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| --- | --- |
| Date of this notification: | Notification: 🞎 Initial Follow-up: 🞎 1st 🞎 2nd 🞎 Other:  |

1. MOTHER’S MEDICAL INFORMATION

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| --- | --- | --- | --- | --- |
| Country | Date of birth | Age | Weight | Height |
| **Gynecological Medical History:** |
| Previous pregnancies: 🞎 Yes. How many? \_\_\_\_\_\_ 🞎 No | Complications: 🞎 Yes (specify in section “Gynecological data”) 🞎 No |
| Gynecological data: |
| Risk factors: 🞎 None 🞎 Diabetes 🞎 High blood pressure 🞎 Smoker 🞎 Alcohol 🞎 Otther:  |
| Factors that may have contributed to pregnancy (failure of the contraceptive method, drug interactions ...) |

1. DRUGS USED DURING PREGNANCY

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Drug (Mark with an asterisk the suspect drug (s)) | Daily dose | Route | Administration dates | Reason for prescription | Action taken(\*) (1-5) |
| Start date | End date | Ongoing treatment (Yesí/No) |
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| \* Action taken with the drugs as a consequence of the pregnancy: 1 = withdrawn, 2 = Reduction of dose, 3 = Increase of dose, 4 = Do not change the dose, 5 = Not applicable |

1. PARENT’S DATA

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| No availiable 🞎 |
| Age: years old. Relevant medical history and past drug history: |

1. PREGNANCY INFORMATION

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| --- |
| **Pregnancy data:** |
| In which quarter the drug was administered?🞎 First 🞎 Second 🞎 Third | Estimated date of conception: | The date of the last menstrual period: | Expected date of delivery: |
| **Clinical history data::** |
| contraceptive method: 🞎 Yes. Specify:  🞎 No  |
| **Pregnancy current situation:** |
| Is the fetus growing and developing properly? 🞎 Yes 🞎 Unknown 🞎 No; specify in the narrative |
| Narrative and other data of interest (e.g. Procedures or tests performed during pregnancy): |

1. PREGNANCY OUTCOME AND NEWBORN INFORMATION

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| **Outcome of pregnancy:** |
| Birth date | Number of childrem/fetuses | Gestational age: weeks | Outcome: 🞎 Healthy newborn 🞎 Spontaneous abortion 🞎 Child born with structural or chromosomal defects 🞎 Elective abortion 🞎 Child stillborn 🞎 Unknown 🞎 Fetal death 🞎 Ectopic pregnancy |
| **Datos del recién nacido:** |
| Sex: 🞎 Girl 🞎 Boy 🞎 Unknown | Weight: grams | Length cm | Head circumference: cm |
| Events during pregnancy birth: |

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| **Child’s monitoring data:** |
| Date | Information |
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1. ADDITIONAL INFORMATION

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1. REPORTER’S DATA

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| --- |
| 🞎 Physician (speciality) 🞎 Pharmacist 🞎 Other:  |
| Name and surname | City | Country |
| Address |
| Telephone | Fax | E-mail |