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**PRE-CONCEPTION CARE: CURRENT PRACTICE AND
METHODS OF PROVISION**

Vol 2

MAUREEN ANNE LYONS

Doctor of Philosophy

The University of Aston in Birmingham

March 1988

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VOLUME 2

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ASTON

Gosta Green, Birmingham B4 7ET/Tel: 021.359 3611 Ex

Department of Chemical Engineering

Head of Department: Professor G V Jeffreys

Health and Safety Unit

Head of Unit: Professor R T Booth

Dear Dr

FORESIGHT: PRE-CONCEPTION CARE PROJECT - UNIVERSITY OF ASTON

I write to explain the details of the three year project being carried out at the University of Aston in Birmingham to examine and evaluate the effectiveness of pre-conception screening as a means of possibly reducing the incidence of birth defects.

We are now ready to ask for doctor's and prospective parent's support and help in supplying data which will form the basis of the study.

We have produced a questionnaire and a number of report forms that hopefully you and the prospective parents will fill in and a copy of these will be returned to us to enable us to set up a data bank concerning Foresight clinics.

In addition, we have also finalised a protocol after discussions with a number of your medical colleagues. In this protocol we have a number of suggested tests which we would like to see conducted along with any others you feel are necessary.

Please find enclosed a copy of the questionnaire, the report forms (numbered R1-R5) and the protocol.

We trust you are still interested in being involved with this important piece of research. However, if you feel that you can no longer take part perhaps you would be kind enough to let me know. If I do not hear from you I shall assume you are willing to take part and will send you some further copies of the package.

Yours sincerely

MAUREEN LYONS

Encs



ASTON

Gosta Green, Birmingham B4 7ET/Tel: 021.359 3611 Ex

Department of Chemical Engineering

Head of Department: Professor G V Jeffreys

Health and Safety Unit

Head of Unit: Professor R T Booth

Dear Dr

FORESIGHT: PRE-CONCEPTION CARE PROJECT - UNIVERSITY OF ASTON

I am writing to inform you that we are now ready to request your assistance with the research project to examine and to evaluate the effectiveness of pre-conception clinics.

We have produced a questionnaire and a number of report forms which hopefully you and the prospective parents will fill in and a copy of these will be returned to us to enable us to set up a data bank concerning Foresight Clinics.

In addition, we have also finalised a protocol after discussions with a number of your medical colleagues. In this protocol we have a number of suggested tests which we would like to see conducted along with any others you feel are necessary.

Please find enclosed copies of the questionnaire, the report forms (numbered R1-R5) and the protocol.

We trust you are still interested in being involved with this important piece of research. However, if you feel that you can no longer take part perhaps you would be kind enough to let me know. I enclose five 'packages' initially, and should you require more please contact me. If you feel you cannot take part however, please would you return all the 'packages' to me.

Yours sincerely

MAUREEN LYONS

Encs

NOTES FOR FORESIGHT DOCTORS ON THE IMPLEMENTATION OF THE
FORESIGHT RESEARCH PROJECT

1. The Research Project.

- a. Over the next two or three years the Health & Safety Unit at the University of Aston, Gosta Green, Birmingham B4 7ET, will conduct a study on the effectiveness of Foresight's pre-conception methods as set out in the Clinic Protocol. A post-graduate student, Miss Maureen Lyons, will be conducting the study under the general supervision of Dr. Philip Barlow, M.Sc., Ph.D., M.I.E.H., M.I.Env.Sc., who will be visiting the University weekly.
- b. It is hoped to collate detailed information concerning several hundred couples attending Foresight Clinics throughout the country and, by means of computer analysis, to compare the outcome of their pregnancies with national statistics and, where applicable, with the result of any previous pregnancy or pregnancies of the individual couples.
- c. The information to be fed into the computer will be obtained from the following documents, copies of which (with the exception of the First Year Report to follow) are appended:
 - i) A Questionnaire to be completed by each patient giving details of his/her past history and present life-style.
 - ii) A First Report (R1) to be completed by the Foresight Clinician giving details of his findings, together with the nature of the advice given and treatment prescribed.
 - iii) All Laboratory Reports re hair, blood and urine analysis together with the result of any other tests which may be carried out in accordance with the Clinic Protocol.
 - iv) A Progress Report (R2) to be completed by the Foresight Clinician about six months after the date of the First Report, having obtained a further hair analysis (and, if indicated, other laboratory reports) and seen the couple again to assess the extent to which their health and life-style has improved.
 - v) All Laboratory Reports relative to the Progress Report.

- vi) A Seven Months Pregnancy Report (R3) to be completed by the Foresight Clinician about two months before the birth, assessing the woman's current health and life-style.
- vii) A Birth Report (R4)+(R5) to be completed by the couple's G.P. or the Foresight Clinician, giving details of the birth and the health of the baby after seven days.
- viii) A First Year Report (R6) to be completed by the couples G.P. or the Foresight Clinician, giving details of the baby's health at 12 months.

2. Before the first visit

When a couple make an appointment for their first visit, the Foresight Clinician should send the enclosed proforma letter to their G.P., together with a copy of the Clinic Protocol.

3. The First Visit

Each couple, at the conclusion of the history-taking, examination and specimen collection, should be told in outline about the research project. The strict confidentiality of the information obtained should also be stressed.

If agreeable, the couple should be handed two questionnaires and asked to fill them at home, then post them back before the follow-up visit.

4. The follow-up visit

The Clinician should, where necessary, try to clarify any answers in the Questionnaire which are insufficiently precise and, so far as is possible, attempt to fill in any blanks. Doubtless the information contained in the Questionnaire will assist him, in conjunction with his findings on the first visit and Laboratory reports, to give suitable advice and, where indicated, to prescribe a course of treatment, including interpretation of the hair analysis and supplementation as necessary.

The Clinician should, in his own notes, record each couple's full name for future use.

He should at the same time, send to the couple's G.P. a further letter, copy enclosed, together with a brief summary of his findings and recommendations, and a proforma Birth Report.

It is also suggested that he should ask the woman herself to let him know when it is confirmed that she is pregnant (lest

her G.P. forgets) and give the anticipated date for the birth.

5. After the follow-up visit

The Clinician should send the completed Questionnaires to Miss Maureen Lyons together with:

- i) A copy of the various Laboratory reports, including the hair analysis (please note all details of the Foresight Clinicians, Clinic address, Drs and Patients full name should be inserted on the front of any Laboratory Reports.)
- ii) His own ' First Report '

6. The 6-month visit

About six months after the follow-up visit, the couple will be seen again to assess the extent to which their health and life-style have improved, including the extent to which mineral imbalances have been corrected. For this purpose the Clinician will doubtless have made arrangements, prior to the visit, for a second hair analysis and any other further tests which may seem desirable.

After the visit the completed 'Progress Report' together with the further hair analysis chart and any other Laboratory reports, should be sent to Miss Lyons.

7. The pre-natal visit

This visit, the timing and purpose of which are set out in para:1 c.(vi), should not take more than a very few minutes and it is hoped that the Clinician may be willing to do it free of charge. If, indeed, the woman would have to travel a considerable distance, it might be possible to get the necessary information by writing to her, although this is regarded as a very 'second best' course.

The seven months pregnancy Report should, after this visit, be completed and sent to Miss Lyons.

8. The Birth Report

It is hoped the Clinician can obtain details from the woman's G.P. as requested in the second letter to him. Should the G.P. not be willing to co-operate, the Clinician can doubtless obtain the information elsewhere. The required information is set out in the Birth Report which, when completed, should be sent to Miss Lyons.

9. The First Year Report

Such a report (vide para.3 of the second letter to G.P.) should be completed 12 months after the birth and forwarded to Miss Lyons.

10. General



Aston University

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Foresight

THE ASSOCIATION FOR THE
PROMOTION OF PRECONCEPTUAL CARE

Registered Charity No: 279160

Research Advisers:--

Professor John Dickerson.
B.Sc (Lond.) Ph.D. (Cantab), F. I. Biol., FRSH., FIFST.
Dr. P. J. Barlow.
B.Sc., Ph.D., M.Sc., MIEH., MI Env.Sci.
Professor D. Bryce-Smith.
Ph.D., D.Sc., C.Chem., FRSC.

*Mrs Peter Barnes,
"Foresight", The Old Vicarage,
Church Lane, Witley,
Surrey, GU8 5PN.
Tel: Wormley (042879) 4500
between 9.30 a.m. & 7.30 p.m.*

Dear Dr.

Re Mr. and Mrs.
of

Further to my letter of..... I have now seen this couple on two occasions and I enclose, as promised, a summary of my findings and my recommendations to them.

They have kindly agreed to take part in a Research Project which, in outline, is to be run on the following lines:

a. Over the next two or three years the Health & Safety Unit at the University of Aston, Gosta Green, Birmingham B7 7ET, will conduct a study on the effectiveness of Foresight's preconception methods as set out in the Clinic Protocol. A post-graduate student, Miss Maureen Lyons, is conducting the study under the general supervision of Dr. Philip Barlow M.Sc., Ph.D., M.I.E.H., M.I.Env.Sc., who will be visiting the University weekly.

b. It is hoped to collate detailed information concerning several hundred couples attending Foresight Clinics throughout the country and, by means of computer analysis, to compare the outcome of their pregnancies with national statistics and, where applicable, with the result of any previous pregnancy of the individual couples.

I should be most grateful if you would be kind enough to cooperate in this Project by the following actions:

1) Please notify me when a pregnancy is confirmed, giving the anticipated date of birth.

2) In due course please complete and send to me the enclosed Birth Report.

3) A year after the birth, I will write again to ask you if any physical or mental defects not apparent at the birth have since manifested themselves, or whether the child has had any allergic illness or displayed any other manifestation of compromised health.

4) I would of course, also need to have a report in the event of a miscarriage.

Yours sincerely,

Medical Advisers: Dr. H.J.E. Cox TD, MB, RCGP, D. Obst., RCOG., DCH., Dr. S. Davies MA, BM, B.Ch., Dr. E. Grant MB, ChB., D. Obst., RCOG., Dr. E. Hamlyn MB, ChB., Bristol., Dr. P. Kingsley MB, BS, MRCS, LRCP., D. Obst., RCOG., Dr. J. Munro, MB, BS, LRCP., DRCS., Dr. D. West MRCS(ENGL), LRCP Lond., Dr. J. Witchalls MB, BS(Lond), LRCP., MRCS., D. Obst., RCOG.

Foresight

THE ASSOCIATION FOR THE
PROMOTION OF PRECONCEPTUAL CARE

Registered Charity No: 279160

Research Advisers:-

Professor John Dickerson.

B.Sc (Lond.) Ph.D. (Cantab), F. I. Biol., FRSH., FIFST.

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Professor D. Bryce-Smith.

Ph.D., D.Sc., C.Chem., FRSC.

Mrs Peter Barnes,

"Foresight", The Old Vicarage,

Church Lane, Witley,

Surrey, GU8 5PN.

Tel: Wormley (042879) 4500

between 9.30 a.m. & 7.30 p.m.

Dear Dr.

Re Mr. and Mrs.
of

The above-named couple who are registered with you have approached me, as a Foresight Clinician, with a view to preparing themselves for a planned pregnancy. Mr. and Mrs..... have agreed that I write to you as we are sure you would wish to be informed of their initiative.

Perhaps a word about the Foresight Clinics will clarify our aims. You will be aware of the many Family Planning Clinics which help couples to avoid pregnancy, and of the statutory Maternity Services offered pregnant mothers as soon as a pregnancy arises. Evidence is accumulating, however, that the fitness or otherwise of the mother and the father at the time of conception can bear directly on the outcome of the pregnancy, both for the mother and her baby.

It is our view that prospective parents should have the opportunity of reviewing their health and fitness before conception. The Foresight Clinics offer to consenting couples, following a review of their past and present living habits, a physical check-up together with analysis of certain body tissues and fluids. A 'family consultation' then takes place during which living habits, e.g. eating, drinking and smoking habits, are assessed together with the findings of physical and laboratory examinations. At this time any deficiencies or toxicities are made known to the couple, whose responsibility it will remain to take action in rectifying them. A copy of the Clinic Protocol is attached for your information and I would particularly draw your attention to the last paragraph. A summary of the findings will be forwarded to you in due course so that when the couple approach you with their early pregnancy, you will already have some idea of the conditions under which they conceived.

Yours sincerely,

Medical Advisers: Dr. H.J.E. Cox TD, MB, RCGP, D. Obst., RCOG., DCH., Dr. S. Davies MA, BM, B.Ch., Dr. E. Grant MB, ChB., D. Obst., RCOG., Dr. E. Hamlyn MB, ChB., Bristol., Dr. P. Kingsley MB, BS, MRCS, LRCP., D. Obst., RCOG., Dr. J. Munro, MB, BS., LRCP., DRCS., Dr. D. West MRCS(Ed.), LRCP Lond., Dr. J. Witchalls MB, BS(Lond.), LRCP., MRCS., D. Obst., RCOG.



THE UNIVERSITY
OF ASTON
IN BIRMINGHAM

Gosta Green, Birmingham B4 7ET/Tel. 021.359 3611 Ex

Department of Chemical Engineering

Head of Department: Professor G V Jeffreys

Professor P E Barker

Professor K E Porter

7 June 1985

ML/tk

Dear Dr

I am concerned to establish whether you are still willing to participate in the research project at Aston University which is attempting to collect data from doctors providing pre-pregnancy health care and advice.

I received your name from the 'Foresight' Organisation, and I sent you some information in December 1984.

I would be most grateful if you would kindly complete the questions attached and return the answers in the envelope provided.

Yours sincerely

MAUREEN LYONS (MISS)
Researcher

Delete appropriate response

I am/am not interested to participate in the research project to evaluate the effectiveness of pre-conception care.

I have/have not been treating patients presenting for pre-pregnancy care.

I have/have not received the questionnaires report form and protocols which were distributed from Aston in December 1984.

I have/have not completed the documents above to be used in the establishment of a data base.

Telephone Number by which I can be contacted

Current Address

.....

.....

.....

Foresight

*The Association
For the Promotion of Pre-Conceptual Care.*

Registered Charity Number: 279160

CLINIC PROTOCOL

"FORESIGHT" THE OLD VICARAGE, CHURCH LANE,
WITLEY, GODALMING, SURREY, GU8 5PN.
TEL: WORMLEY (042879) 4500 between 9.30a.m. & 7.30 p.m.

FORESIGHT CLINIC PROTOCOL

General Investigation and Advice

Detailed histories of each individual will be taken so as to obtain a picture of general health. There will be time allowed for a full discussion on lifestyle, eating habits and contraception. The importance of good nutrition will be emphasised and guidelines given on diet will include the avoidance of refined carbohydrates, excessive sugar and artificial colouring and other additives; the benefits of eating raw fruit and vegetables daily will be stressed.

The dangers of smoking, alcohol and drug-taking in the months before and during pregnancy will be fully explained.

Alternatives to oral contraception and the copper coil for six months prior to pregnancy will be discussed and reasons given. The importance of employing effective contraception during this interim will also be emphasised.

Deficiencies such as vitamins, minerals and essential fatty acids will be discussed and where these are suspected, further investigation and supplements will be advised.

Evidence of allergies to foods, inhalants or chemicals will be sought, and where applicable appropriate advice or treatment will be given.

Dietary control of diabetes, eczema, asthma, migraine and/or epilepsy will be discussed where appropriate. The objective will be to minimise the necessity of drug-taking during pregnancy. Desensitisation may be given where appropriate.

Advice will be given on chronic infections, such as urinary, vaginal, ENT or respiratory tract infections. These conditions may yield to dietary/mineral manipulation.

Literature

FORESIGHT literature will be made available for borrowing or buying, or couples will be referred to the FORESIGHT headquarters for booklets.

Couples may be referred to their local FORESIGHT Branch Secretary for addresses of local organic produce outlets.

Proposed Tests to be Conducted

1. Blood pressure

In order to standardise results, this measurement should be taken at the initial examination with the patients in the sitting position.

2. Rubella status

The following method should be used:

Clinicians to take an initial blood sample, reading the blood TITA; if the level is low it is suggested that clinicians should administer the Rubella injection and take a blood sample. Patients should, in addition, be warned not to conceive within three months at the least, following a Rubella injection.

3. Basal temperature

This is considered to be a good test for thyroid function. The method involves a thermometer being placed under the arm for ten minutes every morning on waking, for a period of two months.

If the basal temperature is low for the female's whole cycle, it is recommended that a thyroid function test should be conducted.

4. Urine analysis

A dip stick method is to be used to determine sugar and protein.

Where indicated by history:

B Coli screening test

Intestinal permeability test for coeliac condition. (Details of how to conduct this coeliac screening test, said to be more reliable than the biopsy, can be obtained from St Thomas' Hospital, London).

5. Blood examination

The samples will be analysed for levels of zinc, copper and lead preferably by the local Health Authority or alternatively at a commercial laboratory.

If indicated by history, blood samples should also be examined for: VD; Abnormalities of thyroid function; Transaminase activity as a test for B6 deficiency; Abnormalities of RBCs and WBCs; Eosinophil count as the indicator of an active allergic response.

6. Hair analysis

Hair metal levels can give a useful assessment of normal and abnormal concentrations of essential and toxic metals associated with a particular individual. They are also a useful indication of further necessary investigations or correction of metal status. The name and address of the Laboratory currently undertaking these tests will be supplied on request by Foresight.

7. Smear test

If a smear is found to be abnormal, it will be repeated a few months later.

8. Stool samples

Analysis for malabsorption and/or infestation where indicated by the history, or by poor mineral levels on the hair analysis.

9. Semen samples

Analysis for abnormal sperm in cases of chronic ill health, coeliac condition, alcoholism, debilitating illness or surgery in recent history. In cases of infertility, semen analysis is mandatory unless the patient has recently undergone such a test and a copy of the result is available.

