

Site No:

Screening No:

Formatted Table

PARTUM Eligibility Checklist

Commented [LS1]:

ONE or more:

- Mild inherited thrombophilia, one of:
 - Heterozygous factor V Leiden
 - Heterozygous prothrombin gene mutation
 - Protein C deficiency
 - Protein S deficiency
- Bedrest for ≥7 days during pregnancy (significantly reduced activity; includes bathroom privileges)

OR

TWO or more:

- BMI ≥30 kg/m² PRIOR to pregnancy
- Smoking ≥5 cigarettes/day in the past 12 months
- Previous superficial vein thrombosis (not DVT or only varicose veins)
- Pre-eclampsia (BP ≥140mmHg and/or ≥90mmHg AND proteinuria with urine PCR ≥0.030 g/mmol)
- Current pregnancy ending in stillbirth (>20 weeks gestation)
- Unplanned cesarean delivery in current pregnancy
- Infant birth weight <3rd percentile adjusted for sex and gestational age

Sex	INTERGROWTH International Chart: 3 rd Percentile Birth Weight According to Gestational Age (grams)																		
	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42
Male	440	510	580	660	750	840	950	1080	1210	1180	1450	1700	1930	2130	2320	2490	2630	2760	2880
Female	420	480	550	620	700	800	900	1020	1140	1200	1470	1710	1920	2110	2280	2420	2550	2650	2740

- Intrapartum or postpartum infection (includes chorioamnionitis)
 - Temperature ≥38.3°C AND Elevated WBC or neutrophil count or positive blood cultures
- Postpartum hemorrhage >1000 mL within 24 hours of delivery

Triage: _____ No risk factors

L&D: _____ No risk factors

_____ Delivery Date & Time: _____ EBL _____

15/16/17M: _____ No risk factors

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Eligible? Can the research team approach?

- Yes Maybe, ask me later → Place a sticker on their chart
- No Not offered → Why did they say no? _____

Commented [LS2]: Consider Eligible → instead?