

**ATTACHMENT 1**

**PATIENT PREGNANCY FORM**

CENTER \_\_\_\_\_

Patient's initials \_\_\_\_\_ Date of birth \_\_\_\_\_

Beginning of pregnancy date \_\_\_\_\_ Patient's age \_\_\_\_\_

Diagnosis of IBD month \_\_\_\_\_ year \_\_\_\_\_

Time interval between diagnosis of IBD and beginning of pregnancy years \_\_\_\_ months \_\_\_\_

**DIAGNOSIS (Tick one)**

**EXTENT (Tick one)**

- |                          |               |                       |                      |
|--------------------------|---------------|-----------------------|----------------------|
| 1. Ulcerative colitis    | A) pancolitis | B) left-sided colitis | C) proctosigmoiditis |
| 2. Crohn's disease       | A) colon      | B) small bowel        | C) A + B             |
| 3. Indeterminate colitis | A) pancolitis | B) left-sided colitis | C) proctosigmoiditis |

Fistulas: perianal Y N recto-vaginal Y N other Y N

**PREVIOUS SURGERY Y N**

- |  |            |
|--|------------|
| 1. total colectomy with ileostomy          | date _____ |
| 2. total colectomy with pouch              | date _____ |
| 3. segmental colon resection               | date _____ |
| 4. segmental small bowel resection         | date _____ |
| 5. stricturoplasty                         | date _____ |
| 6. segmental small bowel + colon resection | date _____ |
| 7. surgery for fistulas                    | date _____ |
| 8. other (non IBD) _____                   | date _____ |

**MULTIPLE OPERATIONS Y N**

**PREVIOUS PREGNANCIES**

**BEFORE THE DIAGNOSIS OF IBD  
DIAGNOSIS**

**AFTER THE**

**(before current pregnancy)**

**AT TERM DELIVERIES** n^ \_\_\_\_\_  
**PRE-TERM DELIVERIES** n^ \_\_\_\_\_  
(**<37 weeks**)

n^ \_\_\_\_\_  
n^ \_\_\_\_\_

**ABORTIONS:**

1. SPONTANEOUS n^ \_\_\_\_\_  
Cause \_\_\_\_\_

n^ \_\_\_\_\_  
\_\_\_\_\_

2. THERAPEUTIC n^ \_\_\_\_\_  
cause = IBD Y N reason \_\_\_\_\_

n^ \_\_\_\_\_  
Y N reason \_\_\_\_\_

3. VOLUNTARY

cause = IBD Y N reason \_\_\_\_\_

Y N reason \_\_\_\_\_

**CIGARETTE SMOKING** N 1. Never 2. Quit since \_\_\_\_  
Y n^ cigarettes/day \_\_\_\_\_

**ALCOHOL** N 1. Never 2. Quit since \_\_\_\_  
Y g/day \_\_\_\_\_

### DISEASE ACTIVITY AT BEGINNING OF PREGNANCY

1. Remission 2. Relapse 3. Chronically active 4. Onset during pregnancy

**NUTRITIONAL STATUS:** Body Mass Index \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### THERAPY FOR IBD AT CONCEPTION

Please report the daily dose of drugs (mg/day)

- 1. Continuous steroids \_\_\_\_\_ 2. Acute steroid course \_\_\_\_\_ 3. Topical steroids \_\_\_\_\_
- 4. 5-ASA *per os* \_\_\_\_\_ 5. 5-ASA topical \_\_\_\_\_ 6. Azathioprine \_\_\_\_\_
- 7. Cyclosporin \_\_\_\_\_ 8. Metronidazole \_\_\_\_\_ 9. Antibiotics \_\_\_\_\_
- 10. Salazopyrin \_\_\_\_\_ 11. Other (list) \_\_\_\_\_

### CHANGE OF TREATMENT AT DIAGNOSIS OF PREGNANCY :

N Y Week of gestation \_\_\_\_\_

Spontaneous \_\_\_\_\_ General practitioner \_\_\_\_\_ GI Specialist \_\_\_\_\_  
Reason : disease activity \_\_\_\_\_ avoid fetal exposure \_\_\_\_\_  
Other \_\_\_\_\_

### COURSE OF IBD DURING PREGNANCY

1<sup>st</sup> TRIMESTER 2<sup>nd</sup>TRIMESTER 3<sup>rd</sup>TRIMESTER

- 1. Remission \_\_\_\_\_
- 2. Relapse \_\_\_\_\_
- 3. Chronically active \_\_\_\_\_

Change in IBD course: week of gestation \_\_\_\_\_  
Change in IBD extension: \_\_\_\_\_ week of gestation \_\_\_\_\_

### IBD COURSE SUMMARY (beginning of pregnancy -> during pregnancy)

1. remission-remission \_\_\_\_\_ 5. chronically active-chronically active \_\_\_\_\_