10. Drinking water samples

In the event of elevated levels of copper, lead, cadmium, mercury or aluminium being found in the hair of either partner, samples of drinking water from the home/place of work should be tested to see if the water contains metal contamination in excess of the World Health Organisation allowed limit. In the event of elevated levels being found in the water the findings should be referred to the Water Board, and to the Environmental Officer of Health. The couple will be advised to filter their water through a Mayrei or Brita water filter. Filtered water should be tested. In the event of the filtered water being in excess of the WHO limit, the couple should be advised to drink bottled spring water until such time as the levels are restored to within the WHO limit.

The carbon of the Mayrei or Brita filter should be regularly changed as recommended by the manufacturers, to prevent saturation of the filter and the couple's attention should be drawn to this, Saturated carbons can produce high levels of toxic minerals.

A dental checkup and necessary repairs will be advised three months at least in advance of the intended pregnancy.

In the case of the woman, a gynaecological examination will be given to see if there is a vaginal infection, cervical damage or prolapse.

Couples will be seen again to discuss the findings from the analyses, and appropriate advice or treatment will be given.

All information will be strictly documented and confidentiality will be maintained throughout between parents and doctors. Prior to examination of couples, the consent and co-operation of their medical practitioners will be sought. While it will remain the aim of the FORESIGHT Clinician to correct any deficiencies, excesses or allergic syndromes, other serious medical problems will be referred back to their practitioners.

SECTION FOR FEMALES ONLY
(Males please go to Section 29)

FOR OFFICE
USE ONLY

Please answer the following by ticking the box
next to the appropriate response:

10. Are your periods regular or irregular?

Regular 1 Irregular 2

If regular, how frequent?

Every 26-28 days 1

Every 29-31 days 2

Every 32-37 days 3

(Please count first day of period as Day 1)

11. Length of periods:

3 days or less 1

4-6 days 2

7 days or longer 3

12. Do you have pain severe enough to trouble you?

YES 1 NO 2

13. Do you ever take any medication for this?

YES 1 NO 2

If Yes, please specify:

14. Do you gain weight (water retention) at any
time in the cycle?

YES 1 NO 2

15. Are you trying for a baby? If 'yes', how long
have you been doing so?

Under 3 months 1

4-12 months 2

Over 12 months 3

Over 2 years 4

16. Have you had any miscarriages?

YES 1 NO 2

If Yes, how many?

25

26

27

28

29

30

31

32

33

34

: 3 :

17. Miscarriage(s) in weeks

35-36

18. Please specify the number of previous pregnancies including stillbirths

37

SECTION 1

19. If you have had any previous children were any of the pregnancies complicated? Please tick the box(es) in the table below.

	Excessive Morning Sickness 1	Excessive Headaches 2	High Blood Pressure 3	Bleeding in Pregnancy 4	Miscarriage 5	Stillborn 6	Died within 7 days 7
Pregnancy 1							
Pregnancy 2							
Pregnancy 3							

38-44

45-51

52-58

20. Was there anything else unusual about any of the pregnancies? Please specify any other problems:

59

21. Were all previous pregnancies with the same partner?

YES 1 NO 2

60

SECTION 2

22. If you have had any previous children please fill in the table below answering 'Yes' or 'No' to each of the questions concerning deliveries.

	Ceasarian Section 1	Induced 2	Forceps birth 3	No of weeks of pregnancy 4
Delivery 1				
Delivery 2				
Delivery 3				

61-65

66-70

71-75

SECTION 3

POSTPARTUM PERIOD

23. Please fill in the table below by ticking the appropriate box or boxes to the questions concerning the period up to six months after giving birth

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

	Postpartum Haemorrhage 1	Retained Placenta 2	Infection in birth canal 3	Birth Blues 4	Rejection of baby 5
Pregnancy 1					
Pregnancy 2					
Pregnancy 3					

10-14

15-19

20-24

24. Have you NEVER felt well since having a pregnancy? 25
If Yes, please specify your problems (symptoms)

25. Did you breastfeed any previous children? 26

YES 1 NO 2 26

If 'Yes' fill in the table below

How long did you continue to breastfeed?

	Before additional feeding, number of months	After additional feeding, number of months
Pregnancy 1		
Pregnancy 2		
Pregnancy 3		

27-30

31-34

35-38

Please tick if you suffered from any of the following problems:

	Lactation failure 1	Sore nipples 2	Engorgement 3	Leaking 4
Pregnancy 1				
Pregnancy 2				
Pregnancy 3				

39-42

43-46

47-50

Please specify you reasons for stopping 51

THE CONDITION OF BABY

26. Please answer each of the questions concerning problems with previous children in the table below by ticking the appropriate box(es):

	Pregnancy 1	Pregnancy 2	Pregnancy 3
Runny Nose/Eyes			
Jaundiced			
Chest Problems			
Cradle cap			
Croup			
Excessive Nappy Rash			
Fever with Teething			
Poor Sleep Patterns			
Hyperactivity			

52-54
55-57
58-60
61-63
64-66
67-69
70-72
73-75
76-78

1 8 3

Eczema			
Colic			
Diarrhoea			
Excessive Crying			
Excessive Dribbling			
Ear Infection			

10-12
13-15
16-18
19-21
22-24
25-27

27. If any of your baby(ies) spent any time in a Special Care Baby Unit please specify.

28

28. Please specify any other problems with previous children, including congenital malformations e.g. cleft palate, club foot etc..

29

Please specify any behaviour problems or allergies

30

THESE SECTIONS TO BE COMPLETED BY MALES AND FEMALES
WHERE APPROPRIATE PLEASE

INFECTIONS

Have you suffered persistently from any of the following during your life?
Please tick the box next to the appropriate response

29.	1 YES	2 NO	
Ear, nose or throat infection	<input type="checkbox"/>	<input type="checkbox"/>	31
Chest infection, e.g. bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	32
Urine infection	<input type="checkbox"/>	<input type="checkbox"/>	33
Kidney infection	<input type="checkbox"/>	<input type="checkbox"/>	34
Vaginal infection	<input type="checkbox"/>	<input type="checkbox"/>	35
Pelvic infection	<input type="checkbox"/>	<input type="checkbox"/>	36
VD	<input type="checkbox"/>	<input type="checkbox"/>	37
Thrush	<input type="checkbox"/>	<input type="checkbox"/>	38
Any other infections? e.g. Tuberculosis, Osteomyelitis	<input type="checkbox"/>	<input type="checkbox"/>	39

ALLERGIC CONDITIONS

Are you allergic to any of the following?

30.	1 YES	2 NO	
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	40
Elastoplast	<input type="checkbox"/>	<input type="checkbox"/>	41
Animals	<input type="checkbox"/>	<input type="checkbox"/>	42
Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	43
Pollen	<input type="checkbox"/>	<input type="checkbox"/>	44
North Sea Gas	<input type="checkbox"/>	<input type="checkbox"/>	45
Any others (Please specify)	<input type="checkbox"/>	<input type="checkbox"/>	46

If you are allergic to any foods, please list them below

47

31. CURRENT MEDICAL TREATMENT

(Please note this includes 'over the counter' purchases)

1 9

										4
--	--	--	--	--	--	--	--	--	--	---

	YES 1	NO 2	If 'Yes' please specify number of months & type used	
Are you currently under medical treatment?				10-12
Are you currently taking drugs?				13-15
Pain-killers				16-18
Laxatives				19-21
Indigestion medicines				22-24
Sleeping tablets				25-27
Anti-depressants				28-30
Tranquillisers				31-33
Antibiotics				34-36
Anti-histamines				37-39
Diabetic medication				40-42
Epilepsy medication				43-45
Steroids for asthma				46-48
Diuretics				49-51
Others (Please specify)				

32. Do you take regularly: : 8 : YES NO Length of time used (months)

	1	2		
Vitamin supplements				
Mineral supplements				
Homeopathic remedies				
Herbal medicines				

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52-54
55-57
58-60
61-63

CONTRACEPTIVE METHODS USED

33. Are you currently using any of the following?
NB You may be using more than one

1 8

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

	Length of time used					
	YES 1	NO 2	Under 3 mths 3	4-12 mths 4	Over 1 yr 5	Over 2 yrs 6
Contraceptive Pill						
Copper intra-uterine device						
Plastic intra-uterine device						
The diaphragm/spermicides						
The sheath/spermicides						
Morning-after pill						
Rhythm method						
Withdrawal						
Billings mucous observation method						
Other (please specify)						

10-11
12-13
14-15
16-17
18-19
20-21
22-23
24-25
26-27
28-29

34. Have you previously used any of the following?
(you may have used more than one)

	Length of time used					
	YES 1	NO 2	Under 3 mths 3	4-12 mths 4	Over 1 yr 5	Over 2 yrs 6
Contraceptive Pill						
Copper intra-uterine device						
Plastic intra-uterine device						
The Diaphragm/spermicides						
The sheath/spermicides						
Morning-after pill						
Rhythm method						
Withdrawal						
Billings mucous observation method						
Other (please specify)						

30-31
32-33
34-35
36-37
38-39
40-41
42-43
44-45
46-47
48-49

35. We are interested to know if you have suffered from any of the following. Please tick ONE response for each condition in the table below:

	Never Suffered 1	Suffer at present 2	Suffered in the past 3
Migraine			
Other types of headache			
Dizzy spells			
Fainting			
Palpitations			
Poor circulation			
Feeling the cold			
Pins and needles			
Leg cramps			
Varicose veins			
Phlebitis			
Thrombosis			
Swollen ankles			
Indigestion			
Stomach pains			
Bloated feeling			
Constipation			
Diarrhoea			
Cystitis			
Aching muscles			
Round shoulders			
Scoliosis			
Lower back pain			
Knock knee			
Flat feet			
Sleep problems			

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75

1 8 6

Fatigue			
Depression			
Anxiety			
Tension			
Sweating			
Dry skin			
White flecks on nails			
Stretch marks			
Dandruff			
Limp hair			
Uncontrolled saliva flow			
Splitting finger nails			
Anorexia			
Poor appetite			
Food cravings			
Nephritis			
Lethargy			
Ridges in nails (down)			
Ridges in nails (across)			
Enuresis			

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36. Have you suffered from any of the following?
Please tick ONE appropriate response in the
table below

	Never Suffered 1	Suffer at Present 2	Suffered in the past 3	
Diabetes				30
Coeliac disease				31
Multiple sclerosis				32
Rheumatoid arthritis				33
Osteo arthritis				34
Cancer				35
Epilepsy				36
Psoriasis				37
Eczema				38
Acne				39
Squint				40
Astigmatism				41
Dyslexia				42
Dysgraphia (difficulty in writing)				43
Runny nose				44
Blocked nose				45
Catarrh				46
Asthma				47
Hay fever				48
Skin rashes				49
Parasitic infestation				50
Other (please specify)				51

: 11 :

Please answer the following questions by ticking the appropriate box(es) in the space provided

37. Have you ever suffered from, or been vaccinated against, the following:
NB: If you have suffered from the condition and been vaccinated, please tick both

	Suffered from the Condition 1	Vaccinated 2	Suffered reaction to the vaccination 3
TB			
Diphtheria			
Tetanus			
Whooping Cough			
Measles			
German Measles			
Polio			
Small Pox			
Chicken Pox			
Mumps			
Glandular Fever			
Jaundice			

1 8
7

10-12
13-15
16-18
19-21
22-24
25-27
28-30
31-33
34-36
37-39
40-42
43-45

38. Please answer the following questions by placing a tick in the appropriate box(es)

	YES 1	NO 2
Did you suffer frequent coughs, colds, tonsillitis or ear trouble as a child?		
Have you had your appendix removed?		
Have you had your tonsils removed?		
Have you had your adenoids removed?		

At what Age (years)	
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

46-48
49-51
42-54
55-57

39. Have you had any other operation? Please specify

58

40. Have you had any other condition from which you have recovered?

59

41. Please answer the following questions by ticking the appropriate response in the space provided.

	YES 1	NO 2
Have you a high raised palate? (Doctor will assess)		
Do you need frequent dental treatment?		
Do you visit your dentist at least once a year?		
Do you wear a denture?		
Do you wear, or have you ever worn, a dental brace?		
Have you suffered from impacted wisdom teeth?		
Do your gums bleed easily?		
Do you use: Fluoride tablets		
Fluoride mouthwash		
Fluoride toothpaste		
Have you had any fillings within the last 3 months?		

How many teeth have you lost?

Please tick if you suffered, or have suffered, from the following:

	Now 1	In the past 2
Crooked teeth		
Over-crowded teeth		
Protruding teeth		

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42. DRUG USE

Do you use, or have you ever used, any of the following:
NB: This information will be treated entirely
confidentially

	Never Used 1	Use Now 2	Used in the past But not now 3
Cannabis or similar drug			
Heroin or morphine			
LSD			
Mescaline			
Other (please specify)			

1 8
| | | | | | | | 8

Do you drink alcohol? YES 1 NO 2

If 'Yes' please fill in the tables below:

43. CONSUMPTION OF ALCOHOL

Please indicate for EACH of the following alcoholic
drinks how often you normally consume them.

	Not consumed 1	Less than 3 pints per week 2	3-7 pints per week 3	8-14 pts per week 4	Over 14 pints per week 5
Beer or Lager or Cider					

	Not consumed 1	Less than 3 single measures per week 2	3-7 single measures per week 3	8-14 measures per week 4	Over 14 measures per week 5
Spirits					

	Not consumed 1	Less than 3 glasses per week 2	3-7 glasses per week 3	8-14 glasses per week 4	Over 14 glasses per week 5
Wine					

	Not consumed 1	Less than 3 glasses per week 2	3-7 glasses per week 3	8-14 glasses per week 4	Over 14 glasses per week 5
Fortified wine, e.g. Sherry, Dubonnet, liqueurs					

: 14 :

SMOKING

The next questions concern your own smoking habits, if any. Please tick the appropriate response in the box(es) provided.

44. Have you ever smoked cigarettes?
(i.e. at least 1 cigarette per day or 1 oz of hand-rolling tobacco a month for as long as a year)

YES 1 NO 2

20

Please go to Question 52 if you are a non-smoker

45. Do you smoke cigarettes now?
(at least 1 cigarette per day or 1 oz of hand-rolling tobacco a month for the past year)

YES 1 NO 2

21

46. How many cigarettes PER DAY and/or ounces of hand-rolling tobacco PER WEEK do you smoke?

Cigs/day Ozs/week

22-25

47. Do you smoke a pipe?

YES 1 NO 2

26

48. Do you smoke cigars?

YES 1 NO 2

27

If Yes, number per week

28

49. Did you smoke during any previous pregnancies?

YES 1 NO 2

29

50. Have you stopped smoking?

YES 1 NO 2

30

51. How many months is it since you stopped? MTHS

31-32

52. How many hours per day do you spend breathing in other peoples smoke? HRS

33

53. Is it in a confined space with little or no ventilation?

YES 1 NO 2

34

: 15 :

DIET

The next section is concerned with aspects of your diet

54. Do you consume a special diet of any kind?

YES 1 NO 2

35

55. If yes, please tick the appropriate box(es) in the questions below:

	YES 1	NO 2	No of Months 3	
1 Fat free				
2 Gluten free				
3 Macrobiotic				
4 High fibre				
5 Vegetarian				
6 Vegan				
7 Calorie controlled				
8 Milk Free				

36-38

39-41

42-44

45-47

48-50

51-53

54-56

57-59

Please list any foods you have to avoid in the space provided below

60

: 17 :

58. Describe a typical day's diet

Breakfast	Lunch	Tea	Dinner

59. Please tick the box for the appropriate response:

Is your water supply hard or soft?	Hard	<input type="checkbox"/>	1	Soft	<input type="checkbox"/>	2	51
Is your water fluoridated	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	52
Do you have lead piping?	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	53
Do you have PVC piping?	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	54
Do you have new copper water pipes?	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	55
Do you cook with gas?	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	56
Does your home have gas fires and/ or gas central heating?	Yes	<input type="checkbox"/>	1	No	<input type="checkbox"/>	2	57

What are your main cooking utensils made of?
(eg aluminium, stainless steel).

60. Do you cook with pans made of:

	Yes 1	No 2	
Aluminium	<input type="checkbox"/>	<input type="checkbox"/>	58
Copper	<input type="checkbox"/>	<input type="checkbox"/>	59
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	60
Iron	<input type="checkbox"/>	<input type="checkbox"/>	61
Enamel	<input type="checkbox"/>	<input type="checkbox"/>	62
Other	<input type="checkbox"/>	<input type="checkbox"/>	63

Is your Kettle:

Aluminium	<input type="checkbox"/>	<input type="checkbox"/>	64
Stainless Steel	<input type="checkbox"/>	<input type="checkbox"/>	65
Copper	<input type="checkbox"/>	<input type="checkbox"/>	66

Do you use an aluminium teapot?

YES 1 NO 2 67

Do you cook in aluminium foil wrap?

YES 1 NO 2 68

Do you have an aluminium pressure cooker?

YES 1 NO 2 69

61. Do you make regular use of the following:

	YES 1	NO 2	
Spray fly-killers			70
Moth-balls			71
Mothproofed carpets/furnishings			72
Pesticides			73
Herbicides and Weedkillers			74

Do you wear:

	YES 1	NO 2	
Copper jewellery			75
Gold jewellery			76
Silver jewellery			77

Do you use Henna hair dye or rinse?

YES 1 NO 2 78

Do you use a Seleniun shampoo

YES 1 NO 2 79

62. If you have been subject to any stressful incident(s) within the past year which you feel has had a detrimental effect on your health, please specify.

80

63. Finally, please give us any information which you consider might be relevant.

Thank you for filling in this questionnaire. We hope you will appreciate how helpful you have been, both to your own future offspring and to the University of Aston Research Programme. We appreciate your cooperation.

APPENDIX 1.4

THE PATIENT QUESTIONNAIRE (PILOT STUDY)

A pilot study of the questionnaire was undertaken to identify whether there existed any problems with its content (a copy of the document is seen in Appendix A1.3). Permission was granted by one of the Foresight clinicians to use her surgery to pilot the questionnaire. The clinician was also able to find a group of six volunteers to be involved in the pilot study. The respondents were all female and half of the sample had had a previous child. The age distribution of the group was between nineteen to thirty nine years of age.

