

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



Event of Special Interest: Pregnancy

Date of event: / /

Event Details

[Empty text box for event details]

CONCEPTION

- Did the patient receive pre-conception counselling? Yes No
- Were there any difficulties in conceiving? Yes No
- Was patient receiving biologic therapy at the time of conception? Yes No
- Was patient receiving conventional anti-psoriatic therapy at the time of conception? Yes No

If yes, please provide details: [Text box]

Approximate date of conception: [Text box]

Please provide details of any previous pregnancies, including any complications, outcome and year?

[Empty text box for previous pregnancies details]

GESTATION

Did the patient have any complications during pregnancy? Yes No

Details:

Date of event: Was the patient hospitalised? Yes No

Did the patient experience any infections during pregnancy? Yes No

Details:

Date of event: Was the patient hospitalised? Yes No

Did psoriasis remit during pregnancy? Yes No

Did the patient remain on biologic therapy throughout the pregnancy? Yes No

If not, did they discontinue in the first second or third trimester?

Did the patient remain on conventional therapy throughout the pregnancy? Yes No

If not, did they discontinue in the first second or third trimester?

DELIVERY

What was the length of gestation? Weeks

What was the date of delivery?

What was the method of delivery? Spontaneous vaginal
 Assisted vaginal
 Planned caesarian
 Emergency caesarian

Did the patient have any complications during labour and delivery? Yes No

If yes, please provide details:

Did the baby have any congenital abnormalities? Yes No

If yes, please provide details:

Did the patient develop any postpartum complications? Yes No

If yes, please provide details:

Specifically, did the patient develop any postpartum infections? Yes No

If yes, please provide details:

Is the patient breastfeeding? Yes No

Did the infant develop any neonatal complications? Yes No

If yes, please provide details:

Please enter these details onto the ESI for section on the adverse events page of the database or fax a copy of this form to 0161 306 1912

Form completed
 By: _____
 On: ____ / ____ / ____

**If you have any questions please call the Register office on:
 0161 306 1911**