

# Supplementary Questionnaire for Inquiry into Prematurity

ROYAL COLLEGE OF OBSTETRICIANS AND GYNÆCOLOGISTS  
POPULATION INVESTIGATION COMMITTEE  
and INSTITUTE OF CHILD HEALTH

At the LONDON SCHOOL OF ECONOMICS, HOUGHTON STREET, LONDON, W.C.2

Name .....  
Address (in 1946) .....

Where delivered.....  
.....

Actual date of delivery .....

**NOTE—1.** The 1946 survey provided only limited information about pregnancy, confinement and the subsequent care of the baby. In order to make a satisfactory study of prematurity the Joint Committee are most anxious to obtain the supplementary information asked for in this questionnaire. Each premature baby has been matched with a mature one of the same sex, the same position in the family and of the same social and economic group. It is hoped that the information asked for below can be supplied for the mature "controls" as well as for the premature babies.

**2.** To save time in filling in this questionnaire, the majority of questions have been "pre-coded." The answers should be shown by putting a ring with a soft pencil round the code number or letter opposite the correct answer. If the answer to any question cannot be obtained, put a ring round "X" for unknown.

**3.** These questions refer throughout to the pregnancy ending in, and the baby born in, March, 1946.

## DETAILS OF PREGNANCY AND CONFINEMENT ENDING IN MARCH, 1946.

- What was the expected date of delivery? .....  
Yes .....  
No .....  
Unknown ..... X
- Did the mother during her pregnancy have :  
(a) A blood pressure of 150/100 or higher? Yes ..... 1  
No ..... 2  
Unknown ..... X  
(b) Albuminuria? Yes ..... 1  
No ..... 2  
Unknown ..... X  
(c) Any other signs of toxæmia? Yes, namely .....  
No ..... 2  
Unknown ..... X
- Was there any hæmorrhage before the beginning of labour? Yes ..... 1  
No ..... 2  
Unknown ..... X  
(a) At what week of pregnancy did it occur? ..... week.  
Unknown ..... X  
(b) What was the cause of the hæmorrhage? .....

- Was labour induced? Yes ..... 1  
No ..... 2  
Unknown ..... X  
(If "Yes.")  
(a) What method of induction was used? Medical ..... 1  
Surgical ..... 2  
Unknown ..... X  
(b) Why was labour induced? .....
- Was any other reason brought forward for premature delivery? Yes ..... 1  
No ..... 2  
Unknown ..... X  
(If "Yes.")  
(a) Please state reason.....
- Was the baby delivered by caesarean section? Yes ..... 1  
No ..... 2  
Unknown ..... X  
(If "Yes.")  
(a) What was the reason for caesarean section? .....

If not delivered by caesarean section.

- What was the presentation at birth? .....  
.....  
Unknown ..... X

8. Were forceps used ? Yes .....1  
 No .....2  
 Unknown .....X

(If " Yes.")  
 (a) Why were they used ?

9. Was episiotomy performed ? Yes .....1  
 No .....2  
 Unknown .....X

10. Did the baby have any birth injury or suspected birth injury ? Yes .....1  
 No .....2  
 Unknown .....X

(If " Yes.")  
 (a) Please give full details .....

11. What was the condition of the baby at birth ? Vigorous .....1  
 Feeble .....2  
 Needing Resuscitation ... 3  
 Regaining good colour ... 4  
 Continuing poor colour ... 5  
 Other, namely .....  
 Unknown .....X

**CARE OF THE BABY BORN IN MARCH, 1946.**

*If baby born at home.*

12. Was he admitted to a hospital or nursing home during the first month of life ? Yes .....1  
 No .....2  
 Unknown .....X

13. Where was he admitted ? Children's hospital .....1  
 Maternity hospital .....2  
 General hospital .....3  
 Nursing home .....4  
 Unknown .....X

14. For what reason was he admitted ?  
 (a) Condition of the infant, namely, .....  
 (b) Condition of home, namely .....  
 (c) Other reason, namely.....

15. On what date was he admitted ?

16. Was the mother admitted as well ? Yes .....1  
 No .....2  
 Unknown .....X

*If baby remained at home.*

17. Was special nursing care provided ? Yes .....1  
 No .....2  
 Unknown .....X

(If " Yes.")  
 (a) Please give full details .....

18. Was a doctor in charge of the case ? Yes .....1  
 No .....2  
 Unknown .....X

*If baby born in hospital or admitted to hospital.*

19. Where was he nursed ? In ward with mother .....1  
 Ordinary children's ward .. 2  
 Ordinary babies' nursery .. 3  
 Special premature baby unit .....4  
 Elsewhere, namely .....  
 Unknown .....X

20. How many other babies or children were there in the same ward or unit ?

21. Was this baby isolated in a single cubicle ? Yes .....1  
 No .....2  
 Unknown .....X

22. Was an incubator used ? Yes .....1  
 No .....2  
 Unknown .....X

(If " Yes")  
 (a) For how many days ? ..... days

23. Was an Oxygen tent used ? Yes .....1  
 No .....2  
 Unknown .....X

(If " Yes")  
 (a) For how many days ? ..... days

24. Had the sister or nurse in charge of this baby any responsibility for adult patients, or was she solely in charge of babies ? Solely in charge of babies ..1  
 Also in charge of adults .. 2  
 Unknown .....X

25. How long was the baby kept in hospital ? ..... days

26. What was his weight on discharge ? ..... lbs..... ozs.

*For all babies whether nursed at home or in hospital.*

27. Were there any special complications ? Yes .....1  
 No .....2  
 Unknown .....X

(If " Yes.")  
 (a) Please give full details .....