The respondents were given a copy of the questionnaire and they were "taken through" each page and were asked to make comments. Each person was seen individually for a period of forty minutes and therefore did not have the opportunity to discuss the contents of the questionnaire with the other volunteers. It was not possible due to time constraints, to ask the respondents to complete the questionnaires in writing.

Although an attempt was made not to pre-empt or 'bias' the respondents answers, an explanation of the research was made in order to put the questionnaire into some context. Although the respondents stated that they did not understand the meanings of some of the medical conditions, they all agreed that should they have suffered from these, they felt sure they would have known the meaning.

It was agreed that the questionnaire was lengthy. A number of alterations were considered necessary. It was decided that a front page "For Doctors Use Only" should be separated from the general introductory questions concerning the patients date of birth, height, weight etc. It was seen to be useful to include the units of measurement for the patients to complete for example for height, to use the measurements metres and centimetres. The question concerning the patients occupation was expanded in an attempt to increase the value of the replies obtained.

The number of categories for answers concerning previous pregnancies was reduced from six to three pregnancies.

In Section 2 concerning previous deliveries on page three, the question which asked if the baby was positioned in an unusual position was omitted and the respondents were instead asked to insert the number of weeks of pregnancy. In Section 3, concerning the postpartum period the category "puerperal infection" was altered to "infection in birth canal" because the respondents did not understand the previous question. Section 4 on page five, concerning the condition of previous babies was also slightly altered to include three additional categories (following a request made by the collaborating organisation. A question was inserted asking respondents to give details if their baby(ies) spent any time in a Special Care Baby Unit also if they suffered from any congenital abnormalities, behaviour problems or allergies. Generally the substance of the questionnaire remained the same. The section concerned with "Current Medical Treatment" on page 6 of the questionnaire was expanded and an entire page was devoted to this information. In addition, the contraceptive pill was removed from the list and an entire section was devoted to the contraceptive methods used by the respondents placed on page 8 of the revised questionnaire. The section concerning nicotine use was substantially revised following the pilot study. Additionally, the section concerning dietary intake was substantially expanded as a result of the pilot.

An entire page was devoted to assessing the frequency of consumption of various foodstuffs. The sections requesting information from respondents on the types of water supply and the metal content of their cooking utensils was expanded. It was felt that it would be useful to be able to identify the source of the trace elements and heavy metals which would be seen in the test results of the respondents. Some additional questions were included in the questionnaire which asked, for example, respondents to state if they had been subject to a stressful incident within the past year? The opportunity

to give any other relevant information was placed as the last question to enable respondents to highlight something which had not been catered for earlier in the questionnaire.

Although the pilot study of the questionnaire was limited, with all the respondents being female, it did prove to be a valuable exercise. It allowed for the identification of minor problems in the interpretation of the questions to be resolved. Six clinicians were sent a copy of the revised questionnaire and expressed their satisfaction with the final structure and layout. It was accepted that if the respondents found difficulty in completing the questionnaire their clinician would help them during their second consultation.

APPENDIX 1.5.1

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R1

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FORESIGHT RESEARCH PROJECT
CLINICIAN'S FIRST REPORT

(To be accompanied by Patients' Questionnaires and Laboratory Reports)

Foresight Clinician's Full Name _____
Clinic Address _____
Health Authority _____
Patient's Full Name _____

Date of first visit: Day Month Year

Date of follow-up visit Day Month Year

Please Answer the Following Questions by Placing a Tick for the Appropriate Response

SMOKING

Currently smoking YES NO
 1 2 22

Advised to cease? 1 2 23

DRINKING

Currently drinking? YES NO
 1 2 24

Advised to cease? 1 2 25

DIET

Currently good? 1 Fair? 2 Poor? 3 26

Advised to improve? YES NO
 1 2 27

CONTRACEPTION

Currently using the Pill or copper coil? YES NO
 1 2 28

Advised to use another method? 1 2 29

VITAMINS AND MINERALS SUPPLEMENTS

	Not Needed 1	Advised 2	Tablets per day
Foresight Vitamins			
Foresight Minerals			
Foresight Iron			
Other (please specify below)			

30 - 32

33 - 35

36 - 38

39 - 41

OTHER MEDICAL PROBLEMS

	Treatment Not Needed 1	Treatment Advised 2
Thyroid		
Vaginal Thrush		
Cystitis		
Infection		
V.D.		
Other (please specify below)		

42

43

44

45

46

47

METHOD USED FOR THE DETECTION
OF SPECIFIC CONDITIONS

	Cytotoxic Test 1	Sublingual Drop Test 2	R.A.S.T. 3	Elimination Diet 4	Skin Prick Test 5	Past Hi- story 6	Others Please specify 7
Arthritis							
Asthma							
Depression							
Diabetes							
Eczema etc.							
Epilepsy							
Migraine							
Nervous Problems							
Insomnia							
Stomach Problems							
Urinary Tract Disorders							
Other Allergic Illnesses (please specify)							

48
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TREATMENT ADVISED FOR DIAGNOSED SPECIFIC CONDITIONS

	ELIMINATION OF										
	Homeopathic drops or tablets	Sub-lingual drops	Desensitization	Cow's milk	Gluten	Artificial Additives	Other Foods (give number)	North Sea Gas	Fly Sprays	Perfumes	Other Specify
Arthritis	1	2	3	4	5	6	7	8	9	10	11
Asthma											
Depression											
Diabetes											
Eczema etc.											
Epilepsy											
Migraine											
Nervous Problems											
Insomnia											
Stomach Problems											
Urinary Tract Disorders											
Other Allergic Illnesses (specify below)											

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1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

10 - 21

22 - 33

34 - 45

46 - 57

58 - 69

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

10 - 21

22 - 33

34 - 45

46 - 57

58 - 69

1	2	3	4	5	6	7	8	9	10	11	12
---	---	---	---	---	---	---	---	---	----	----	----

10 - 21

22 - 33

34 - 45

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R2

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FORESIGHT RESEARCH PROJECT
SIX MONTH PROGRESS REPORT

Foresight Clinician's Full Name _____
Clinic Address _____
Health Authority _____
Patient's Full Name _____

1 - 8
| | | | | | | |

Date of follow-up visit: Day Month Year
 [] [] []

10 - 15

Date of six month
Progress visit: Day Month Year
 [] [] []

16 - 21

N.B. In the charts which follow:
THEN = At time of follow-up visit
NOW = At time of six-month visit

Please Complete the Table Below

Smoking Habit

THEN

NOW

Cigarettes Per Day [] [] [] []
 cigs day cigs day

22 - 25

Ounces of Hand Rolled
Tobacco Per Week [] [] [] []
 ozs week ozs week

26 - 29

Ounces of Pipe
Tobacco Per Week [] [] [] []
 ozs week ozs week

30 - 33

Cigars Per Week [] []

34 - 37

Please Complete the Following Tables by Placing a Tick for the Appropriate Response.

DRINKING HABIT

	Beer, Lager or Cider (pints per week)		Spirits (measures per week)		Wine (glasses per week)		Fortified wine e.g. Sherry, Liqueurs etc (glasses per week)	
	1	2	3	4	5	6	7	8
	Then	Now	Then	Now	Then	Now	Then	Now
None								
Under 3								
3 - 7								
8 - 14								
Over 14								

38 - 45

46 - 53

54 - 61

62 - 69

70 - 77

CONTRACEPTIVE METHOD

	THEN 1	NOW 2
The Pill		
Copper Coil		
Other Method		

10 - 11

12 - 13

14 - 15

DIET

	THEN 1	NOW 2
Good		
Fair		
Poor		

16 - 17

18 - 19

20 - 21

VITAMIN AND MINERAL SUPPLEMENTS

	Not Needed 1	Advised 2	Tablets per day	Advice Heeded		
				Fully 3	Partially 4	No 5
Foresight Vitamins						
Foresight Minerals						
Foresight Iron						
Other(Please specify below)						

22 - 25

26 - 29

30 - 33

34 - 37

OTHER MEDICAL PROBLEMS

	Not Found	Treatment Needed but Not Taken	Treatment Needed and Taken and..			
	1	2	Successful	Partially Successful	Unsuccessful	
			3	4	5	
Thyroid Problems						38 - 40
Vaginal Thrush						41 - 43
Cystitis						44 - 46
Infestation						47 - 49
V.D.						50 - 52
Other(please Specify Below)						53 - 55

DIETARY CONTROL ADVICE FOR SPECIFIC CONDITIONS

	Not Needed	Needed but not Taken	Needed & Taken :			
	1	2	Successful	Partially Successful	Unsuccessful	
			3	4	5	
Arthritis						56 -58
Asthma						59 - 61
Depression						62 - 64
Diabetes						65 - 67
Eczema etc						68 - 70

DIETARY CONTROL
CONTINUED

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1 - 8

1	2	3	4	5	6	7	8
---	---	---	---	---	---	---	---

	Not Needed	Needed but not Taken	Needed & Taken :		Unsuccessful
	1	2	Successful	Partially Successful	
	1	2	3	4	5
Epilepsy					
Migraine					
Nervous Problems					
Insomnia					
Stomach Problems					
Urinary Tract Disorders					

10 - 12
13 - 15
16 - 18
19 - 21
22 - 24
25 - 27

Any Other Allergic Illness Please Give Full Details Below

28

RUBELLA IMMUNISATION

Advised Yes No
 1 2

29

Advice Taken Yes No
 1 2

30

Please Give Full Details of any Medication which is being taken
(Please Note this may include "over the counter" drugs)

Medication Please Specify Below	Dosage Then	Dosage Now

31 - 32

APPENDIX 1.5.3

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FORESIGHT RESEARCH PROJECT
SEVEN MONTHS PREGNANCY REPORT

R3

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Foresight Clinician's Full Name _____
 Clinic Address _____
 Health Authority _____
 Patient's Full Name _____

Date of six Month Progress Visit: Day Month Year

Date of This Visit: Day Month Year

Please Answer the Following Questions by Placing a Tick for the Appropriate Response

Mother's General Health	Poor	<input type="checkbox"/>	1	Fair	<input type="checkbox"/>	2	Good	<input type="checkbox"/>	3	22
Mother's Smoking Habit	Frequent	<input type="checkbox"/>	1	Seldom	<input type="checkbox"/>	2	Never	<input type="checkbox"/>	3	23
	Severe	<input type="checkbox"/>	1	Moderate	<input type="checkbox"/>	2	Light	<input type="checkbox"/>	3	24
Exposure to Sidestream Smoke	Frequent	<input type="checkbox"/>	1	Seldom	<input type="checkbox"/>	2	Never	<input type="checkbox"/>	3	25
	Severe	<input type="checkbox"/>	1	Moderate	<input type="checkbox"/>	2	Light	<input type="checkbox"/>	3	26
Mother's Drinking Habit	Frequent	<input type="checkbox"/>	1	Seldom	<input type="checkbox"/>	2	Never	<input type="checkbox"/>	3	27
	Severe	<input type="checkbox"/>	1	Moderate	<input type="checkbox"/>	2	Light	<input type="checkbox"/>	3	28
Mother's Diet	Poor	<input type="checkbox"/>	1	Fair	<input type="checkbox"/>	2	Good	<input type="checkbox"/>	3	29

Please Complete the Table Below

<u>Mother's Weight</u>	Kgs	grammes	
Prior to pregnancy	<input type="text"/>	<input type="text"/>	30 - 33
At three months	<input type="text"/>	<input type="text"/>	34 - 37
At five months	<input type="text"/>	<input type="text"/>	38 - 41
At seven months	<input type="text"/>	<input type="text"/>	42 - 45

Please Answer the Following Questions by Placing a Tick for the Appropriate Response

Supplementation Progress

	How Many Months Taken	Full Amount 1	Partial Amount 2	None 3
Foresight Vitamins				
Foresight Minerals				
Foresight Iron				
Others (please specify)				

46 - 48

49 - 51

52 - 54

55 - 57

Medication
(please specify below)

Number of days Taken	Prescribed 1	Self administered 2

58 - 60

61 - 63

64 - 66

Problems Presenting in the First Seven Months of Pregnancy

Type of Problems

	Very Severe 1	Severe 2	Mild 3	None 4
Nausea				
Vomiting				
Constipation				
Haemorrhoids				
Kidney Problems				
High Blood Pressure				
Swollen Ankles				
Oedema				
Headaches				
Excess Fatigue				
Insomnia				
Varicose Veins				
Blood Loss				
Stretch Marks				
Leg & Foot cramps				
Back pain				
Skin Pigmentation				
Toxaemia				
Vaginal Thrush				
Herpes				
Infestation				
Poor Thyroid Function				
Other (please specify)				

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DIETARY CONTROL ADVICE FOR SPECIFIC CONDITIONS

DIETARY CONTROL
CONTINUED?

	Not Needed 1	Needed but not heeded 2	Needed and Successful 3	Heeded and..... Partially Successful 4	Unsuccessseful 5	
Arthritis						33 - 35
Asthma						36 - 38
Depression						39 - 41
Diabetes						42 - 44
Eczema						45 - 47
Epilepsy						48 - 50
Migraine						51 - 53
Nervous Problems						54 - 56
Insomnia						57 - 59
Stomach Problems						60 - 62
Urinary Tract Disorder						63 - 65
Other allergies (Please specify below)						66 - 68 <input type="checkbox"/>

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APPENDIX 1.5.4

R4

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FORESIGHT RESEARCH PROJECT
BIRTH REPORT (BABY)

Foresight Clinician's Full Name _____
Clinic Address _____
Health Authority _____
Mother's Full Name _____

1										8
---	--	--	--	--	--	--	--	--	--	---

Please Answer the Following Questions by Placing your Responses in the boxes provided.

Date of birth	Expected <input type="text"/>	Actual <input type="text"/>	10 - 21
Sex	Male <input type="text"/> 1	Female <input type="text"/> 2	22
Weight at birth	<input type="text"/> kilos	<input type="text"/> grammes	23 - 25
Weight at seven days	<input type="text"/> kilos	<input type="text"/> grammes	26 - 28
Length	<input type="text"/> cms.		29 - 30
Head circumference	<input type="text"/> cms.		31 - 32
Chest circumference	<input type="text"/> cms.		33 - 34
Head circumference/body length relativity	<input type="text"/>		35 - 36
Apgar score	<input type="text"/>		37
(Note: In the event of a stillbirth or neo-natal death, please tick the appropriate box below and then omit the next two sections).			
	Stillbirth <input type="checkbox"/> 1	Neonatal death <input type="checkbox"/> 2	38

Please Answer the Following Questions by Placing a Tick for the Appropriate Response

	Good 1	Average 2	Poor 3	Abnormal 4	
Sucking reflex					39
Alertness					40
Knee jerks					41
Startle reflex					42
Dilation of pupils					43
Response to sound					44

	None 1	Mild 2	Severe 3	Very severe 4	
Skin blemishes					45
Tongue thrush					46
Cord infection					47
Bilerubin					48
Apnoea					49
Cyanosis					50
Eye infection					51
Paronychia					52
Cerebral irritation					53
Hypoglycaemia					54
Tremor					55
Convulsions					56
Hyperhaemoglobinaemia					57

CONGENITAL MALFORMATIONS

In the event of congenital malformations, please ring clearly the appropriate numbers on the attached list and give detailed written description of each below. This list is taken from D.H.S.S. Form SD56 which District Health Authorities submit to the Office of Population Censuses and Surveys and hence its use in this Project will enable a direct comparison to be made with national statistics.

0 Central Nervous System

- 1 Anencephalus
- 2 Spina bifida
- 3 Hydrocephalus
- 4 Microcephalus
- 5 Other specified malformations of brain or spinal cord
- 6 Unspecified malformations of brain spinal cord and nervous system

1 Eye and Ear

- 1 Anophthalmos and microphthalmos
- 3 Cataract and corneal opacity
- 2 Other specified malformations of eye
- 0 Unspecified malformations of eye
- 8 Accessory auricle
- 9 Other specified malformations of ear
- 6 Unspecified malformations of ear

2 Alimentary System

- 1 Cleft lip
- 2 Cleft palate
- 6 Malformations of tongue
- 4 Tracheo-oesophageal fistula, oesophageal atresia and stenosis
- 3 Hiatus hernia
- 7 Rectal and anal atresia and stenosis
- 9 Other specified malformations of alimentary system
- 0 Unspecified malformations of alimentary system

3 Heart and Circulatory System

- 9 Specified malformations of heart and circulatory system
- 0 Unspecified malformations of heart and circulatory system

4 Respiratory System

- 1 Malformations of nose
- 9 Other specified malformations of respiratory system
- 0 Unspecified malformations of respiratory system
- 7 Malformations of diaphragm

5 Urino-genital System

- 1 Indeterminate sex and true hermaphroditism
- 7 Hypospadias, epispadias
- 2 Undescended testicle
- 4 Malformations of male external genitalia
- 3 Hydrocele
- 5 Malformations of female vagina and external genitalia
- 6 Exstrophy of bladder
- 9 Other specified malformations of urino-genital organs (includes pseudohermaphroditism)
- 0 Unspecified malformations of urino-genital organs

6 Limbs

- 0 Polydactyly
- 1 Syndactyly
- 2 Reduction deformity hand or arm
- 3 Reduction deformity leg or foot
- 4 Unspecified reduction deformity of limbs
- 5 Talipes
- 6 Congenital dislocation of hip
- 7 Other specified malformations of upper limb or shoulder
- 8 Other specified malformations of leg or pelvis
- 9 Unspecified limb malformations

7 Other parts of Musculo-skeletal System

- 1 Malformations of skull or face bones
- 2 Malformations of spine - scoliosis curvature - lordosis, not otherwise stated
- 5 Chondrodystrophy
- 4 Malformations of sternum and ribs
- 0 Other malformations of musculo-skeletal system (including congenital hernias except hiatus hernia)

8 Other Systems

- 0 Branchial cleft, cyst or fistula; pre-auricular sinus
- 1 Other malformations of face and neck
- 9 Exomphalos, omphalocele (excluding umbilical hernia)
- 2 Other unspecified malformations of muscles, skin and fascia
- 3 Pigmented naevus
- 4 Other specified malformations of skin including ichthyosis congenita
- 5 Specified malformations of hair, nails, teeth
- 6 Unspecified malformations of hair, nails or teeth

9 Other Malformations

- 0 Other and unspecified congenital malformations
- 9 Multiple congenital malformations not specified
- 4 Conjoined twins
- 3 Other monster (includes cyclops)
- 6 Down's syndrome (mongolism)
- 5 Other syndromes specified due to chromosomal abnormality
- 8 Other specified syndromes

	Easy 1	Average 2	Difficult 3	Traumatic 4
Mother's Assessment				
Doctor's Assessment				
Midwife's Assessment				

21
22
23

Description of Labour

	Yes 1	No 2
Normal delivery		
Forceps (straightforward)		
Forceps (rotation)		
Episiotomy		
Cord round neck (tight)		
Cord round neck (clamped)		
Cord round neck (cut)		
Epidural		
Pethadine		
Fenigen		
Sparine		
Intravenous dextrose		
Prostin Induction		
Syntacinon		

24
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36
37

Postnatal (mother)

	Easily 1	Average 2	Difficult 3	Not at all 4
Breast-feeding established				

38

	All the time 1	Daytimes 2	Not at all 3
Was the baby roomed in?			

