ecame pregnant did your level of physical exercise:
Stay the same	
© Become less	
C Become more	
216 How often I	nave you engaged in vigorous exercise in the last month (the month
	died)? Exercise which made you breathe harder or puff or pant, such
	g, aerobics, heavy gardening, cycling?
C Never	
Once a week	
C 2-3 times a week	
C 4-6 times a week	
O Daily	
More than once a da	ay
047 16	engaged in vigorous exercise, on average how long did your exercise
=	
last for (in minut	
last for (in minut	es)?
last for (in minut Minutes 218. What type o	
last for (in minut Minutes 218. What type of Jogging	es)?
last for (in minut Minutes 218. What type o	es)?
last for (in minut Minutes 218. What type of Jogging Tennis Cycling	es)?
last for (in minut Minutes 218. What type of Jogging Tennis	es)?
last for (in minut Minutes 218. What type of Jogging Tennis Cycling	es)?
last for (in minut Minutes 218. What type of Jogging Tennis Cycling Gym class- aerobics	es)? of vigorous exercise have you done?
last for (in minut Minutes 218. What type of Jogging Tennis Cycling Gym class- aerobics Spinning	es)? of vigorous exercise have you done?

). How often have you engaged in less vigorous exercise for recreation, sport or	
	alth fitness purposes in the last month (the month before your baby died) which make you breathe harder or puff or pant?	aia
	Never	
	Once a week	
	2-3 times a week	
	4-6 times a week	
	Daily	
O	More than once a day	
220). If you did engage in less vigorous exercise, what type of exercise have you do	ne?
221	I. From the anomaly scan, please record placental position.	
0	Anterior- high	
0	Anterior- low	
0	Posterior- high	
0	Posterior- low	
0	Fundal	
0	Lateral	
0	Low lying	
Other	er (please specify)	