- 2. remission-relapse \_\_\_\_\_
- 3. relapse-remission \_\_\_\_\_
- 4. relapse-remains active \_\_\_\_\_

- 6. chronically active-remission \_\_\_\_\_
- 7. chronically active-exacerbation \_\_\_\_\_

Surgery \_\_\_\_\_ date \_\_\_\_\_ (see below)

### DISEASE ACTIVITY AT DELIVERY

- 1. Remission
- 2. Active

### IBD TREATMENT DURING GESTATION

Please report the dose of drugs: mean daily dose, for days (n°)

DRUG	1 <sup>st</sup> TRIMESTER	2 <sup>nd</sup> TRIMESTER	3 <sup>rd</sup> TRIMESTER
1. Continuous steroids	_____	_____	_____
2. Steroid tapering	_____	_____	_____
3. Topical steroids	_____	_____	_____
4. 5-ASA <i>per os</i>	_____	_____	_____
5. Topical 5-ASA	_____	_____	_____
6. Azathioprine	_____	_____	_____
7. Cyclosporin	_____	_____	_____
8. Metronidazole	_____	_____	_____
9. Antibiotics	_____	_____	_____
10. Salazopyrin	_____	_____	_____
11. Other (list)	_____	_____	_____

**SURGICAL THERAPY: week of gestation** \_\_\_\_\_

- 1. Total colectomy with ileostomy
- 2. Subtotal with (temporary) ileostomy
- 3. Total colectomy with pouch
- 4. Segmental colon resection
- 5. Segmental small bowel resection
- 6. Strictureplasty
- 7. Segmental colon + small bowel resection
- 8. Emergency for perforation \_\_\_\_\_ bleeding \_\_\_\_\_ etc (list) \_\_\_\_\_
- 9. Other (list) \_\_\_\_\_

Death of mother \_\_\_\_\_ Death of baby \_\_\_\_\_

### OTHER CONCURRENT DISEASES

N Y \_\_\_\_\_

Non IBD treatment (list) \_\_\_\_\_

## OUTCOME OF PREGNANCY AND MODE OF DELIVERY

Delivery: month \_\_\_\_\_ year \_\_\_\_\_

- |                                  |   |   |                         |             |
|----------------------------------|---|---|-------------------------|-------------|
| 1. Spontaneous abortion          | N | Y | week of gestation _____ | cause _____ |
| 2. Therapeutic abortion          | N | Y | week of gestation _____ | cause _____ |
| 3. Tubal pregnancy               | N | Y | week of gestation _____ | cause _____ |
| 4. Infant death <i>in utero</i>  | N | Y | week of gestation _____ | cause _____ |
| 5. Pre-term delivery (<37 weeks) | N | Y | week of gestation _____ | cause _____ |
- 
- |                     |   |   |                              |                        |
|---------------------|---|---|------------------------------|------------------------|
| 6. At term delivery | N | Y | 6 a. spontaneous vaginal     | 6 b. induced vaginal   |
| section             |   |   | 6 c. operative vaginal       | 6 d. elective cesarean |
|                     |   |   | 6 e. urgent cesarean section |                        |

### NEWBORN:

Live birth Y N date of death \_\_\_\_\_ cause \_\_\_\_\_  
 Birth weight grams \_\_\_\_\_ Sex M F  
 Congenital abnormalities N Y type \_\_\_\_\_

### IBD COURSE AFTER DELIVERY (6 months)

1<sup>st</sup> TRIMESTER                      2<sup>nd</sup> TRIMESTER

- |                       |       |       |                     |
|-----------------------|-------|-------|---------------------|
| 1. Remission          | _____ | _____ |                     |
| 2. Relapse            | _____ | _____ | (after _____ weeks) |
| 3. Chronically active | _____ | _____ |                     |

Change in IBD extent: \_\_\_\_\_ month \_\_\_\_\_  
 Based on (state test) \_\_\_\_\_

#### IBD COURSE SUMMARY (post-partum period)

- |                                 |  |
|---------------------------------|--|
| 1. remission-remission _____    | 5. chronically active-chronically active _____ |
| 2. remission-relapse _____      | 6. chronically active-remission _____          |
| 3. relapse-remission _____      | 7. chronically active-exacerbation _____       |
| 4. relapse-remains active _____ |  |

Surgery \_\_\_\_\_ date \_\_\_\_\_

1. Total colectomy with ileostomy
2. Subtotal with (temporary) ileostomy
3. Total colectomy with pouch
4. Segmental colon resection
5. Segmental small bowel resection
6. stricturoplasty
7. segmental colon + small bowel resection

- 8. Emergency for perforation \_\_\_\_\_ bleeding \_\_\_\_\_ etc ..... (list) \_\_\_\_\_
- 9. Other \_\_\_\_\_

Death of mother \_\_\_\_\_