39

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	Never 1	At night 2	Frequently 3
Supplementary feeds given			

40

	Day 1	Night 2	Both 3
If so, When?			

41

	None 1	Mild 2	Severe 3
Post-natal depression			
Sore nipples			
Engorgement			
Lactation failure			

42

43

44

45

APPENDIX 1.6

FORESIGHT CLINICIANS' INTERVIEW SCHEDULE

-
- 1 Clinicians Background: How long have you practiced medicine?
Do you work in the public or private sector?
Specialism: Do you specialize in any particular area of medicine?
Do you use alternative medicines?
-
- 2 Foresight Organisation: When and how did you first have contact with the Organisation?
How did you become interested in pre-conception care?
How did you become interested in Foresight?
What do you think is the role and function of Foresight?
What do you consider Foresight's role should be in the future?
Would you have provided a service of pre-conception care without the existence of Foresight?
-
- 3 Research Project: Please can you give me your comments on the following: the protocol; questionnaire and report forms.
Did you experience any problems with complying with the research?
-
- 4 Concept of Pre-conception Care: What do you consider are the most important aspects of pre-conception care?
What do you consider to be an adequate preparation time for pre-conception care?
-

5 Service of Pre-conception Care: Clinic Protocol

How long have you been providing a pre-conception care service?

Does Foresight refer patients to you?

What is your standard procedure and protocol at a clinic session?

What advice do you give?

Are you satisfied with your present provision of pre-conception care?

6 Screening Tests

What do you consider to be the advantages and disadvantages of the following analysis tests: Blood, sweat and hair?

Which trace elements do you consider to be the most important and which the least important, for preparation for pregnancy?

Vitamin and mineral Supplementation:

What recommendations do you make concerning a patients diet?

Do you advise Foresight or other vitamin and mineral supplements?

Zinc:

Do you routinely supplement pregnancy women with iron?

What do you think about the idea that iron supplementation reduces the zinc within the body?

7 Patients backgrounds:

Do couples attend or is it mainly individuals attending?

Why do patients attend?

How are patients usually referred?

Are the males who attend receptive to your advice on for example, smoking/drinking diet?

What are the occupations of your patients attending for pre-conception care?

What is the ethnicity of your patients?

Would you describe your patients as middle class or working class?

8 Development of Pre-
Conception Care Services:

What do you consider will be the future of pre-conception care?

Do you think there will be an expansion or contraction of the service?

Where would you like to see pre-conception care in the future? ie. within the NHS, as a national comprehensive service, or within private medicine?

Do you think that there should be an expansion of pre-conception care services?

What do you consider that a future service should offer?

What is your opinion on the criticism that our existing ante-natal care services are inappropriate?

We shouldn't introduce a whole new service of pre-conception care before we improve these?

APPENDIX 1.7

WEST LONDON CLINIC STAFF'S INTERVIEW SCHEDULE

Staff's background:	Please can you give me some details concerning your medical career? Do you have any particular specialization in any area of medicine? How did you become interested in pre-conception care?
---------------------	--

Background to the clinic:	Can you give me some details concerning the establishment of the pre-conception clinic? How were you involved? Were there any problems which had to be overcome? Whose responsibility was it to organise the service? Who provided the service when it was first established? What provisions were made for the training of the staff?
---------------------------	---

Concept of pre-conception care:	What do you consider are the most important aspects of pre-conception care? What do you consider to be an adequate preparation time for pre-conception care?
---------------------------------	---

Foresight Organisation:	Please can you give me your opinion concerning the Foresight organisation?
-------------------------	--

Opinions on the present pre-conception care provisions:	What are your opinions concerning the present service? Can you identify any changes which you would like to make concerning the present service? Are you satisfied with the present provision?
---	--

Clinic protocol screening tests: Which test are routinely conducted?

Can you give me your opinions on the adoption of the Quetlet Index?

What do you consider to be the advantages and disadvantages of the following analysis tests? Blood, sweat and hair?

Which trace elements do you consider to be the most important and which the least important, for preparation for pregnancy?

Vitamin and mineral supplementation: What recommendations do you make concerning a patients diet?

Do you advise the use of vitamin and mineral supplements?

Patients Backgrounds: Do couples attend or is it mainly females?

How are patients usually referred?

Do they tend to be middle or working class?

What are the occupations of your patients?

Development of pre-conception care services: How do you see the service of pre-conception care developing in the future?

Where do you consider the service might be best provided?

What do you consider will be the future for pre-conception care services?

Who do you think should be responsible for the provision of future services?

APPENDIX 1.8

INTERVIEW SCHEDULE

DHEO

District

Demographic details of the district:

What are the characteristics of population composition, rural or urban?

What are the birth rate + perinatal mortality rates?

Planning details:

What are the District priorities?

Can you give details concerning the District strategic plan?

Pre-conception care provisions within the district:

Is there a formal clinic service or does the pre-conception care consist of informal advice?

What form does the service take?

How was the service set up?

Why was it set up?

What finance has been made available to run the service?

Can you give some details concerning the staff training?

How is the service being evaluated?

Recipients of pre-conception services:

Please give details concerning the following for people who have attended for pre-conception care?

Histories
Social class
Ethnicity
Distances travelled

DHEOs attitude to pre-conception care: Which do you consider the best setting for the provision of a pre-conception care service?

Who would you like to see pre-conception care being targeted?

How do you see pre-conception care developing?

Do you think the National Health Service should provide pre-conception care?

DHEOs attitude to existing maternity health care provisions: Have you identified any problems concerning these services?

What are your opinions concerning the argument that existing ante-natal care services should be improved prior to the introduction of a new provision of pre-conception care?



PATIENT QUESTIONNAIRE CODE BOOKQuestionnaire Code Book

<u>Question</u>	<u>Question code</u>	
Age	Yrs	
Sex	Male	1
	Female	2
Height	Metres	
	Cms	
Weight	Kilogramme	
	Gramme	
Country of birth	England	1
	Ireland	2
	Scotland	3
	Wales	4
	America)	5
	Canada)	
	Italy)	6
	France)	
	Germany)	
	Netherlands)	
	Cyprus)	7
	S Africa)	
	Thailand)	
	Zambia)	
	Zimbabwe)	
Nationality	British	1
	Irish	2
	French)	3
	Dutch)	
	Italian)	
	American	4
	Cypriot	5
	Thai	6
	Other	7
Present job	Sales or clerical	1
	Prof or technical	2
	Operator of machinery	3
	Labourer	4
	Manager	5
	Service worker	6

<u>Question</u>	<u>Question Code</u>	
Job title	Teachers	1
	Accountants	2
	Personnel	3
	Economists	4
	Marketing	5
	Nurses	6
	Farm manager	7
If no paid job, how do you describe yourself	Unemployed	1
	Housewife	2
	Retired	3
	Disabled	4
	In further education	5
	Other	6
	Self employed	7
Where you live	Rural	1
	Suburban	2
	Mkt town	3
	Urban	4
Regularity of periods	Regular	1
	Irregular	2
	None	3
If regular, how frequent	26-28 days	1
	29-31 days	2
	32-37 days	3
Length of periods	3 days or less	1
	4-6 days	2
	7 days or longer	3
Pain severe enough to trouble you?	Yes	1
	No	2
Medication for this	Yes	1
	No	2
If yes, specify (medication for periods)	Anadin	1
	Disprin	2
	Feminax	3
	Feminax + Panadol	4
	Anadin + Paracetamol	5
	Solpadeine + B6	6
	Mixture (various)	7
Gain weight (water retention) at any time in the cycle?	Yes	1
	No	2
Trying for a baby? If yes, how long?	Under 3 months	1
	4-12 months	2
	Over 12 months	3
	Over 2 years	4
	Never or No	5
	Not yet	6

<u>Question</u>	<u>Question code</u>	
Have you had any miscarriages	Yes	1
	No	2
If yes how many	No. of miscarriages	<input type="text"/>
Miscarriage(s) in weeks	Weeks	<input type="text"/>
No of previous pregnancies including stillbirths.	Number	<input type="text"/>
If previous children, any pregnancies complicated:-		
Pregnancy 1.	Excessive morning sickness	1
	Excessive headaches	2
	High blood pressure	3
	Bleeding in preg	4
	Miscarriage	5
	Stillborn	6
	Died within 7 days	7
Pregnancy 2.	Excessive morning sickness	1
	Excessive headaches	2
	High blood pressure	3
	Bleeding in preg	4
	Miscarriage	5
	Stillborn	6
	Died within 7 days	7
Pregnancy 3.	Excessive morning sickness	1
	Excessive headaches	2
	High blood pressure	3
	Bleeding in preg	4
	Miscarriage	5
	Stillborn	6
	Died within 7 days	7
Anything else unusual about the pregnancies?	Ectopic pregnancy	1
	Termination of preg	2
	Premature delivery	3
	Neonatal death	4
	Waters leaking/anaemia	5
	Premature labour	6
	Other	7
Were all previous pregnancies with the same partner?	Yes	1
	No	2
Deliveries		
Delivery 1.	Caesarean section	1
	Induced	2
	Forceps birth	3
	No of weeks of preg	<input type="text"/>

<u>Question</u>	<u>Question Code</u>
Delivery 2.	Caesarean section 1
	Induced 2
	Forceps birth 3
	No of weeks of preg <input type="text"/>
Delivery 3.	Caesarean section 1
	Induced 2
	Forceps birth 3
	No of weeks of preg <input type="text"/>
Postpartum Period Pregnancy 1.	Postpartum Haemorrhage 1
	Retained placenta 2
	Infection in birth canal 3
	Birth Blues 4
	Rejection of baby 5
Pregnancy 2.	Postpartum Haemorrhage 1
	Retained placenta 2
	Infection in birth canal 3
	Birth blues 4
	Rejection of baby 5
Pregnancy 3.	Postpartum Haemorrhage 1
	Retained placenta 2
	Infection in birth canal 3
	Birth blues 4
	Rejection of baby 5
Never well since a pregnancy? If yes	Depression, worsening periods & PMT & headaches 1
	General lethargy following previous termination, dizziness & palpitations, headaches. 2
	Tension, anxiety, stress, fatigue & depression 3
	Extreme tiredness 4
Breastfeed any previous children?	Yes 1
	No 2

<u>Question</u>	<u>Question code</u>	
How long did you continue to breastfeed?		
Before additional feeding	Pregnancy 1.	<input type="text"/>
	Pregnancy 2.	<input type="text"/>
	Pregnancy 3.	<input type="text"/>
After additional feeding	Pregnancy 1.	<input type="text"/>
	Pregnancy 2.	<input type="text"/>
	Pregnancy 3.	<input type="text"/>
Problems with breastfeeding		
Pregnancy 1.	Lactation failure	1
	Sore nipples	2
	Engorgement	3
	Leaking	4
Pregnancy 2.	Lactation failure	1
	Sore nipples	2
	Engorgement	3
	Leaking	4
Pregnancy 3.	Lactation failure	1
	Sore nipples	2
	Engorgement	3
	Leaking	4
Specify reasons for stopping breastfeeding.	Consultant wouldn't allow	1
	Baby not satisfied & felt sore	2
	Wanted more freedom	3
	Milk reduced <u>or</u> baby lost interest	4
	It seemed right time to stop (weaned)	5
	Couldn't cope with breastfeeding	6
	Second pregnancy, Combination of factors	7
Problems with previous children		
Runny nose/eyes	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Jaundiced	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Chest problems	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3

<u>Question</u>	<u>Question code</u>	
Problems with previous children continued.		
Cradle Cap	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Croup	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Excessive Nappy Rash	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Fever with teething	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Poor sleep patterns	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Hyperactivity	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Eczema	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Colic	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Diarrhoea	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Excessive crying	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Excessive dribbling	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
Ear Infection	Pregnancy 1	1
	Pregnancy 2	2
	Pregnancy 3	3
If baby spent time in special care baby unit - specify problems.	Low APGAR Score	1
	Baby premature	2
	Baby suffering from hypothermia & jaundiced	3
	Baby suffering from congenital abnormal.	4
	Prematurity & jaund.	5
	Following surgery for diaphragmatic hernia	6
	Only 2 days - slight temperature	7

<u>Question</u>	<u>Question code</u>		
Any other problems with previous children?	Dyslexia	1	
	Multiple congenital abnormalities	2	
	Colobonia in eye	3	
	Normal children	4	
	Squint	5	
	Spina bifida & Hydrocephalus	6	
	Cerebral palsy & microcephalic	7	
Any behavioural problems or allergies?	Allergic to cows milk, eggs & cheese, penicillin, house dust, mites & grass pollen	1	
	Slight gross motor development & allergic to cows milk & soya milk	2	
	Excessive screaming, very active	3	
	Bad at getting to sleep at night & allergy to oranges	4	
Have you suffered persistently from any one of the following during your life?	Ear, nose, throat infection	Yes	1
		No	2
	Chest infection	Yes	1
		No	2
	Urine infection	Yes	1
		No	2
	Kidney infection	Yes	1
		No	2
	Vaginal infection	Yes	1
		No	2
	Pelvic infection	Yes	1
		No	2
	V.D.	Yes	1
		No	2
	Thrush	Yes	1
		No	2
	Any others, specify	Yes	1
No		2	
Herpes		3	
Herpes & Gonorrhoea		4	

<u>Question</u>	<u>Question code</u>	
Are you allergic to any of the following?		
Drugs	Yes	1
	No	2
Elastoplast	Yes	1
	No	2
Animals	Yes	1
	No	2
Penicillin	Yes	1
	No	2
Pollen	Yes	1
	No	2
North sea gas	Yes	1
	No	2
Any others (specify)	Some metals, dust	1
	mites	
	Strong sunlight	2
Are you allergic to foods, please list them		
	Dairy products	1
	Tea, coffee	2
	Cereals	3
	Meat	4
	Additives, flavouring	5
	preserved, tinned	
	food	
	Fruit	6
	Combination of above	7
Current Medical Treatment		
Are you currently under medical treatment?	Yes	1
	No	2
	Months	<input type="text"/>
	Type	<input type="text"/>
Currently taking any drugs?	Yes	1
	No	2
	Months	<input type="text"/>
	Type	<input type="text"/>
Pain killers?	Yes	1
	No	2
	Months	<input type="text"/>
	Type	<input type="text"/>
Laxatives	Yes	1
	No	2
	Months	<input type="text"/>
	Type	<input type="text"/>

<u>Question</u>	<u>Question code</u>	
Current medical treatment continued.		
Indigestion medicines	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Sleeping tablets	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Anti-depressants	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Tranquilisers	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Antibiotics	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Anti-histamines	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Diabetic medicine	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Epilepsy medication	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Steroids for asthma	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>
Diuretics	Yes	1
	No	2
	Months Type	<input type="text"/> <input type="text"/>

<u>Question</u>	<u>Question code</u>	
Do you take regularly:-	Months used	<input type="text"/> <input type="text"/>
Vitamin supplements	Yes	1
	No	2
Mineral supplements	Yes	1
	No	2
Homeopathic remedies	Yes	1
	No	2
Herbal medicines	Yes	1
	No	2
Are you <u>currently</u> using any of the following?		
Contraceptive Pill	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Copper intra uterine device	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Plastic intra uterine device	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
The diaphragm/spermicides	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
The sheath/spermicides	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6

<u>Question</u>	<u>Question code</u>	
Morning-after Pill	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Rhythm method	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Withdrawal	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Billings mucous observation method	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Other (specify)	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Have you <u>previously</u> used any of the following?		
Contraceptive Pill	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Copper intra-uterine device	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6

<u>Question</u>	<u>Question code</u>	
<u>Previous</u> contraceptive methods continued.		
Plastic intra-uterine device	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
The diaphragm/spermicides	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
The sheath/spermicides	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Morning-after Pill	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Rhythm method	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Withdrawal	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Billings mucous method	Yes	1
	No	2
Length of time used	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6

<u>Question</u>	<u>Question code</u>	
<u>Previous</u> contraceptive method continued.		
Other	Yes	1
	No	2
Length of time used (sterilised)	Under 3 months	3
	4-12 months	4
	Over 1 year	5
	Over 2 years	6
Have you suffered from any of the following conditions?		
Migraine	Never suffered	1
	Suffer at present	2
	Suffered in past	3
Other types of headache	Never suffered	1
	Suffer at present	2
	Suffered in past	3
Dizzy spells	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Fainting	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Palpitations	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Poor circulation	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Feeling the cold	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Pins and needles	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Leg cramps	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Varicose veins	Never suffer	1
	Suffer at present	2
	Suffered in past	3

