



BSRBR-RA Event of Special Interest (ESI) Report PREGNANCY

Study ID: HRN: Patient Initials:	Gender: Date of Birth: NHS Number:
Event Date:	Biologic/biosimilar at time of event: Product Batch Number:

Pregnancy Details:

Please provide the following details regarding this event

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 DMARD 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

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If the patient has rheumatoid arthritis, did the disease remit during pregnancy? Yes No

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

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

Did the patient remain on DMARD 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:

Form completed

By: _____

On: ____/____/____

Return ESI/s to: BSRBR-RA. The University of Manchester,
Unit 4 Rutherford House, 40 Pencroft Way, Manchester Science Park
Manchester, M15 6SZ. You can also fax these to: 0161 2751640