

Association Between Maternal Obesity, Early Neonatal Complications, and Childhood Wheeze Illness in Children Below 6 Years

PHASE 1: Maternal Obesity and Early Neonatal Complications

SECTION A: IDENTIFICATION AND GENERAL INFORMATION

1. STUDY NUMBER

2. Hospital Name

Mark only one oval.

- ☐ Amana
- ☐ Temeke
- ☐ Mwananyamala
- ☐ Muhimbili

3. Date of Interview

Example: 7 January 2019

4. Age the Child in days

5. Sex of the Child

Mark only one oval.

☐ Male

☐ Female

SECTION B: MATERNAL INFORMATION (ANTENATAL PERIOD)

6. Mother's age at delivery

7. Maternal Height (cm)

8. maternal weight(in kg on first at 1st ANC visit-before ≥ 14 weeks GA)

9. maternal weight(in kg on first at last ANC visit-final routine check up before delivery)

10. Parity

11. Any Known Chronic Illness During Pregnancy ?

Mark only one oval.

☐ Yes

☐ No

12. If Yes Please select each box that apply

Tick all that apply.

- ☐ gestational Diabetes (GDM)
- ☐ pre-existing diabetes
- ☐ gestational Hypertension (HTN >20 GA no protein in urine)
- ☐ pre eclampsia/eclampsia
- ☐ chronic hypertension
- ☐ asthma/allergic disease
- ☐ HIV/AIDS
- ☐ Heart disease

13. Have you ever smoked ?

Mark only one oval.

- ☐ Yes
- ☐ No

14. Exposure to indoor smokes (e.g. Charcoal/ firewood's)

Mark only one oval.

- ☐ Yes
- ☐ No

15. have you drink alcohol during pregnancy ? (More than 3 times / week)

Mark only one oval.

- ☐ Yes
- ☐ No

16. Family history of Atopy (1st Degree relative with Rhinitis, Asthma, AD)

Mark only one oval.

☐ Yes

☐ No

17. Have you ever Use antibiotics in the third trimester ?

Mark only one oval.

☐ Yes

☐ No

18. Have you ever diagnosed with infections during 3rd Trimester ?

Mark only one oval.

☐ Yes

☐ No

19. Have you ever used steroids drugs (e.g. Dexamethasone, Betamethasone injections)?

Mark only one oval.

☐ Yes

☐ No

SECTION C: NEONATAL HISTORY (AT BIRTH AND EARLY DAYS)

please fill in the information about the newborn as stipulated in the questions below

20. Place of delivery

Mark only one oval.

- ☐ Hospital
- ☐ Health Centre
- ☐ Home

21. Mode of Delivery

Mark only one oval.

- ☐ Vaginal Delivery
- ☐ Cesarean Section
- ☐ Assisted Vaginal Delivery (Vacuum/Forceps)

22. Birth Weight (in Grams)

23. Gestational Age at birth (in Weeks)

24. APGAR Score at 1 minute

25. APGAR score at 5 minute

26. Was the newborn Resuscitated ?

Mark only one oval.

☐ Yes

☐ No

27. If yes please select all that apply

Tick all that apply.

☐ bag, Valve and Mask

☐ Suction

☐ CPR

☐ Oxygen

☐ CPAP/Intubation

28. Does the neonate has any congenital malformations?

Mark only one oval.

☐ Yes

☐ No

29. If Yes Please specify by select that apply

Tick all that apply.

☐ Respiratory

☐ Gastrointestinal

☐ Central Nervous System

☐ Genital Urinary

☐ Musculoskeletal system

☐ Cardiac

30. was the child admitted ?

Mark only one oval.

☐ Yes

☐ No

31. If yes for the above question Please specify

Mark only one oval.

☐ NICU

☐ General Neonatal ward

32. any surgery during hospitalisation

Mark only one oval.

☐ yes

☐ no

33. if yes : reason/diagnosis

34. Temperature on admission

35. RBG on admission

36. Respiratory rate on admission

37. Pulse rate on admission

38. Oxygen saturation on admission

39. neonaatal complication respiratory problems

Tick all that apply.

- ☐ MAS(meconium aspiration Syndrome
- ☐ mild RDS
- ☐ moderate RDS
- ☐ severe RDS
- ☐ neonatal pneumonia
- ☐ TTN

40. other neonatal complications

Tick all that apply.

- ☐ Birth Asphyxia
- ☐ Prematurity
- ☐ neonatal hyperbilirubinemia
- ☐ hypoglycemia
- ☐ Neonatal sepsis
- ☐ presumed sepsis
- ☐ Macrosomia/ large for GA
- ☐ Other: _____

Google Forms