

PATIENT:

BADBIR ID:

HRN:

DOB:

BIOLOGIC / CONVENTIONAL TREATMENT:



Event of Special Interest: Pregnancy

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:

Approximate date of conception:

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

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

Event of Special Interest: Pregnancy p.2

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:

POSTPARTUM

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:

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

Form completed
By: _____

On: ____ / ____ / ____

Please note this ESI form needs to be entered directly onto the BADBIR database in the adverse section