<u>Question</u>	<u>Question code</u>	
Phlebitis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Thrombosis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Swollen ankles	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Indigestion	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Stomach pains	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Bloating feeling	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Constipation	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Diarrhoea	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Cystitis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Aching muscles	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Round shoulders	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Scoliosis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Lower back pain	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Knock knee	Never suffer	1
	Suffer at present	2
	Suffered in past	3

<u>Question</u>	<u>Question code</u>	
Flat feet	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Sleep problems	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Fatigue	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Depression	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Anxiety	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Tension	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Sweating	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Dry skin	Never suffer	1
	Suffer at present	2
	Suffered in past	3
White flecks on nails	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Stretch marks	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Dandruff	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Limp hair	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Uncontrolled saliva flow	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Splitting finger nails	Never suffer	1
	Suffer at present	2
	Suffered in past	3

<u>Question</u>	<u>Question code</u>	
Anorexia	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Poor appetite	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Food cravings	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Nephritis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Lethargy	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Ridges in nails (down)	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Ridges in nails (across)	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Enuresis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Have you suffered from any of the following?		
Diabetes	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Coeliac disease	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Multiple sclerosis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Rheumatoid arthritis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Osteo arthritis	Never suffer	1
	Suffer at present	2
	Suffered in past	3

<u>Question</u>	<u>Question code</u>	
Cancer	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Epilepsy	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Psoriasis	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Eczema	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Acne	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Squint	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Astigmatism	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Dyslexia	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Dysgraphia (difficulty in writing)	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Runny nose	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Blocked nose	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Catarrh	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Asthma	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Hay Fever	Never suffer	1
	Suffer at present	2
	Suffered in past	3

<u>Question</u>	<u>Question code</u>	
Skin rashes	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Parasitic infestation	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Other (please specify)	Never suffer	1
	Suffer at present	2
	Suffered in past	3
Have you suffered from the following conditions and/or been vaccinated?		
TB	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Diphtheria	Suffered from condition	1
	Vaccinated	2
	Suffered from reaction to vaccination	3
	Don't know	4
Tetanus	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Whooping cough	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Measles	Suffered from condition	1
	Vaccinated	2
	Suffered from reaction to vaccination	3
	Don't know	4
German measles	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Polio	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4

<u>Question</u>	<u>Question code</u>	
Smallpox	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Chickenpox	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Mumps	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Glandular fever	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Jaundice	Suffered from condition	1
	Vaccinated	2
	Suffered reaction to vaccination	3
	Don't know	4
Did you suffer frequent coughs, colds, tonsillitis or ear trouble as a child?	Yes	1
	No	2
At what age?		<input type="text"/>
Have you had your appendix removed?	Yes	1
	No	2
At what age?		<input type="text"/>
Have you had your tonsils removed?	Yes	1
	No	2
At what age?		<input type="text"/>
Have you had your adenoids removed?	Yes	1
	No	2
At what age?		<input type="text"/>

<u>Question</u>	<u>Question code</u>	
Have you had any other operation?	D & C	1
	Laparoscopy	2
	Cystoscopy	3
	Tubal surgery	4
	Caesarean	5
	Wisdom teeth	6
	Hernia/combination of above	7
Have you had any other condition from which you have recovered?	Pre-cell cervical cancer	1
	Hernia	2
	Bronchitis, scarlet fever	3
	Malaria/Tachardia	4
	Unconfirmed Crohns disease	5
	Pneumonia/Hepatitis	6
	Broken limb	7
TEETH		
Have you a high raised palate?	Yes	1
	No	2
Do you need frequent dental treatment?	Yes	1
	No	2
Do you visit your dentist at least once a year?	Yes	1
	No	2
Do you wear a denture?	Yes	1
	No	2
Do you wear or have ever worn a dental brace?	Yes	1
	No	2
Have you ever suffered from impacted wisdom teeth?	Yes	1
	No	2
Do your gums bleed easily?	Yes	1
	No	2
Do you use flouride tablets?	Yes	1
	No	2
Do you use flouride mouthwash?	Yes	1
	No	2
Do you use flouride toothpaste?	Yes	1
	No	2
Have you had any fillings within the last 3 months?	Yes	1
	No	2
How many teeth have you lost?		<input type="text"/>

<u>Question</u>	<u>Question code</u>	
Have you suffered from the following?		
Crooked teeth	Now	1
	In the past	2
	No	3
Over-crowded teeth	Now	1
	In the past	2
	No	3
Protruding teeth	Now	1
	In the past	2
	No	3
DRUG USE		
Do you use or have you ever used any of the following?		
Cannabis or similar drug?	Never used	1
	Used now	2
	Used in past but not now	3
Heroin or morphine?	Never used	1
	Used now	2
	Used in past but not now	3
LSD	Never used	1
	Used now	2
	Used in past but not now	3
Mescaline	Never used	1
	Used now	2
	Used in past but not now	3
Other (please specify)	Never used	1
	Used now	2
	Used in past but not now	3
Do you drink alcohol?	Yes	1
	No	2

QuestionQuestion code

CONSUMPTION OF ALCOHOL

For each of the alcoholic drinks
- how often do you consume them?

Beer or lager or cider	Not consumed	1
	3 pints per week	2
	3-7 pints per week	3
	8-14 pints per week	4
	Over 14 pints per week	5
Spirits	Not consumed	1
	3 measures per week	2
	3-7 measures per week	3
	8-14 measures per week	4
	Over 14 measures per wk	5
Wine	Not consumed	1
	3 glasses per wk	2
	3-7 glasses per wk	3
	8-14 glasses per wk	4
	Over 14 glasses per wk	5
Fortified wine, eg, sherry, dubonnet, liqueurs	Not consumed	1
	Less than 3 glasses/wk	2
	3-7 glasses per wk	3
	8-14 glasses per wk	4
	Over 14 glasses per wk	5

SMOKING

Have you ever smoked cigarettes? (ie, at least 1 cig per day or loz of hand-rolling tobacco a month for as long as a year)	Yes	1
	No	2
Do you smok cigarettes now? (1 cigarette a day or loz of hand-rolled a month for a year)	Yes	1
	No	2
How many cigarettes per day and/ or ounces of hand-rolling tobacco PER WEEK do you smoke?	Cigarettes/day	<input type="text"/>
	Ounces/week	<input type="text"/>
Do you smoke a pipe?	Yes	1
	No	2
Do you smoke cigars?	Yes	1
	No	2
If yes, how many per week?	1 per month	1
	15 per week	2
Did you smoke during any pregnancies?	Yes	1
	No	2

<u>Question</u>	<u>Question code</u>	
Have you stopped smoking?	Yes	1
	No	2
How many months is it since you stopped?		<input type="text"/> <input type="text"/>
How many hours per day do you spend breathing in other people's smoke?		<input type="text"/> hrs
Is it in a confined space with little or no ventilation?	Yes	1
	No	2
DIET		
Do you consume a special diet of any kind?	Yes	1
	No	2
If yes, tick following:		
Fat free	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>
Gluten free	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>
Macrobiotic	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>
High fibre	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>
Vegetarian	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>
Vegan	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>
Calorie controlled	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>
Milk free	Yes	1
	No	2
	No. of months	<input type="text"/> <input type="text"/>

QuestionQuestion code

Please list other foods you
have to avoid.

Dairy products	1
Tea, coffee	2
Cereals	3
Meat (red)	4
Additives, flavourings preserved, tinned foods	5
Fruit	6
Other (combinations of above)	7

How often do you consume the
following?

Coffee

Never	1
Infrequently (1 a week)	2
Frequently (once daily)	3
More frequently (more than one a day)	4

Coffee complement or coffee
mate

Never	1
Infrequently	2
Frequently	3
More frequently	4

Tea

Never	1
Infrequently	2
Frequently	3
More frequently	4

Soft drinks

Never	1
Infrequently	2
Frequently	3
More frequently	4

Raw sugar

Never	1
Infrequently	2
Frequently	3
More frequently	4

Refined sugar

Never	1
Infrequently	2
Frequently	3
More frequently	4

Chocolate

Never	1
Infrequently	2
Frequently	3
More frequently	4

Other sweets

Never	1
Infrequently	2
Frequently	3
More frequently	4

<u>Question</u>	<u>Question code</u>	
Cakes or biscuits	Never	1
	Infrequently (1 a week)	2
	Frequently (once daily)	3
	More frequently (more than one a day)	4
Cereals/breakfast foods	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
White bread	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Wholemeal bread	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Corn and corn products	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Root vegetables	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Salads	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Milk	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Eggs	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Cheese	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Butter	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4

<u>Question</u>	<u>Question code</u>	
Margarine	Never	1
	Infrequently (1 a week)	2
	Frequently (once daily)	3
	More frequently (more than once a day)	4
Vegetable oil	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Yogurt	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Potatoes	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Tomatoes	Never	1
	Infrequently	2
	Frequently	3
	More frequently	3
Oranges	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Bananas	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Other fruit	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Dried fruit	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Fish	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Beef	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4

<u>Question</u>	<u>Question code</u>	
Lamb	Never	1
	Infrequently (once/week)	2
	Frequently (once daily)	3
	More frequently (more than once a day)	4
Chicken	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Liver	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Kidneys	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Other offal	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Preserved meats	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Salt	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Nuts	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Fast foods	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Tinned foods	Never	1
	Infrequently	2
	Frequently	3
	More frequently	4
Do you buy organic food when possible?	Yes	1
	No	2

<u>Question</u>	<u>Question code</u>	
Is your water supply hard or soft?	Hard	1
	Soft	2
Is your water fluoridated?	Yes	1
	No	2
Do you have lead piping?	Yes	1
	No	2
Do you have PVC piping?	Yes	1
	No	2
Do you have new copper water pipes?	Yes	1
	No	2
Do you cook with gas?	Yes	1
	No	2
Does your house have gas fires and/or gas central heating?	Yes	1
	No	2
Do you cook with pans made of:		
Aluminium	Yes	1
	No	2
Copper	Yes	1
	No	2
Stainless steel	Yes	1
	No	2
Iron	Yes	1
	No	2
Enamel	Yes	1
	No	2
Other	Yes	1
	No	2
Is your kettle:		
Aluminium	Yes	1
	No	2
Stainless steel	Yes	1
	No	2
Copper	Yes	1
	No	2
Do you use an aluminium teapot?	Yes	1
	No	2

<u>Question</u>	<u>Question code</u>	
Do you cook in aluminium wrap?	Yes	1
	No	2
Do you have an aluminium pressure cooker?	Yes	1
	No	2
Do you make regular use of the following?		
Spray fly-killer	Yes	1
	No	2
Moth-balls	Yes	1
	No	2
Moth-proofed carpets/furnishings	Yes	1
	No	2
Pesticides	Yes	1
	No	2
Herbicides	Yes	1
	No	2
Do you wear:		
Copper jewellery	Yes	1
	No	2
Gold jewellery	Yes	1
	No	2
Silver jewellery	Yes	1
	No	2
Do you use henna dye or rinse?	Yes	1
	No	2
Do you use selenium shampoo?	Yes	1
	No	2
Have you been subject to any stressful incident within the past year which you feel has had a detrimental effect on your health?		
	Domestic stress/marital problems	1
	Financial problems	2
	Previous or poor obstetric incident	3
	Feelings of failure/lack of self-confidence	4
	Family problems	5
	Employment problems	6
	Combination of above	7

APPENDIX 1.9.2

PATIENT
QUESTIONNAIRE

VARIABLE LABELS/CODEBOOK

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
<u>Card 1</u>			
VAR 001	Dr/Patient Code	1 - 8	9.0
002	Age	10 - 11	2.0
003	Sex	12	1.0
004	Height	13 - 15	3.0
005	Weight	16 - 18	3.0
006	Country of birth	19	1.0
007	Nationality	20	1.0
008	Present Job	21	1.0
009	Job Title	22	1.0
010	If not paid - how described	23	1.0
011	Where you live	24	1.0
012	Regularity of periods	25	1.0
013	Frequency of periods	26	1.0
014	Length of periods	27	1.0
015	Period pain?	28	1.0
016	Medication - if periods painful	29	1.0
017	Specification of medication	30	1.0
018	Water retention with period Y/N	31	1.0
019	Length of time trying for baby	32	1.0
020	Any miscarriage	33	1.0
021	Number of miscarriages	34	1.0
022	Miscarriage - Number of weeks	35 - 36	2.0
023	Number of previous pregnancies (Including stillbirth)	37	1.0
<u>Pregnancy complications</u>			
024	Preg 1 Excessive morning sickness	38	1.0
025	Preg 1 Excessive headaches	39	1.0
026	Preg 1 High blood pressure	40	1.0
027	Preg 1 Bleeding in pregnancy	41	1.0
028	Preg 1 Miscarriage	42	1.0
029	Preg 1 Stillborn	43	1.0
030	Preg 1 Died within 7 days	44	1.0
031	Preg 2 Excessive morning sickness	45	1.0
032	Preg 2 Excessive headaches	46	1.0
033	Preg 2 High blood pressure	47	1.0
034	Preg 2 Bleeding in pregnancy	48	1.0
035	Preg 2 Miscarriage	49	1.0
036	Preg 2 Stillborn	50	1.0
037	Preg 2 Died within 7 days	51	1.0
038	Preg 3 Excessive morning sickness	52	1.0
039	Preg 3 Excessive headaches	53	1.0
040	Preg 3 High blood pressure	54	1.0
041	Preg 3 Bleeding in pregnancy	55	1.0
042	Preg 3 Miscarriage	56	1.0
043	Preg 3 Stillborn	57	1.0
044	Preg 3 Died within 7 days	58	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
VAR 045	Anything else unusual. Any pregnancies	59	1.0
046	Previous pregnancies with same partner	60	1.0
	<u>Deliveries</u>		
047	Delivery 1 Caesarean Section	61	1.0
048	" 1 Induced	62	1.0
049	" 1 Forceps birth	63	1.0
050	" 1 No of weeks of pregnancy	64 - 65	2.0
051	" 2 Caesarean Section	66	1.0
052	" 2 Induced	67	1.0
053	" 2 Forceps birth	68	1.0
054	" 2 No of weeks of pregnancy	69 - 70	2.0
055	" 3 Caesarean Section	71	1.0
056	" 3 Induced	72	1.0
057	" 3 Forceps birth	73	1.0
058	" 3 No of weeks of pregnancy	74 - 75	2.0
	<u>Card 2</u>		
	<u>Postpartum Period</u>		
059	Preg 1 Postpartum Haemorrhage	10	1.0
060	" 1 Retained placenta	11	1.0
061	" 1 Infection of birth canal	12	1.0
062	" 1 Birth blues	13	1.0
063	" 1 Rejection of baby	14	1.0
064	" 2 Postpartum Haemorrhage	15	1.0
065	" 2 Retained placenta	16	1.0
066	" 2 Infection of birth canal	17	1.0
067	" 2 Birth blues	18	1.0
068	" 2 Rejection of baby	19	1.0
069	" 3 Postpartum Haemorrhage	20	1.0
070	" 3 Retained placenta	21	1.0
071	" 3 Infection of birth canal	22	1.0
072	" 3 Birth blues	23	1.0
073	" 3 Rejection of baby	24	1.0
074	Never felt well since having a pregnancy	25	1.0
075	Did you breastfeed previous children?	26	1.0
076	Preg 1 No of months breastfeeding BEFORE additional feeding	27 - 28	2.0
077	" 1 Breastfeeding AFTER additional feeding	29 - 30	2.0
078	" 2 No of months breastfeeding BEFORE additional feeding	31 - 32	2.0
079	" 2 Breastfeeding AFTER additional feeding	33 - 34	2.0
080	" 3 No of months breastfeeding BEFORE additional feeding	35 - 36	2.0

