



Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

Total Weight Gain Abstracted from Prenatal Charts

Most obstetric practices and prenatal clinics use a standardized form to chart prenatal course. The American Congress of Obstetricians and Gynecologists (ACOG, formerly the American College of Obstetricians and Gynecologists) has an Antenatal Record form that is periodically upgraded and available for its members. There are others, such as the POPRAS (Problem Oriented Perinatal Risk Assessment System) forms, which are also in common use. All of the standardized forms have places or spaces to report information on gestational age, pre-pregnancy weight, height, and weights measured during pregnancy at every prenatal visit and dates of examination. For women carrying a singleton fetus, the expected schedule of prenatal visits suggested by ACOG is monthly through the 7th month (28 weeks), every 2-3 weeks through the 9th month (36 weeks), and weekly thereafter until delivery.

Total gestational weight gain is calculated by subtracting the pre-pregnancy weight from the weight at the final prenatal visit, usually within a week of delivery. Weight is occasionally measured at delivery and can be used for this calculation if membranes are still intact at the time of weighing. The weight at delivery can be found in the labor and delivery chart along with the gestational age at delivery.

The information to be abstracted from the records would be a) weight at final prenatal visit (to the nearest 100 g, e.g., 59.1 kg); b) date of final visit; c) pre-pregnancy weight; d) height; e) gestational age at final visit; f) gestational age at delivery.

An example of the relevant section of the **ACOG Antenatal Record Form B (Initial Physical Exam)** which charts date of exam, pre-pregnancy weight, and height:

INITIAL PHYSICAL EXAMINATION

DATE	____ / ____ / ____	PREPREGNANCY WEIGHT	_____	HEIGHT	_____
1. HEENT	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	12. VULVA		
2. FUNDI	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	13. VAGINA		
3. TEETH	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	14. CERVIX		
4. THYROID	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	15. UTERUS SIZE		
5. BREASTS	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	16. ADNEXA		
6. LUNGS	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	17. RECTUM		
7. HEART	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	18. DIAGONAL CONJUGATE		
8. ABDOMEN	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	19. SPINES		
9. EXTREMITIES	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	20. SACRUM		
10. SKIN	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	21. SUBPUBIC ARCH		
11. LYMPH NODE	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	22. GYNECOD PELVIC TYPE		

COMMENTS (Number and explain abnormalities) _____

The American College of Obstetricians and Gynecologists 409 12th Street SW PO Box 98920 Washington DC 20090-6920

Gestational age (written with both weeks and days, e.g., 39 weeks and 0 days or 39 + 0) is calculated using the best obstetrical EDD based on the following formula:

$$\text{Gestational Age} = (280 - (\text{EDD} - \text{Reference Date})) / 7$$

An example of the relevant section of the **ACOG Antenatal Record Form C** which contains the date of the woman's last menstrual period (LMP) and estimated due date(s) (EDD) for establishing (or correcting) gestational age at each prenatal visit:

NAME _____
 LAST FIRST MIDDLE

DRUG ALLERGY _____

RELIGIOUS/CULTURAL CONSIDERATIONS _____

ANESTHESIA CONSULT PLANNED YES NO

PROBLEMS/PLANS

MEDICATION LIST:

Start Date Stop Date

1.	1.		
2.	2.		
3.	3.		
4.	4.		
5.	5.		
6.	6.		

EDD CONFIRMATION

18-20-WEEK EDD UPDATE:

INITIAL EDD: LMP ____/____/____ = EDD ____/____/____
 INITIAL EXAM ____/____/____ = WKS = EDD ____/____/____
 ULTRASOUND ____/____/____ = WKS = EDD ____/____/____
 INITIAL EDD ____/____/____ INITIALED BY _____

QUICKENING ____/____/____ +22WKS = ____/____/____
 FUNDAL HT. AT UMBIL ____/____/____ +20WKS = ____/____/____
 FHT W/ FETOSCOPE ____/____/____ +20WKS = ____/____/____
 ULTRASOUND ____/____/____ = WKS = ____/____/____
 FINAL EDD ____/____/____ INITIALED BY _____

VISIT/DATE (YEAR)	WEIGHTS GEST. (BEST EST)	FUNDAL HEIGHT (CM)	PRESENTATION	FHA	FETAL MOVEMENT	PACED LABOUR SIGNIFICANT PAINS + PRESENT 0-4 EDD	CERVIX EXAM (DIL/EF/STA)	BLOOD PRESSURE	ED/EMA	WEIGHT	URINE GLUC/OS/HAEM/PRO	NEXT APPOINTMENT	PROVIDER INITIALED	COMMENTS:

Protocol source: <https://www.phenxtoolkit.org/protocols/view/21302>