

Drug and chemical exposure in pregnancy: Website reporting form

Please complete this form and return it to the UK Teratology Information Service using the FREEPOST address below or by fax to 0191 261 8839. Alternatively, please send a copy of the handheld maternal notes and we will extract the appropriate information. **NO advice will be provided from UKTIS when submitting this form. Please telephone the enquiry line on 0344 892 0909 for a patient specific risk assessment/advice.**

PLEASE ENCLOSE COPIES OF ANY RELEVANT MEDICAL REPORTS OR CORRESPONDENCE

UKTIS FREEPOST address: UK Teratology Information Service, Regional Drug & Therapeutics Centre, FREEPOST NEA1573, Newcastle upon Tyne, NE2 1BR (no stamp required).

Date ____ / ____ / ____

PATIENT'S DETAILS

Name Date of birth

NHS number Hospital number

Address

Postcode

Telephone number

Occupation

Ethnic group (Please use codes provided in box)

Smoker? never gave up prior to pregnancy
 gave up during pregnancy current

Units of alcohol per week (during pregnancy)?units

Illicit/recreational drugs (during pregnancy)? Yes No Don't know

If **yes**, please provide details

UK census coding for ethnic group

WHITE

01 British

02 Irish

03 Any other white background

MIXED

04 White and black Caribbean

05 White and black African

06 White and Asian

07 Any other mixed background

ASIAN OR ASIAN BRITISH

08 Indian

09 Pakistani

10 Bangladeshi

11 Any other Asian background

BLACK OR BLACK BRITISH

12 Caribbean

13 African

14 Any other black background

CHINESE OR OTHER ETHNIC GROUP

15 Chinese

16 Any other ethnic group

PREGNANCY DETAILS

LMP ____ / ____ / ____ EDD ____ / ____ / ____

Height at booking ____ cm Weight at booking ____ kg

The data protection aspects of this surveillance activity are covered by Section 251 of the NHS Act 2006, but health professionals are asked, where possible, to ensure that the women involved are aware that their personal information is being reviewed in this way and that they are happy for it to be held for this purpose. Please see our website www.uktis.org for further details.

Did the patient take folic acid preconceptually? Yes No Don't know

Is the patient currently taking folic acid during pregnancy? Yes No Don't know

If yes, date commenced _____ / _____ / _____ Dose (if known).....

Patient's name..... Date of birth _____ / _____ / _____

Have there been any pregnancy complications or acute illness? Yes No Don't know

If **yes**, please provide details below, including the stage of pregnancy at which these occurred

.....
.....

Please provide details of any abnormalities on antenatal screening (including blood tests and ultrasound scans)

.....
.....

MEDICATION IN PREGANCY

Has the patient taken any prescribed medications, alternative medicines, OTC preparations or, were drugs used in labour during her current pregnancy? Yes No Don't know

If **yes**, please provide details in the table below.

*If the patient is still pregnant and the exposure is on-going please state 'on-going'

NAME OF MEDICATION TAKEN IN PREGNANCY	DOSE	SCHEDULE E.G. TDS	ROUTE	DATE/GESTATION STARTED	DATE/GESTATION STOPPED*

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Were any of the drugs taken in overdose? Yes No Don't know

If **yes**, was the overdose: Accidental Intentional Don't know

Was there any maternal toxicity/symptoms? Yes No Don't know

If **yes**, please detail.....

Any maternal treatment?

Maternal test results?

Patient name..... Date of birth ____/____/____

CHEMICAL EXPOSURE IN PREGNANCY

Has the patient been exposed to any chemicals during her current pregnancy? Yes No Don't know

If **yes**, please provide details in the table below

NAME OF CHEMICAL	DOSE/LEVEL	ROUTE	FREQUENCY I.E. NO. OF HOURS PER DAY & NO. OF DAYS PER WEEK	DATE/GESTATION EXPOSURE OCCURRED	DATE/GESTATION EXPOSURE CEASED

In the case of chemical/poisoning was there any maternal toxicity/symptoms? Yes No Don't know

If **yes**, please detail.....

Maternal treatment?

Maternal test results?

Any additional information of relevance

GENERAL PRACTITIONER/MIDWIFE NAME AND ADDRESS:

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YOUR DETAILS:

Profession Name


.....

Address

.....

.....

.....

 FAX

Please copy us into any further correspondence regarding this pregnancy/child.

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