VARIABLE	LABEL		COLUMN NO	FIELD WIDTH
VAR 081	Preg 3	Breastfeeding AFTER additional feeding	37 - 38	2.0
082	Preg 1	Lactation failure	39	1.0
083	" 1	Sore nipples	40	1.0
084	" 1	Engorgement	41	1.0
085	" 1	Leaking	42	1.0
086	" 2	Lactation failure	43	1.0
087	" 2	Sore nipples	44	1.0
088	" 2	Engorgement	45	1.0
089	" 2	Leaking	46	1.0
090	" 3	Lactation failure	47	1.0
091	" 3	Sore nipples	48	1.0
092	" 3	Engorgement	49	1.0
093	" 3	Leaking	50	1.0
094	Reason for stopping breastfeeding		51	1.0
	<u>Condition of baby</u>			
095	Preg 1	Runny nose/eyes	52	1.0
096	Preg 2	Runny nose/eyes	53	1.0
097	Preg 3	Runny nose/eyes	54	1.0
098	Preg 1	Jaundiced	55	1.0
099	Preg 2	Jaundiced	56	1.0
100	Preg 3	Jaundiced	57	1.0
101	Preg 1	Chest problems	58	1.0
102	Preg 2	Chest problems	59	1.0
103	Preg 3	Chest problems	60	1.0
104	Preg 1	Cradle cap	61	1.0
105	Preg 2	Cradle cap	62	1.0
106	Preg 3	Cradle cap	63	1.0
107	Preg 1	Croup	64	1.0
108	Preg 2	Croup	65	1.0
109	Preg 3	Croup	66	1.0
110	Preg 1	Excessive nappy rash	67	1.0
111	Preg 2	Excessive nappy rash	68	1.0
112	Preg 3	Excessive nappy rash	69	1.0
113	Preg 1	Fever with teething	70	1.0
114	Preg 2	Fever with teething	71	1.0
115	Preg 3	Fever with teething	72	1.0
116	Preg 1	Poor sleep patterns	73	1.0
117	Preg 2	Poor sleep patterns	74	1.0
118	Preg 3	Poor sleep patterns	75	1.0
119	Preg 1	Hyperactivity	76	1.0
120	Preg 2	Hyperactivity	77	1.0
121	Preg 3	Hyperactivity	78	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
<u>Card 3</u>			
VAR 122	Preg 1 Eczema	10	1.0
123	Preg 2 Eczema	11	1.0
124	Preg 3 Eczema	12	1.0
125	Preg 1 Colic	13	1.0
126	Preg 2 Colic	14	1.0
127	Preg 3 Colic	15	1.0
128	Preg 1 Diarrhoea	16	1.0
129	Preg 2 Diarrhoea	17	1.0
130	Preg 3 Diarrhoea	18	1.0
131	Preg 1 Excessive crying	19	1.0
132	Preg 2 Excessive crying	20	1.0
133	Preg 3 Excessive crying	21	1.0
134	Preg 1 Excessive dribbling	22	1.0
135	Preg 2 Excessive dribbling	23	1.0
136	Preg 3 Excessive dribbling	24	1.0
137	Preg 1 Ear infection	25	1.0
138	Preg 2 Ear infection	26	1.0
139	Preg 3 Ear infection	27	1.0
140	Baby in SBCU	28	1.0
141	Other problems with previous children	29	1.0
142	Behaviour problems or allergies <u>Suffered persistently from following infections</u>	30	
143	Ear, nose and throat infections	31	1.0
144	Chest infections	32	1.0
145	Urine infection	33	1.0
146	Kidney infection	34	1.0
147	Vaginal infection	35	1.0
148	Pelvic infection	36	1.0
149	V D	37	1.0
150	Thrush	38	1.0
151	Any other	39	1.0
	<u>Allergic conditions to any of following</u>		
152	Drugs	40	1.0
153	Elastoplast	41	1.0
154	Animals	42	1.0
155	Penicillin	43	1.0
156	Pollen	44	1.0
157	North Sea Gas	45	1.0
158	Any others	46	1.0
159	List foods you are allergic to	47	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
<u>Card 4</u>			
VAR 160	Currently under medical treatment	10	1.0
161	Number of months (medical treatment)	11 - 12	2.0
162	Currently taking drugs	13	1.0
163	Number of months (drugs)	14 - 15	2.0
164	Currently taking pain killers	16	1.0
165	Number of months (pain killers)	17 - 18	2.0
166	Currently taking laxatives	19	1.0
167	Number of months (laxatives)	20 - 21	2.0
168	Currently taking indigestion medicines	22	1.0
169	Number of months (indigestion medicines)	23 - 24	2.0
170	Currently taking sleeping tablets	25	1.0
171	Number of months (sleeping tablets)	26 - 27	2.0
172	Currently taking anti-depressants	28	1.0
173	Number of months (anti depressants)	29 - 30	2.0
174	Currently taking tranquillisers	31	1.0
175	Number of months (tranquillisers)	32 - 33	2.0
176	Currently taking anti-biotics	34	1.0
177	Number of months (anti-biotics)	35 - 36	2.0
178	Currently taking anti-histamines	37	1.0
179	Number of months (anti-histamines)	38 - 39	2.0
180	Currently taking diabetic medication	40	1.0
181	Number of months (diabetic medication)	41 - 42	2.0
182	Currently taking epilepsy medication	43	1.0
183	Number of months (epilepsy medication)	44 - 45	2.0
184	Currently taking steroids for asthma	46	1.0
185	Number of months (steroids for asthma)	47 - 48	2.0
186	Currently taking diuretics	49	1.0
187	Number of months (diuretics)	50 - 51	2.0
188	Do you regularly take vitamin supplements	52	1.0
189	Number of months (vitamin supplements)	53 - 54	2.0
190	Do you regularly take mineral supplements	55	1.0
191	Number of months (mineral supplements)	56 - 57	2.0
192	Do you regularly take homeopathic rem's	58	1.0
193	Number of months (homeopathic remedies)	59 - 60	2.0
194	Do you regularly take herbal medicines	61	1.0
195	Number of months (herbal medicines)	62 - 63	2.0
<u>Card 5</u>			
	Contraceptive practices		
196	Currently use contraceptive pill	10	1.0
197	Length of time used (pill)	11	1.0
198	Currently use Copper IUD	12	1.0
199	Length of itme used (Copper IUD)	13	1.0
200	Currently use Plastic IUD	14	1.0
201	Length of time used (Plastic IUD)	15	1.0
202	Currently use diaphragm (spermicides)	16	1.0
203	Length of time used (diaphragm/spermids)	17	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
VAR 204	Currently using sheath (spermicides)	18	1.0
205	Length of time (sheath/spermicides)	19	1.0
206	Currently using morning-after pill	20	1.0
207	Length of time (morning-after pill)	21	1.0
208	Currently using rhythm method	22	1.0
209	Length of time (rhythm method)	23	1.0
210	Currently using withdrawal	24	1.0
211	Length of time (withdrawal)	25	1.0
212	Currently using Billing mucous method	26	1.0
213	Length of time (Billing mucous method)	27	1.0
214	Other methods	28	1.0
215	Length of time using other methods	29	1.0
216	Previously using contractive pill	30	1.0
217	" number of months (pill)	31	1.0
218	Previously using Copper IUD	32	1.0
219	" number of months (Copper IUD)	33	1.0
220	Previously using Plastic IUD	34	1.0
221	" number of months (Plastic IUD)	35	1.0
222	Previously using Diaphragm/Spermicides	36	1.0
223	" no of months (Diaphragm/Spermicides)	37	1.0
224	Previously using Sheath/Spermicides	38	1.0
225	" number of months (Sheath/Spermicides)	39	1.0
226	Previously using morning-after pill	40	1.0
227	" number of months (morning-aft pill)	41	1.0
228	Previously using rhythm method	42	1.0
229	" number of months (rhythm method)	43	1.0
230	Previously using withdrawal	44	1.0
231	" number of months (withdrawal)	45	1.0
232	Previously using Billings mucous method	46	1.0
233	" number of months (Billings method)	47	1.0
234	Previously using other method	48	1.0
235	" number of months (other method)	49	1.0
	Suffered from the following		
236	Migraine	50	1.0
237	Other headaches	51	1.0
238	Dizzy spells	52	1.0
239	Fainting	53	1.0
240	Palpitations	54	1.0
241	Poor circulation	55	1.0
242	Feeling the cold	56	1.0
243	Pins and needles	57	1.0
244	Leg cramps	58	1.0
245	Varicose veins	59	1.0
246	Phlebitis	60	1.0
247	Thrombosis	61	1.0
248	Swollen ankles	62	1.0
249	Indigestion	63	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
	Suffered from (Cont'd)		
VAR 250	Stomach pains	64	1.0
251	Bloated feeling	65	1.0
252	Constipation	66	1.0
253	Diarrhoea	67	1.0
254	Cystitis	68	1.0
255	Aching muscles	69	1.0
256	Round shoulders	70	1.0
257	Scoliosis	71	1.0
258	Lower back pain	72	1.0
259	Knock knee	73	1.0
260	Flat feet	74	1.0
261	Sleep problems	75	1.0
<u>Card 6</u>	Suffered from following		
VAR 262	Fatigue	10	1.0
263	Depression	11	1.0
264	Anxiety	12	1.0
265	Tension	13	1.0
266	Sweating	14	1.0
267	Dry skin	15	1.0
268	White flecks on nails	16	1.0
269	Stretch marks	17	1.0
270	Dandruff	18	1.0
271	Limp hair	19	1.0
272	Uncontrolled saliva flow	20	1.0
273	Splitting finger nails	21	1.0
274	Anorexia	22	1.0
275	Poor appetite	23	1.0
276	Food cravings	24	1.0
277	Nephritis	25	1.0
278	Lethargy	26	1.0
279	Ridges down nails	27	1.0
280	Ridges across nails	28	1.0
281	Enuresis	29	1.0
282	Diabetes	30	1.0
283	Coeliac disease	31	1.0
284	Multiple Sclerosis	32	1.0
285	Rheumatoid Arthritis	33	1.0
286	Other arthritis	34	1.0
287	Cancer	35	1.0
288	Epilepsy	36	1.0
289	Psoriasis	37	1.0
290	Eczema	38	1.0
291	Acne	39	1.0
292	Squinting	40	1.0
293	Astigmatism	41	1.0
294	Dyslexia	42	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
	Suffered from (Cont'd)		
VAR 295	Dysgraphia	43	1.0
296	Runny nose	44	1.0
297	Blocked nose	45	1.0
298	Catarrh	46	1.0
299	Asthma	47	1.0
300	Hay Fever	48	1.0
301	Skin rashes	49	1.0
302	Parasitic infections	50	1.0
303	"Other" (specify)	51	1.0
<u>Card 7</u>			
304	TB	10 12	3.0
305	Diphtheria	13 15	3.0
306	Tetanus	16 18	3.0
307	Whooping Cough	19 21	3.0
308	Measles	22 24	3.0
309	German Measles	25 27	3.0
310	Polio	28 30	3.0
311	Smallpox	31 33	3.0
312	Chickenpox	34 36	3.0
313	Mumps	37 39	3.0
314	Glandular Fever	40 42	3.0
315	Jaundice	43 45	3.0
316	Did you suffer frequent colds, tonsilitis, ear trouble as a child	46	1.0
317	At what age (ear trouble, tonsilitis as a child)	47 48	2.0
318	Have you had appendix removed	49	1.0
319	At what age (appendix removed)	50 51	2.0
320	Have you had tonsils removed	52	1.0
321	At what age (tonsils removed)	53 54	2.0
322	Have you had adenoids removed	55	1.0
323	At what age (adenoids removed)	56 57	2.0
324	Specification of any other operation	58	1.0
325	Specification of a Condition (recovered)	59	1.0
326	Have you had a high raised palate	60	1.0
327	Do you need frequent dental treatment	61	1.0
328	Do you visit dentist at least once a year	62	1.0
329	Do you wear a denture	63	1.0
330	Do you, or have you ever worn a brace	64	1.0
331	Do you, or have you ever suffered from impacted wisdom teeth	65	1.0
332	Do your gums bleed easily	66	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
VAR 333	Do you use flouride tablets	67	1.0
334	Do you use flouride mouthwash	68	1.0
335	Do you use flouride toothpaste	69	1.0
336	Have you had fillings within the last three months	70	1.0
337	How many teeth LOST	71 72	2.0
338	Suffered from crooked teeth	73	1.0
339	Suffered from over-crowded teeth	74	1.0
340	Suffered from protruding teeth	75	1.0
<u>Card 8</u>	Drug Use		
341	Ever/use now Cannabis	10	1.0
342	Ever/use now Heroin or Morphine	11	1.0
343	Ever/use now LSD	12	1.0
344	Ever/use now Mescaline	13	1.0
345	Ever/use now OTHER (Specify)	14	1.0
346	Do you drink alcohol	15	1.0
347	Quantity of beer/lager consumed	16	1.0
348	Quantity of spirits consumed	17	1.0
349	Quantity of wine consumed	18	1.0
350	Quantity of wine/sherry consumed	19	1.0
351	Have you ever smoked cigarettes	20	1.0
352	Do you smoke cigarettes now	21	1.0
353	Quantity of cigarettes consumed per day	22 23	2.0
354	Quantity of tobacco consumed per week	24 25	2.0
355	Do you smoke a pipe	26	1.0
356	Do you smoke cigars	27	1.0
357	Number of cigars consumed per week	28	1.0
358	Did you smoke during any previous pregnancies	29	1.0
359	Have you stopped smoking	30	1.0
360	Number of months since stopping	31 32	2.0
361	Hours per day breathing others' smoke	33	1.0
362	Is it in a confined space (others ")	34	1.0
363	Do you consume SPECIAL DIET	35	1.0
364	Do you consume a Fat-free diet	36	1.0
365	Months consumed (Fat-free)	37 38	2.0
366	Do you consume a Gluten-free diet	39	1.0
367	Months consumed (Gluten-free diet)	40 41	2.0
368	Do you consume a Macrobiatic diet	42	1.0
369	Months consumed (Macrobiatic diet)	43 44	2.0
370	Do you consume a High-fibre diet	45	1.0
371	Months consumed (High-fibre diet)	46 47	2.0
372	Do you consume a Vegetarian diet	48	1.0
373	Months consumed (Vegetarian diet)	49 50	2.0
374	Do you consume a Vegan diet	51	1.0
375	Months consumed (Vegan diet)	52 53	2.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
VAR 376	Do you consume a Calorie-controlled diet	54	1.0
377	Months consumed (Calorie-controlled ")	55 56	2.0
378	Do you consume a Milk-free diet	57	1.0
379	Months consumed (Milk-free diet)	58 59	2.0
380	List of foods you avoid	60	1.0
<u>Card 9</u>	Consumption of following		
381	Coffee (frequency consumed)	10	1.0
382	Coffee Compliment/Mate	11	1.0
383	Tea	12	1.0
384	Soft drinks	13	1.0
385	Raw sugar	14	1.0
386	Refined sugar (frequency consumed)	15	1.0
387	Chocolate	16	1.0
388	Other sweets	17	1.0
389	Cakes or biscuits	18	1.0
390	Cereals/breakfast foods	19	1.0
391	White bread	20	1.0
392	Wholemeal bread	21	1.0
393	Corn & corn products	22	1.0
394	Root vegetables	23	1.0
395	Salads	24	1.0
396	Milk	25	1.0
397	Eggs	26	1.0
398	Cheese	27	1.0
399	Butter	28	1.0
400	Margarine	29	1.0
401	Vegetable Oil	30	1.0
402	Yoghurt	31	1.0
403	Potatoes	32	1.0
404	Tomatoes	33	1.0
405	Oranges	34	1.0
406	Bananas	35	1.0
407	Other fruit	36	1.0
408	Dried fruit	37	1.0
409	Fish	38	1.0
410	Beef	39	1.0
411	Lamb	40	1.0
412	Chicken	41	1.0
413	Liver	42	1.0
414	Kidneys	43	1.0
415	Other offal	44	1.0
416	Preserved meats	45	1.0
417	Salt	46	1.0
418	Nuts	47	1.0
419	Fast foods	48	1.0
420	Tinned foods	49	1.0
421	Do you buy organic foods	50	1.0

VARIABLE	LABEL	COLUMN NO	FIELD WIDTH
VAP. 422	Is water supply hard of soft	51	1.0
423	Is water flouridated	52	1.0
424	Do you have lead piping	53	1.0
425	Do you have PVC piping	54	1.0
426	Do you have new Copper water pipes	55	1.0
427	Do you cook with gas	56	1.0
428	Does home have gas fires/gas central heating	57	1.0
429	Do you cook with pans of aluminium	58	1.0
430	Do you cook with pans of copper	59	1.0
431	Do you cook with pans of stainless steel	60	1.0
432	Do you cook with pans of iron	61	1.0
433	Do you cook with pans of enamel	62	1.0
434	Other pans (specify)	63	1.0
435	Kettle : Aluminium	64	1.0
436	Kettle : Stainless steel	65	1.0
437	Kettle : Copper	66	1.0
438	Do you use an aluminium tea-pot	67	1.0
439	Do you cook in aluminium foil-wrap	68	1.0
440	Do you have an aluminium pressure cooker	69	1.0
441	Do you regularly use spray fly killers	70	1.0
442	Do you regularly use moth-balls	71	1.0
443	Do you regularly used moth-proofed carpets	72	1.0
444	Do you regularly use pesticides	73	1.0
445	Do you regularly use herbicides/weed killers	74	1.0
446	Do you wear copper jewellery	75	1.0
447	Do you wear gold jewellery	76	1.0
448	Do you wear silver jewellery	77	1.0
449	Do you use Henna hair dye or tint	78	1.0
450	Do you use a selenium shampoo	79	1.0
451	Subject to stressful incident	80	1.0

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4534

18th February 1986

Dear Dr

RE: FORESIGHT PROJECT

Further to our discussion which has now been transcribed I am now attempting to pull the different strands together to form an overview of the current thinking amongst collaborating doctors.

I therefore enclose a transcript of the interview with you and I should be grateful if you would confirm that it is substantially correct.

Nim Barnes is extremely anxious to receive the views of all the Foresight clinicians on the Foresight protocol. I shall be grateful therefore if you would confirm that you have no objection for a copy to be sent to Nim for the confidential use of the Foresight Committee.

Once again many thanks for the time you gave to help me.

Kindest regards,

Yours sincerely,

Maureen A Lyons

APPENDIX 2.1.1 (female)

FEMALE

PRECONCEPTION QUESTIONNAIRE

WEST LONDON HOSPITAL (CHARING CROSS HOSPITAL)

52.
FOR OFFICE USE

1.1
2

0			
2	3	4	5

6	7	8	9	10	11

1 Date of Visit

NAME

UNIT NO.

ADDRESS

2 Tel.No.Home

D.O.B.

G.P.NAME

Age

ADDRESS

12	13	14	15	16	17

3 RELIGION

NEXT OF KIN

MARITAL STATUS: SINGLE

 1

MARRIED

 2

DIVORCED

 3

SEPARATED

 4

WIDOWED

 5

COHABIT.

