Doctor Conducting the Research:

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Study Description and Objective:

This study aims to investigate pregnancy and neonatal outcomes in women who became pregnant after bariatric surgery. If you agree to participate, we will ask you questions about your medical history, your pregnancy, and your delivery. The goal is to better understand how different types of bariatric surgery (such as sleeve gastrectomy and Roux-en-Y gastric bypass) may affect maternal and neonatal health.

Voluntary Participation Statement:

Participation in this study is entirely voluntary, and you will not be subjected to any pressure to participate. Choosing not to participate or withdrawing from the study at any time will not negatively affect any aspect of your treatment process.

Participant Responsibilities:

- You will be asked to participate in a brief interview, either face-to-face or by telephone.
- During the interview, you will be asked about your age, weight before and after surgery, details of your pregnancy, and your baby's birth information.
- Your responses will be combined with information obtained from your hospital records and national health databases (such as e-Nabız), only with your permission.
- All information will be kept confidential and used solely for scientific purposes.

Data Privacy and Usage:

All information collected in this study will be used solely for scientific purposes. Your data will be anonymized and analyzed without identifying information. Your personal information will remain confidential and will only be accessible to authorized personnel involved in the study.

Potential Risks and Side Effects:

Participation in this study is not expected to pose any physical or psychological risks. However, during laboratory testing, minor discomfort or bruising may occur at the blood collection site.

Right to Withdraw from the Study:

Participation in this study is entirely voluntary. You have the right to withdraw from the study at any time without providing a reason. Should you choose to withdraw, assessments related to your health may continue as part of your regular care.

Consent Statement:

By signing this form, you acknowledge that you have understood the procedures and conditions outlined above and voluntarily agree to participate.

Participant's Name and Surname:

Date:

Participant's Signature:

Researcher's Name and Surname:

Researcher's Signature:

This form ensures that the patient is fully informed about the study and consents to participate voluntarily. If you need further modifications or additions to meet your study's requirements, please let me know.

Questions

Patient Identification and Surgical History

Patient Number

Age

Height (cm)

Pre-surgery Weight (kg)

Lowest Weight After Surgery (kg)

Weight at Conception (kg)

Type of Bariatric Surgery (Sleeve Gastrectomy / Roux-en-Y Gastric Bypass)

Time from Surgery to Conception (weeks)

Pregnancy Outcomes

Total Number of Pregnancies After Surgery

Number of Live Births

Number of Miscarriages

Gestational Week of Miscarriage

Time from Surgery to Miscarriage (weeks)

Gestational Week at Delivery

Preterm Birth (Yes/No)

Gestational Diabetes Mellitus (Yes/No)

Gestational Hypertension or Eclampsia (Yes/No)

Hemoglobin Levels During Pregnancy (g/dl)

Anemia During Pregnancy (Yes/No)

Maternal Anthropometrics

Weight at Time of Delivery (kg)

Total Gestational Weight Gain (kg)

Body Mass Index at Delivery (kg/m^2)

Neonatal Outcomes

Neonatal Birth Weight (g)

Head Circumference (cm)

Large for Gestational Age (LGA) (Yes/No)

Small for Gestational Age (SGA) (Yes/No)

NICU Admission (Yes/No)

Data Collection Method

Interview Type (Face-to-Face / Telephone)

Additional Source(s): e-Nabız / Hospital Record Review