

# PlaNeT-2 - Form 1a

**CENTRE NAME** .....

Log Number  (All patients) Neonate Initials

Trial Number  (Provided on randomisation) If multiple births; birth order  of

**PRE-RANDOMISATION**  
Please complete this form prior to randomisation

**BASELINE INFORMATION**

Date and time platelet count first  $<100 \times 10^9/L$

Date  2 0   
D D M M Y Y Y Y

Time (24 hour clock)   
H H M M

Platelet count   $\times 10^9/L$  Gestational age at birth  weeks  days

**MATERNAL DETAILS** (see guidance notes)

Mode of delivery SVD  Instrumental  Caesarean section   
(Please tick all that apply)

(1) Pregnancy induced hypertension? NO  YES

(2) Antenatal steroids given? NO  YES  If YES, number of doses

(3) Maternal pyrexia in labour ( $>38^\circ C$ )? NO  YES

(4) Prolonged rupture of membranes ( $>18$  hrs)? NO  YES

(5) Maternal antibiotics in labour? NO  YES

(6) Clinical evidence of chorioamnionitis? NO  YES

If YES, was placenta sent for histology? NO  YES

If YES, was histological evidence of chorioamnionitis confirmed? NO  YES

(7) Evidence of IUGR? NO  YES  If YES, answer the questions below otherwise go to Form 1b

IUGR: Birth weight less than or equal to 9<sup>th</sup> centile along with **at least one** of the following:

(i) Estimated fetal weight crossed centiles downwards during pregnancy NO  YES

and / or

(ii) Ultrasound evidence of uteroplacental insufficiency NO  YES

**PROCEED TO FORM 1b**