 6

 18

4 YEARS MARRIED/PARTNERSHIP

COUNTRY OF BIRTH

 19 20

5 RACE: ASIAN

 1

CAUCASIAN

 2

NEGRO

 3

ORIENTAL

 4

OTHER

 5

 21

6 PRESENT AND PAST OCCUPATION

 22

7 WHO REFERRED YOU TO THIS CLINIC?

GP

 1

HOSPITAL DOCTOR

 2

SELF

 3

OTHER

 4

 23

8 WHY DID YOU COME TO THE CLINIC?

 24 25

9 WHOSE IDEA WAS IT TO COME TO THE CLINIC:

YOUR OWN

 1

YOUR PARTNER

 2

OTHER PERSON

 4

 26

10 DO YOU TRAVEL BY: CAR P.TRANS. CYCLE
WALKING OTHER 53.

8 16 4
27 28

11 EXERCISE: WALKING JOGGING SWIMMING
BALL GAMES KEEP FIT OTHER

8 16 32 4

HOW OFTEN? 29 30

12 DIETARY INFORMATION:
Recall yesterday's menu (or typical day) -
Before breakfast
Breakfast
Elevenses
Lunch
Tea
Supper
Snack

12 HOW MANY TIMES DO YOU HAVE: Chicken
Fish
Red Meat
Offal
Cheese
Eggs

31
32
33
34
35
36

13 DO YOU MAINLY BUY VEGETABLES: FRESH FROZEN TINNED

1 2 3

37

14 HOW MANY MEALS PER WEEK ARE: Grilled
Fried
Oven

38 39
40 41
42 43

15 DO YOU DRINK ALCOHOL YES NO

1 2

44

16 DO YOU DRINK: WINE SPIRITS BEER/LAGER

1 2 4

45

17 IF YES, HOW MANY GLASSES Per week

46 47

18 HOW MUCH MILK DAILY 1/2pt 1/2pt 1 pt

1 2 3

48

19	IS YOUR MILK MAINLY: WHOLE <input type="checkbox"/> SEMI-SKIM <input type="checkbox"/> SKIMMED <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂ <input type="checkbox"/> ₃	<input type="checkbox"/> ₄₉ 54.
20	HOW MANY CUPS OF TEA DAILY?		<input type="text"/> ₅₀ <input type="text"/> ₅₁
21	HOW MANY CUPS OF COFFEE DAILY?		<input type="text"/> ₅₂ <input type="text"/> ₅₃
22	DO YOU HAVE SUGAR IN DRINKS? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₅₄
23	IF YES, HOW MANY SPOONS PER CUP?		<input type="text"/> ₅₅
24	DO YOU HAVE FRUIT DAILY? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₅₆
25	IF NO, HOW OFTEN, A WEEK?		<input type="text"/> ₅₇
26	DO YOU EAT MAINLY, BROWN BREAD <input type="checkbox"/> WHITE BREAD <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₅₈
27	ARE YOU VEGETARIAN? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₅₉
28	HAVE YOU CHANGED YOUR DIET? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₆₀
29	IF SO, WHEN AND HOW?		
30	ARE YOU HAPPY WITH YOUR WEIGHT? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₆₁
31	IF NO, TOO HEAVY <input type="checkbox"/> TOO LIGHT <input type="checkbox"/>	<input type="checkbox"/> ₁ <input type="checkbox"/> ₂	<input type="checkbox"/> ₆₂

MEDICAL HISTORY
PLEASE TICK BOXES

55.
FOR OFFICE USE

1
 2 3 4 5

FAMILY HISTORY OF ABNORMALITIES YES 1 NO 2
IF SO, PLEASE GIVE DETAILS:

6

TICK BOX IF YOU HAVE HAD
MUMPS 1 CHICKEN POX 2
G. MEASLES 3 OTHER INFECTION 16
MEASLES 4

7 8

34 TICK BOX IF YOU HAVE HAD
FIBROIDS 1 OVARIAN CYST 2
DIABETES 3 BACK TROUBLE 16
T.B. 4 HIGH B. PRESSURE 64
HEART DISEASE 32 NONE 123

9 10 11

Have you any other medical condition?

35 TICK BOX IF YOU HAVE HAD THESE OPERATIONS
TONSILS 1 APPENDIX 2 BR. BONE 4
HEART 3 THYROID 16 ABDOMINAL 32
KIDNEY 64 WOMB, TUBES, OVARIES 128 NONE 256

12 13 14

36 DO YOU HAVE ANY ALLERGY? PLEASE TICK BOX
DUST 1 DAIRY PROD. 2
PLANTS 4 OTHER FOODS 8
ANIMALS 16 DRUGS 32
STICKING PLASTER 64 OTHERS 128 NONE 256

15 16 17

37 HAVE YOU BEEN TREATED FOR DEPRESSION?
MILD 1 HOSPITALISED 3
MODERATE 2 NONE 4

18

FOR OFFICE USE:

38 ARE YOU TAKING ANY PILLS OR MEDICINES? YES NO 19

39 PRESCRIBED BY DOCTOR YES NO 20
 DETAILS 1 2

40 SELF-PRESCRIBED MEDICINE YES NO 21
 DETAILS 1 2

41 DO YOU SMOKE NOW? YES NO 22
 1 2

42 HAVE YOU EVER SMOKED? YES NO 23
 1 2

43 IF YES, FOR HOW MANY YEARS? 24

44 DO YOU SMOKE? CIGARETTES CIGARS PIPE 25
 1 2 4

45 HOW MANY CIGARETTES/CIGARS PER DAY?
 < 5 5 10 15 20 40 > 40 26
 1 2 3 4 5 6 7

Gynaecological History

46 How old were you when you had your first period? 27 28

47 How many days do you bleed? 29 30

48 How many days between the first day of one period and the next? 31 32 33

49 Are your periods painful? NO MILD SEVERE 34
 1 2 3

50 Do you have Premenstrual Tension? YES NO 35
 1 2

51 Do you have bleeding between periods? YES NO 36
 1 2

52 Have you noticed any change in your periods? YES NO 37
 1 2
 When
 What

OFFICE USE.

53 Do you have any problems with intercourse YES NO

57
 58

54 Do you have bleeding after intercourse YES NO

39

55 Please tick box if you have had a vaginal infection
How often? NONE 16
THRUSH 1 Trichomonas 2
V.D. 4 OTHER 3

40 41

56 What contraception are you using?
SHEATH 1 SHEATH & PESSARIES 2
CAP/DIAPHRAGM 4 COIL/IUCD 3
SPONGE 16 RHYTHM 5
OESTROGEN PILL 256 BILLINGS 64 PESSARIES 128
PROGESTERONE ONLY PILL 52 NONE 1024

42 43 44 45

57 What methods have you used in the past and when?

46 47 48 49

58 Have you been investigated for Infertility? YES 1 NO 2

50

59 When do you want to be pregnant? Within 3 months 1
Within 6 months 2 Within 1 year 3 Later 4

51

60 Are you trying to get pregnant? YES 1 NO 2

52

61 How long have you been tryingmonths

53 54

62 Have you ever been pregnant? YES 1 NO 2

55

63 If Yes, how many times?
Pregnancies to be discussed fully at your visit

56 57

64 Ectopic pregnancy? YES 1 NO 2

58

65 Number of children.....

3
0 0 1 58.
2 3 5

66 First Child: APH PET Hypertension UTI
Praevia Elective LSCS
Prem.Labour Others NONE

6 7
P 9 10

67 IVI Induced Syntocinon
Pethidine Epidural Episiotomy None

11 12 13

68 SVD Forceps KEILLANDS Em. LSCS

14

69 1°PPH 2°PPH Ret. placenta Sepsis
None

15 16

70 Male Female

17

71 Wt.....Kilograms

18 19 20 21 22

72 Live birth SB VND Later death

22 22

73 Second Child: APH PET Hypertension UTI
Praevia Elective LSCS
Prem.Labour Others NONE

23 26 27

74 IVI Induced Syntocinon
Pethidine Epidural Episiotomy None

28 29 30

75 SVD Forceps Keillands Em.LSCS

31

76 1°PPH 2°PPH Ret.placenta Sepsis None

32 33

77 Male Female

34

78 Wt.....Kilograms

35 36 37 38

79 Live birth SB NND Later death 59.

80 Third Child: APH PPT Hypertension UTR
Praevia El. LSCS Prem. Labour
Others None

81 Induced IVI Syntocinon Pethidine
Epidural Episiotomy None

82 SVD Forceps Keillands EM.LSCS

83 1°PPH 2°PPH Ret.placenta Sepsis
None

84 Male Female

85 Wt.....Kilograms

86 Live birth SB NND Later death

87 ABORTIONS YES NO

88 If Yes, how many?

89 First abortion. Gestation in weeks ..

90 Spontaneous Missed Septic Legal
Hydaliiform

91 Second abortion. Gestation in weeks ..

92 Spontaneous Missed Septic Legal
Hydaliiform

93 Third abortion. Gestation in weeks ..

94 Spontaneous Missed Septic Legal
Hydaliiform

95	Fourth abortion.	Gestation in weeks				<input type="text"/> <input type="text"/>	60.
96	Spontaneous Hydaliiform	<input type="checkbox"/> <input type="checkbox"/>	Missed <input type="checkbox"/>	Septic <input type="checkbox"/>	Legal <input type="checkbox"/>	<input type="text"/>	73
97	Fifth abortion.	Gestation in weeks				<input type="text"/> <input type="text"/>	
98	Spontaneous Hydaliiform	<input type="checkbox"/> <input type="checkbox"/>	Missed <input type="checkbox"/>	Septic <input type="checkbox"/>	Legal <input type="checkbox"/>	<input type="text"/>	76
99	Sixth abortion.	Gestation in weeks				<input type="text"/> <input type="text"/>	
100	Spontaneous Hydaliiform	<input type="checkbox"/> <input type="checkbox"/>	Missed <input type="checkbox"/>	Septic <input type="checkbox"/>	Legal <input type="checkbox"/>	<input type="text"/>	79

FOR DOCTOR'S USE

4				
---	--	--	--	--

Appearance
Hair
Teeth
Nails
Breasts

NAD

	6
	7
	8
	9
	10

Abdo.
Vulva
Vagina
Cervix
Uterus

	11
	12
	13
	14
	15

Tubes
Ovaries
Discharge
Urine
BP

	16
	17
	18
	19
	20

Wt. Kilograms

--	--	--	--	--	--

Ht. Metres

--	--	--	--	--	--

Quintetlet Index = $\frac{Wt}{Ht^2}$

Spare Box

0	0
---	---

Blood group A B AB O

	21
--	----

Rhesus Neg Pos

	22
--	----

If positive Antibodies Neg Pos S = N/A

	23
--	----

Rubella Neg Pos
 STS Neg Pos
 Hepatitis Neg Pos

	24
	25
	26
	27

Toxoplasmosis	Neg	<input type="checkbox"/>	Pos	<input type="checkbox"/>	62.
CMV	Neg	<input type="checkbox"/>	Pos	<input type="checkbox"/>	
MSU	Neg	<input type="checkbox"/>	Pos	<input type="checkbox"/>	
HVS	Neg	<input type="checkbox"/>	Pos	<input type="checkbox"/>	63
Cx smear	Neg	<input type="checkbox"/>	Pos	<input type="checkbox"/>	64
Hb					65
B ₁₂					66
Red cell folate					67
Serum folate					68
Serum iron					69
TIBC					70
Serum copper					71
Serum Zinc					72
<u>Recommendations</u>		<u>Yes</u>	<u>No</u>	<u>Description</u>	
Medical		<input type="checkbox"/>	<input type="checkbox"/>		73
Smoking		<input type="checkbox"/>	<input type="checkbox"/>		74
Alcohol		<input type="checkbox"/>	<input type="checkbox"/>		75
Contraceptive		<input type="checkbox"/>	<input type="checkbox"/>		76
Pregnancy Spacing		<input type="checkbox"/>	<input type="checkbox"/>		77
Drugs		<input type="checkbox"/>	<input type="checkbox"/>		78
Exercise		<input type="checkbox"/>	<input type="checkbox"/>		79
Diet		<input type="checkbox"/>	<input type="checkbox"/>		80
Genetic		<input type="checkbox"/>	<input type="checkbox"/>		81
Psychological		<input type="checkbox"/>	<input type="checkbox"/>		82
Others		<input type="checkbox"/>	<input type="checkbox"/>		83
Sexual		<input type="checkbox"/>	<input type="checkbox"/>		84

FOLLOW UP

APPENDIX 2.1.2 (male)

MALE

PRECONCEPTION QUESTIONNAIRE

1. NAME

DATE OF BIRTH

COUNTRY OF BIRTH

5					64.
0					1, 4, 5
6	7	8	9	10	

2. RACE

ASIAN

 1

CAUSIAN

 2

NEGRO

 3

ORIENTAL

 4

OTHER

 5

 12

3. PRESENT AND PAST OCCUPATION

 13

4. FAMILY HISTORY OF ABNORMALITIES

YES

 1

NO

 2

 14

5. TICK BOX IF YOU HAVE HAD :

MUMPS

 1

CHICKEN POX

 2

GERMAN MEASLES

 4

OTHER INFECTION

 8

MEASLES

 16

NONE

 32

 15, 16

6. TICK BOX IF YOU HAVE HAD :

DIABETES

 1

BACK TROUBLE

 2

TUBERCULOSIS

 4

HIGH BLOOD PRESSURE

 8

HEART DISEASE

 16

OTHER

 64

NONE

 32

 17, 18, 19

Have you had any other medical condition?

7. TICK BOX IF YOU HAVE HAD THESE OPERATIONS

TONSILS

 1

APPENDIX

 2

BR BONE

 4

HEART

 8

THYROID

 16

ABDOMINAL

 32

KIDNEY

 64

OTHER

 128

NONE

 256

 20, 21, 22

8. DO YOU HAVE ANY ALLERGY ?

Please tick box

DUST

 1

DAIRY FOOD

 2

PLANTS

 4

OTHER FOOD

 8

ANIMALS

 16

DRUGS

 32

STICKING PLASTER

 64

OTHERS

 128

NONE

 256

 23, 24, 25

9. HAVE YOU BEEN TREATED FOR DEPRESSION ?

MILD

 1

HOSPITALISED

 2

MODERATE

 3

NONE

 4

 26

10. ARE YOU TAKING ANY PILLS OR MEDICINES? YES NO 65.

11. PRESCRIBED BY DOCTOR YES NO
 Details 1 2

12. SELF PRESCRIBED YES NO
 Details 1 2

13. DO YOU SMOKE ? YES NO
 1 2

14. DO YOU SMOKE CIGARETTES 1 CIGARS 4
 PIPE 2

15. IF YES, FOR HOW MANY YEARS? 32 33

16. HOW MANY CIGARETTES/CIGARS A DAY?
 < 5 1 5 2 10 3 15 4 20 5 40 6 40 7 34

17. DO YOU LIVE IN A HOUSE 1 FLAT 2 35

18. HOW OLD IS YOUR HOME ? 36 37 38

19. HOW MANY ROOMS ? 39 40
 (not including kitchen/bathroom)

20. ARE YOUR WATER PIPES COPPER 1 LEAD 2 41

21. DO YOU HAVE A GARDEN? YES 1 NO 2 42

22. DO YOU LIVE ON A MAIN ROAD YES 1 NO 2 43

23. DO YOU LIVE IN A CITY 1 TOWN 2
 COUNTRY 3 44

24. ARE YOU EXPOSED TO WORK HAZARDS ? YES 1 NO 2 45

25. DO YOU TRAVEL BY: CAR 1 PUBLIC TRANSPORT 2 WALKING 3 CYCLE 4 OTHER 5 46 47

26. EXERCISE
 WALKING 1 JOGGING 2 SWIMMING 4
 BALL GAMES 8 KEEPFIT 16 OTHER 32 66.
 HOW OFTEN

27. IS YOUR JOB ACTIVE INDOORS SEDENTARY OUTDOORS

DIETARY INFORMATION

Recall yesterday's menu (or typical day)
 Before breakfast
 Breakfast
 Elevenses
 Lunch
 Tea
 Supper
 Snack

28. How many times a week do you have:
 CHICKEN 52
 FISH 53
 RED MEAT 54
 OFFAL 55
 CHEESE 56
 EGGS 57

29. DO YOU MAINLY BUY VEGETABLES FRESH 1 FROZEN 2 TINNED 3 58

30. HOW MANY MEALS PER WEEK ARE GRILLED 59 FRIED 60 OVEN COOKED 61 62 63 64

31. DO YOU DRINK ALCOHOL YES 1 NO 2 65

32. DO YOU DRINK WINE 1 SPIRITS 2 BEER/LAGER 4 66

33. IF YES, HOW MANY GLASSES per week 67 68

34. HOW MUCH MILK DAILY? 1 1/2pt 2 1/2pt 3 1pt 69

35. IS YOUR MILK MAINLY WHOLE 1 SEMI SKIMMED 2 SKIMMED 3 70

36. HOW MANY CUPS OF TEA DAILY 71 72

67.
FOR OFFICE

0	1	2	3	4	5
6	7	8	9	10	11

38. DO YOU HAVE SUGAR IN DRINKS YES NO
1 2

39. IF YES, HOW MANY SPOONS PER CUP 7

40. DO YOU HAVE FRUIT DAILY? YES NO
1 2

41. IF NO, HOW OFTEN PER WEEK 9

42. DO YOU EAT MAINLY BROWN BREAD WHITE BREAD
1 2

43. ARE YOU A VEGETARIAN? YES NO
1 2

44. HAVE YOU CHANGED YOUR DIET? YES NO
1 2

45. IF SO, WHEN AND HOW

46. ARE YOU HAPPY WITH YOUR WEIGHT? YES NO
1 2

47. IF NO, TOO HEAVY TOO LIGHT
1 2

48. PARTNER PRESENT AT CONSULTATION YES NO
1 2

49. RECOMMENDATIONS	YES	NO	DESCRIPTION
Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 16
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 18
Contraceptive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 19
Drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 20
Exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 21
Diet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22
Genetic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 23
Psychological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24
Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 25

Introductory Letter

Dear

This letter is to introduce the idea of Preconception Care and the Clinic at the West London Hospital. We realise that some people are uncertain about the service offered.

It is becoming evident that to produce a fit, healthy child (and mother) adequate preparation by BOTH prospective parents is a tremendous help. In a way it is like going on a long car journey: you usually make sure everything is in the best possible condition before starting the engine!

We offer a comprehensive assessment of physical well-being, which includes medical history, check-up, diet and life-style.

To save time at the first session, we have enclosed a questionnaire for both of you to fill in. If there are any queries, leave them and we will discuss them together. All the information is relevant so that we can pick up any loopholes.

Much of our advice is based on common-sense, with perhaps a few suggestions about adjusting your life-style. However, we can only advise; it is up to you to benefit from it.

The staff at the Clinic consists of 4 midwives who work in other areas in the Unit and Mrs. Haddad, a doctor who is especially interested in this field. She is an obstetrician and gynaecologist.

