

Section C: Please provide information on previous pregnancies

Number of previous pregnancies (including current pregnancy)

How many children do you have?

Do you have twins? Yes No Do you have triplets? Yes No

Have you previously experienced a miscarriage, stillbirth, death of a baby in the first four weeks or an ectopic pregnancy?

Yes No If YES, please provide us with more details: _____

Were any of your babies born with health problems, eg. premature, spinal cord defects, congenital defects or late still birth?

Yes No If YES, please provide more details, especially if surgery was necessary: _____

Have you had amniocentesis tests (extraction of fluid from your uterus during pregnancy) carried out for you?

Yes No If YES, please specify the reason for these tests: _____

Were any of your babies born prematurely? Yes No Did you carry two weeks over term? Yes No

How were your children delivered? Normal vaginal birth Caesarean birth

Weight of babies? Under 2500g: Yes No Over 4300g: Yes No

Did you experience any of the following during a vaginal birth:

Complications Induced labour Vacuum extraction Forceps-assisted birth

(delivery of baby with suction device)

(delivery of baby with forceps)

What was the reason for the caesarean birth? (if applicable) _____

Did you experience any of the following during pregnancy?

High blood pressure Diabetes Pre-eclampsia

(High blood pressure with protein in the urine)

If any other problems were experienced, please provide us with more details. _____

Indicate if any of the following complications were experienced after the birth of your child.

Placenta retention Postnatal depression Severe bleeding Breast problems Wound infection

Condition of baby/ies after delivery:

Breathing problems Neonatal jaundice Bleeding under scalp Paralysis Other

(Yellowing of newborn's skin)

(Unable to move one or more limbs)

Did you breastfeed your baby/ies? Yes No

If YES, how many weeks/months/years? _____

THANK YOU FOR COMPLETING THE FORM. Please fax the completed form to **0861 00 4367**. Should you have any queries, please contact **0860 00 4367** or send an email to **enquiries@gems.gov.za** **IMPORTANT: You must discuss all health and treatment issues with your doctor first.**