

LIFE-Moms LM02C: Previous Pregnancy Outcome Form

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[RELEASEID]

Release Participant ID

Complete this form for all randomized patients who have had a previous pregnancy.

1. Parity: [PARA]	<input type="text"/> <input type="text"/>
2. Gravity: [GRAVIDA]	<input type="text"/> <input type="text"/>
3. Prior pregnancy with GDM? [PREVGDM]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
4. Prior pregnancy with preeclampsia? [PREVPE]	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₀ No
5. Number of prior pregnancies with cesarean: [PREVCES]	<input type="text"/> <input type="text"/>
6. Number of prior live births: [PREVLIVE]	<input type="text"/> <input type="text"/>
7. Number of prior stillbirth/fetal loss greater than 20 weeks: [PREVSTILL]	<input type="text"/> <input type="text"/>
8. Number of prior miscarriages (< 20 weeks): [PREVMISC]	<input type="text"/> <input type="text"/>
9. Number of prior elective / therapeutic abortions: [PREVABORT]	<input type="text"/> <input type="text"/>
10. Number of prior ectopic / molar pregnancies: [PREVECTOP]	<input type="text"/> <input type="text"/>