

Supplementary Table 1 - Standardized history sheet for women with symptoms of MTL

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| Gestation / LMP / dating scan | | |
| Past gynecologic and obstetric history; | | |
| <ul style="list-style-type: none"> ○ Cervical smear history, ○ Cervical surgery, ○ Previous preterm birth (PTB)/preterm pre-labor rupture of membranes (PPROM) /mid-trimester pregnancy loss (MTL) ○ Previous caesarean section and dilatation if known ○ Other associations such as uterine anomaly or antiphospholipid syndrome | | |
| Trigger | These are important to know before you take a further history as the significance of any symptoms must be viewed in context for that patient | |
| Presenting symptoms (“What is worrying you?”) | | |
| <ul style="list-style-type: none"> ○ Spotting/ bleeding | | |
| Trigger | Any report of vaginal bleeding should raise concern for MTL and prompt careful speculum examination and offer of transvaginal cervical length measurement | |
| Presenting symptoms (“What is worrying you?”) | | |
| <ul style="list-style-type: none"> ○ Vaginal discharge/ feeling damp/ loss of mucous plug | | |
| Trigger | Abnormal discharge/loss of mucous plug is a worrying sign at this gestation and should prompt careful perineal and speculum examination and offer of transvaginal cervical length measurement | |
| Presenting symptoms (“What is worrying you?”) | | |
| <ul style="list-style-type: none"> ○ Abdominal pain (site, type, radiation)/ contractions ○ Vaginal pressure | | |
| Trigger | Vaginal pressure is a worrying sign and should prompt careful speculum examination and offer of transvaginal cervical length measurement | |
| Presenting symptoms (“What is worrying you?”) | | |
| <ul style="list-style-type: none"> ○ Systemic symptoms- Fever/ malaise ○ Systems enquiry –including any change in urinary and bowel symptoms | | |
| Trigger | Local or systemic infection may precipitate pregnancy loss so prompt recognition and treatment can prevent this | |
| Presenting symptoms (“What is worrying you?”) | | |
| <ul style="list-style-type: none"> ○ Trauma – abdominal/ vaginal | | |
| Antenatal care to date: | | |
| <ul style="list-style-type: none"> ○ Booked for pregnancy care? ○ Any first trimester complications (include heavy bleeding)? ○ Any scans? ○ History or UTI in first trimester? ○ Asymptomatic bacteriuria at booking? ○ Is she under the care of a specialist preterm birth clinic? (+/- on progesterone, cerclage in situ?) | | |
| Rh status; | | |
| <ul style="list-style-type: none"> ○ If Rh negative and history of bleeding, assess for anti-D administration | | |
| Recent travel; | | |

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| <ul style="list-style-type: none">○ Covid or flu vaccine, any recent exposure to known infectious disease or sexually transmitted infection such as CMV, chlamydia, parvovirus | |
| Medical and surgical history | |
| Drug history | |
| Social history; <ul style="list-style-type: none">○ Support, alcohol, smoking and recreational drugs, domestic violence | |
| Fetal movements | |
| Any other concerns? | |