CLINICAL EXAMINATION

Name of baby:		STUDY N	05228 Fetus No: _
Date: / /	Time:	(24h clo	
PHYSICAL MEASUREM Leng Head circumferen	gth: $\frac{G200_B_LONG}{G200_B_HEAD}$ (considered)	cm) Mid-arm	circ: G200_B_MIDARM
· · · · · · · · · · · · · · · · · · ·	GCe: G200_B_CHEST (compared to be compared to be co	cm) Parascapula cm) Infrascapula	iceps: G200_B_TRICEP(mm) ar(R): G200_B_PARASC(mm) ar(R): G200_B_INFRSC(mm)
NEUDOLOGICAL / NE	STROMISCH AD		
CSpontane DPosture EResistar FTotal Ba GVentral H Pull to J K	tone G200_B_TON behavioural state eous motor activit ace to passive mov allard Neuromuscul suspension G200_E sit: Grasp Tract:	G200_B_BEHAV y G200_B_MOTOR G200_BB_POSTR ements G200_BB_PASSV ar (D+E) G200_BB_NEURO B_VENTRL G200_B_GRASP ion G200_B_TRACT	Coding is indecipherable- see G200_PB_COM
Physical Mat M Total Ba	<u>turity</u> allard Physical	G200_BB_PHYS	
Maturity Rat N Total al P Maturity	ll Ballard (F+M)	G200_BB_TOT G200_BB_MATUR	
DYSMORPHOLOGY / P	HYSICAL		
7. EARS 9. SKULL 11. HAIR 13. DIMPLES 15. FEET 17. JOINTS 19. HEART/LUNG	G200_BD_EYE1 to 3 G200_BD_LIP G200_BD_JAW G200_BD_EAR1 to 3 G200_BD_SKULL1 to 4 G200_BD_HAIR1 to 2 G200_BD_DIMP1 to 3 G200_BD_FEET1 to 4 G200_BD_JOINT1 to 3 G200_BD_HEART1 to 2 G200_BD_MGEN1 to 3	2. NOSE 4. MOUTH 6. MID-FACE 8. NECK 10. SCALP 12. SKIN 14. HANDS 16. SPINE 18. THORAX 20. ABDOMEN 22. GENITALS(F)	G200_BD_NOSE1 to 2 G200_BD_MOUTH1 to 3 G200_BD_FACE1 to 3 G200_BD_NECK1 to 2 G200_BD_SCALP1 to 3 G200_BD_SKIN1 to 5 G200_BD_HAND1 to 3 G200_BD_SPINE1 to 2 G200_BD_THORX1 to 2 G200_BD_ABDOM1 to 3 G200_BD_FGEN
COMMENTS:		G200_PB_COM	

PHYSICAL MATURITY

	. maromit					
Skin	gelatinous red, trans- parent	smooth pink, visible veins	superficial peeling &lor rash few veins	cracking pale area rare veins	parchment deep cracking no yessels	leathery cracked wrinkled
Lanugo	none	abundant	(hinning	bald areas.	mostly bald	
Plantar Creases	no crease	faint red marks	anterior transverse crease only	creases ant. 2/3	Creases Cover entire sole	
Breast	percept	flat areola no bud	stippled areota 1-2mm bud	raised areola 3-4 mm bud	full areola 5-10 mm bud	
Ear	pinna fiat, stays folded	st, curved pinna; soft with slow recoil	well-curv. pinna; soft but ready recoil	formed & firm with instant recoil	thick carilage ear still	
Genitals	scrotum empty no rugae		testes descend- lng, lew rugae	testes down good rugae	testes pendulous deep rugae	
Genitals	prominent clitoris & labia minora		majora & minora equally prominent	majora large milnora small	clitoris & minera complete- ly covered	

MATURITY RATING

Score	Wks	
5	26	
10	28	
15	30	
20	32	
25	34	
30	36	
35	38	
40	40	
45	42	
50	44	

CONFIDENTIAL

INFORMED CONSENT

participate in this study which is an investigation of the relationship between growth and development of the baby before birth and subsequent progress in infancy and childhood.

I understand that I will be asked to assist in completion of a confidential questionnaire which will ask questions about my lifestyle and my medical history.

A shortened questionnaire will be provided for the father of the baby to complete.

On completion of the questionnaire I will be randomly allocated to one of two groups. If I am allocated to the 'Ultrasound only' group I will have an ultrasound scan performed at 18 weeks of pregnancy in order to be certain of the due date of my delivery. After this I will have regular antenatal care with further ultrasound examinations only as requested by my doctor.

If I am allocated to the 'Ultrasound and Doppler' group, I will have ultrasound examinations at 18, 24, 28, 34, and 38 weeks of pregnancy. At the same time, Doppler placental blood flow studies will be performed. These tests are entirely non-invasive and evidence shows that they are harmless both for me and for my baby. The results of these tests will be placed in my hospital notes and the doctors caring for me will be able to use the results for my management. Blood will be taken from me in the Ultrasound Department at 18 and 34 weeks of pregnancy. At delivery, a sample of blood will be taken from the placenta and the placenta will be examined.

Whichever group I am in, a paediatrician will examine my baby two days after birth. This examination will be entirely non-invasive and will take about 30 minutes. I will be given the results of this examination.

I understand that I will be contacted again when my baby is twelve months old for another routine examination by a paediatrician or child health nurse. This may be repeated when the child is 2, 3 and 5 years of age. Tests may be performed at these times on the blood samples taken earlier in the study. The results of these tests will be confidential.

I may withdraw from the study at any time without any effect on my medical care.

Signed	• • • • • • • • • •	• • • • • • • • • • • • •
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Witness:	، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ، ،	
Date:		