The visit should take about 1-1½ hours and further visits will be arranged as needed. We hope to meet both of you, but of course this is entirely up to you. Please do not forget to bring the questionnaire.

Yours sincerely,

Faith Haddad, MD, MRCOG.

APPENDIX 3.1

THINGS WE WANT JOHN KIDD TO FIND OUT.

1. Do people suffering from diabetes have low: Chromium, Zinc, Manganese, Cobalt, Selenium in their hair? Does this correlate with high sugar consumption? With high refined carbohydrate consumption? With regular alcohol consumption?
2. Do people who show allergic responses have low manganese in their hair? Also low zinc? Also low sodium? Also low potassium? Also high calcium?
3. Do people who smoke, who are exposed to high levels of hydrocarbons have low selenium in their hair?
4. Do people who have asthma and hay-fever have low levels of selenium in their hair?
5. Do parents who have previously had babies with damaged hearts and / or kidneys have low levels of nickel in their hair?
6. Do parents who have previously had a spastic baby have low levels of manganese in their hair?
7. Do parents who have previously had a spastic baby have high toxic metals in their hair. (as one high toxic metal).
8. Do parents who have produced a small baby have low levels of vanadium in the hair?
9. Do parents who have produced a small baby have low levels of zinc in the hair?
10. Is low calcium in a parent connected with poor thyroid function? Does this correct with iron/ kelp/ iodine/ magnesium (?)
11. Is high sodium and potassium in the hair connected with high heavy metals?
12. Is high sodium and potassium in the hair connected with taking steroids?
13. Is low sodium and potassium in the hair connected with allergic syndromes.
14. Is low iron in the hair connected with high calcium. Does this reverse when iron is supplemented?
15. Is very high potassium in the hair connected with depression?
16. Is very high copper in the hair (110ppm plus) connected with stillbirth, neural tube defects, spasticity, Down's Syndrome hyperactivity and allergic syndromes in the previous baby?
17. Is very low copper connected with mental retardation in the previous baby? Also reduced growth rate, albinism, fine fragile bones, ataxia, small brain and perinatal death.

18. Is low iron in the parents connected with eye defects, brain defects, bone defects and perinatal death in previous children?
19. Is low zinc in the parent connected with low birth weight, anoxia, failure to grow, seborrhoea, anathy, lethargy, defects in eyes, kidneys, brain, bone, and neural tube defects, in the previous child? Also rejection of previous baby?
20. Is low zinc in the parent connected with high alcohol consumption, use of the contraceptive pill, the coil, refined carbohydrates, recent surgery, burns, emotional trauma, surgery?
21. Is Low zinc in a parent connected with allergic syndromes, pregnancy sickness, premenstrual tension, irregular or non-existent menses?
22. Is low zinc in the mother connected with post partum depression, slow birth, lactation failure, sore nipples, engorgement, breast abscess after previous pregnancy?
23. Are consumption of coffee, alcohol, tea, found in inverse ratio to severity of pregnancy sickness?
24. Is smoking found in inverse ratio to sickness in previous pregnancies?
25. Is lack of manganese connected with excessive salivation in previous pregnancy?
26. Is lack of manganese connected with allergic problems in the parent? Also with poor thyroid function?
27. Is lack of manganese connected with epilepsy in the parent?
28. Is lack of manganese connected with depression in the parent?
29. Is lack of manganese connected with lack of bonding, lactation failure after previous birth?
30. Is lack of manganese connected with hearing loss, ataxia, fits, bone malformation, colic, faulty cartilage and bone matrix formation (Congenital hip?) heart problems, learning difficulties, hyper-activity, eczema, asthma or croup in children of previous pregnancy?
31. Do parents with low chromium have lethargy, and mood swings?
32. Do parents with low chromium have eye defects in children of previous pregnancies? Also diabetes?
33. Is low manganese in parents connected with use of insecticides, pesticides etc?
34. Is low manganese in parents connected with high toxic metals in hair samples?
35. Do parents with low selenium in the hair suffer from muscle weakness and infertility?
36. Do parents with low selenium in the hair have Down's syndrome in children of previous pregnancies?
37. Do parents with low selenium have problems with pancreas and liver function?

38. Is high selenium in the hair connected with the use of Selsun or Lenium shampoo, even some months prior to the taking of the sample? Also with use of Xerox copying machines?
39. Is high selenium in the hair connected with brain damage to baby in previous pregnancies?
40. Parents who show low zinc and manganese in their hair are connected with neural tube defects in a child of the previous pregnancy, whether or not they have high toxic metals?
41. Parents who show low zinc and manganese in their hair are connected with other skeletal deformities such as cleft palate and talipes in a previous pregnancy?
42. Mothers who have low trace minerals generally (zinc, manganese, copper and/or iron) are more likely to have a baby with mental retardation in a previous pregnancy?
43. Low magnesium in the parent may be connected with anxiety, shakiness, poor sleep patterns?
44. Low magnesium in the parent may be connected with ataxia, screaming, poor sleep patterns in a child by a previous pregnancy?
45. Are low levels of trace minerals in parents connected with: Allergies; Coeliac Condition; Vegetarian Diet; No Organic Food; High Consumption of Tea; Coffee; Alcohol; Sugar; Refined Carbohydrates; Packet and Tinned Foods?
46. Are low levels of trace minerals in parents connected with: High Toxic Metals; from whatever source?
47. Are low levels of trace minerals in the mother connected with the contraceptive pill; frequent pregnancies; slimming; prolonged breast-feeding?
48. Is a low level of trace minerals connected with the high raised palate in the parents? Also frequent caries? Orthodontal treatment?
49. Is a low level of trace minerals connected with the high raised palate, frequent caries, orthodontal treatment, asymmetrical skull in the child by a previous pregnancy.
50. Is a low level of zinc/manganese/ selenium connected with respiratory/ urinary/vaginal tract infections?
51. Does eating excessive amounts of offal produce high lead in either parent?
52. Does eating excessive amounts of offal produce high lead in a child of a previous pregnancy?
53. Are high levels of copper in the mother connected with use of oral contraception, the copper coil, copper jewelry or Henna hair preparations.
54. Are high levels of copper in either parent connected with high copper in drinking water, soft acid water, new copper water pipes, (less than 2 yrs old) Ascot water heater, swimming in pool where copper algicide is employed?

55. Are high levels of lead in the parent connected with urban and/or suburban dwelling? With high levels of lead in the water supply? With eating of tinned foods?
56. Are high levels of mercury in parents connected with recent dental treatment - fillings? Also with frequent eating of fish?
57. Are high levels of cadmium in parents connected with smoking? Also with cadmium in drinking water?
58. Are high levels of aluminium in parents connected with use of aluminium pans, patty tins, kettles, teapots, pressure cookers? Cooking in foil? Use of foil saucers for pies? Coffee-late and Compliment?
59. Do high levels of toxic metals in the mother connect with pre-eclamptic toxæmia in the mother in previous pregnancies?
60. Do high levels of a toxic metal in the mother connect with a previous premature birth? Inadequate placenta?
61. Is a high level of toxic metal in either parent connected with high blood pressure?
62. Is a high level of a toxic metal in either parent connected with an allergic condition?
63. Is a high level of a toxic metal in either parent connected with excessive consumption of alcohol, coffee, sugar, tea?
64. Is a high level of toxic metal in either parent connected with a high level of smoking? (Or any ~~xxx~~ level?!)?
65. Is a high level of copper connected with postpartum depression and rejection of the baby? Also lactation failure?
66. Is a high level of any other heavy metal connected with pp depression and rejection of the baby? Also lactation failure?
67. Is a high level of toxic metal connected with allergic conditions in the parent? (migraine, asthma, eczema, depression?)
68. Is a high level of toxic metal connected with degenerative disease in the parent? (MS, arthritis, cancer etc)
69. Is a high level of toxic metal in the parent connected with epilepsy and diabetes in the parent?
70. Is a high level of toxic metal in the parent connected with poor thyroid function?
71. Is a high level of toxic metal in the parent connected with vegetarian diet, junk food diet, slimming?
72. Is a high level of toxic metal in the parent connected with use of medical drugs (tranquillisers, sleeping pills, pain-killers anti-depressants, laxatives etc)
73. Is a HTM in the mother connected with a prolonged and difficult birth?

74. Is HMT in either parent connected with premature birth, or small-for-dates previous baby?
75. Is HMT in either parent connected with miscarriage, stillbirth or perinatal death?
76. Is HMT in either parent connected with neural tube defects?
77. Is HMT in either parent connected with other skeletal deformity in previous children?
78. Is HMT in either parent connected with mental retardation in previous children?
79. Is HMT in either parent connected with organ displacement, malfunction or with an organ missing (ie heart valve, bile duct)?
80. Is HMT in either parent connected with allergy in a previous child? (eczema, asthma, colic, seborrhoea, diarrhoea).
81. Is HMT in either parent connected with learning difficulties (dyslexia, autism, hyperactivity) in a previous child?
82. Is HMT in either parent connected with feeding difficulties, infant anorexia, failure to thrive?
83. Is HMT in either parent connected with convulsions in the baby?
84. Is HMT in either parent connected with poor weight gain, slow development, in previous baby?
- 85 -95. Do specific conditions in the parent connect with problems as specified in 74 -84 with previous children?
- 96 - 106. Does use of alcohol in either parent connect with problems as specified in 74 -84 with previous children?
- 107-117 Does smoking in either parent connect with problems as specified in 74-84 with previous children?
- 118 - 128. Does use of drugs connect with problems as specified in 74 -84 with previous children?
- 129 -139. Do allergies in parents connect with problems as specified in 74 - 84 with previous children?
- 140 - 150. Do vegetarian, junk or slimming diets connect with problems as specified in 74 - 84 with previous children?

APPENDIX 4.1

The Patients Receiving the Foresight Pre-Conception Provisions: Data Base Analysis

THE PATIENT QUESTIONNAIRE

This data base was set up for Foresight's use, as a foundation on which to build on as more data became available. A detailed study of the patients attending the Foresight clinics for pre-conception care was possible using the Statistical Package for Social Scientists (SPSS) for the computer analysis. The data collected was stored in three separate files; the first file containing the data gathered from the patient questionnaires, the second file containing the data collected from the clinicians assessment of the patients as recorded on the clinicians first report and the third file containing the test results from the patients hair analysis. Each file was analysed separately, the results of which are presented below. The data is presented to give an indication of the characteristics of the patients attending the Foresight pre-conception clinics and supplements the comments made by the Foresight clinicians concerning their patients (shown in Chapter Four). It must be emphasised that in view of the small amount of data collected it is not possible to carry out detailed statistical analysis but only to look for certain trends.

In this section a full description of the characteristics of the Foresight patients is presented. The information is intended to give an insight into the types of people who attended for pre-conception care, for example, their social backgrounds, socio-economic status, medical histories, obstetric and gynaecological histories and contraceptive methods adopted. In addition, details on the patients lifestyles including information on their nicotine, alcohol and nutrient intake are presented. A total of 94 patient questionnaires were analysed, 51 of which were from female patients and 43 from their male partners.

(i) Age, Height, Weight and Occupation, Social Class Background

The Foresight clinicians who commented on their patients, described them as being predominantly from professional occupations, middle class and caucasian. The people attending for pre-conception care were described as being from two distinct groups, the first who had suffered a previous obstetric and gynaecological problem and the second who were planning their first baby. This latter group tended to be older women.

(a) Age

The female Foresight patients (N=51) were aged between 26 and 41 years (mean 33.0, median 32). Two thirds (34) of the female patients were over 30 years old. Twelve patients were aged over thirty five years. The male Foresight patients (N=43) were aged between 35 and 57 years (mean 35.0, median 33).

(b) Height and Weight

The mean height of the female patients (N=51) was 1.65 metres (range 1.52 - 1.78m) and the mean weight was 60 kg (range 45 to 94 kg). The mean height of the male patients (N=43) was 1.79 metres (range 1.63 to 1.98m) and the mean weight was 76 kg (range 57 to 127 kg).

(c) Birthplace

The majority of the patients attending the Foresight clinicians were born in the United Kingdom, 69 were born in Britain, three were born in Ireland, three in Scotland and one in Wales. Five patients were born in Canada and America, four in Europe, Germany, Italy and France. Only two Afro-Caribbean women presented to Foresight clinicians the remaining 92 were caucasian.

Table 1 - Residential Area

	Females		Males		Total	
	N	%	N	%	N	%
Rural	10	19.6	7	16.3	17	18.1
Suburban	24	47.1	23	53.5	47	50.0
Market town	5	9.8	3	7.0	8	8.5
Urban	11	21.6	8	18.6	19	20.2
Other	1	2.0	2	4.6	3	3.3
Total	51	100.0	43	100.0	94	100.0

Foresight patients tended to live in suburban and rural places (68%) as opposed to living within urban areas as Table 1 shows and perhaps were not unduly exposed to environmental toxicities as a result.

(d) Social Class Background

Data was obtained on the main occupation of the patients attending Foresight clinics. This was used as an indicator of social class background to determine, the extent to which the patients were from professional middle classes, as described by the Foresight clinicians (see Chapter Four).

The patient questionnaire asked respondents to state what their present job was, to give their job title and, to state how they would describe themselves if not in paid employment. The categories were used to determine the social class by the application of the World Health Organisation 'Socio-economic Group and Social Class Allocations of Occupation and Employment Status Groups'. Table 2 shows the results obtained.

Table 2 - Present Job

	Females		Males		Total	
	N	%	N	%	N	%
Sales or clerical	11	21.6	2	4.7	13	13.8
Professional or technical	24	47.1	27	62.8	51	54.3
Operator of machinery	1	2.0	-	-	1	1.1
Labourer	-	-	1	2.3	1	1.1
Manager	2	3.9	7	16.3	9	9.6
Service worker	1	2.0	2	4.7	3	3.2
Other, ie. housewife	12	23.5	3	2.3	15	13.8
Total	51	100.0	43	100.0	94	100.0

It can be seen from Table 2 that approximately 55% of Foresight patients were in professional or technical occupations. From the information collected on the patients job title, the responses were categorised into the six groups shown in Table 3 using the WHO Social Class Allocation of Occupation and Employment Status Groups.

Table 3 - Social Class Allocation of Occupation

Occupation	Social Class	Females		Males		Total	
		N	%	N	%	N	%
Teachers & vocational trainers	II	13	25.5	6	14.0	19	20.2
Accountants, valuers & finance specialists	I&II	2	3.9	11	25.6	13	13.8
Personnel & industrial relations managers	II	3	5.9	5	11.6	8	8.5
Economists, statisticians & system analysis	I&II	4	7.8	4	9.3	8	8.5
Marketing, sales, advertising	II	2	3.9	5	11.6	7	7.4
NUMR administrators and nurses	II	3	5.9	-	-	3	3.2
Other: labourer, caretaker, secretaries	II, III, IV & V	8	15.7	8	18.6	16	17.0
Missing data		5	9.8	4	9.3	9	9.6
Not applicable		11	21.6	-	-	11	11.7
Total		51	100.0	43	100.0	94	100.0

The majority of the Foresight patients (77%) were in non-manual occupations. Two thirds of the patients (69%) were classified as being in social classes I and II. Only 10% of patients were categorised as belonging to social class III and IV. Only 4% of the Foresight patients were categorised into social classes V or VI. Tables 2 and 3 would seem therefore to confirm the description of the Foresight patients given by the clinicians. Of the female patients 68% were in professional careers.

The social class of the Foresight patients is very relevant in the discussion of who is motivated to attend for pre-conception care. Some criticism of pre-conception care services was that only the married, middle classes would be sufficiently motivated to

attend and receive pre-conception care. If occupation is taken as a broad indicator of social class and if, non-manual occupations are characterised as "middle class" and manual occupations as "working class", then the majority of the Foresight patients do indeed come from middle class homes.

Sixteen of the female patients did not have paid employment, 15 of these described themselves as housewives. One respondent was described as unemployed. Only two of the male respondents were not in paid employment and these described themselves as self-employed. Therefore, out of a total of 94 patients attending the Foresight clinics for pre-conception care, only one was without employment which also indicates how unrepresentative the group was.

Gynaecological and Obstetric Histories

A detailed gynaecological and obstetric history was taken from the female patients. The Foresight clinicians had suggested that two distinct groups of women attended for pre-conception care. The first did so, because they had already experienced gynaecological and obstetric problems. The second were identified as career women who were now ready to start a family and due to their somewhat advanced age, attended for advice and screening. It is valuable to discuss the data collected to examine if the data does in fact indicate this trend.

Table 4 - Gynaecological Complaints

Many of the patients described minor gynaecological complaints as shown in Table 4. (Some had more than one complaint). It is difficult to assess the value of this information however, because there does not exist any criteria against which it may be compared.

Table 4 Gynaecological Complaints

Complaint	Females
Irregular periods	2
Infrequent periods (32-37 days)	3
Painful periods	19
Water retention	30

Obstetric Problems

Female patients were asked to state the length of time for which they had been trying for a baby. Table 5 shows the results obtained.

Table 5 - Time Trying for a Baby

Time	Females	
	N	%
Under 3 months	4	7.8
4 - 12 months	4	7.8
Over 12 months	3	5.9
Over 2 years	9	17.6
Never	5	55.8
Missing data	3	5.9

Over half of the female patients stated that they had not been trying for a baby. The responses indicate that the patients were wishing to prepare prior to conception and were waiting for their clinician to advise them when they had adequately prepared for conception. However 39% stated that they had been trying for a baby. Twenty-two

(42.4) of whom were primigravida. Thus, this information seems to support the second description of the patients given by the Foresight clinicians namely attendance due to their age. As primigravid, they perhaps wanted to ensure that everything was as it should be.

Table 6 shows the break down concerning the number of previous pregnancies of the women and it demonstrates that the majority (56%) of the women had had a previous pregnancy. Thus, it seemed of interest to examine the details of the previous pregnancies.

Table 6 - Previous Pregnancies

Number of previous pregnancies (including stillbirths)	N	%
0	22	42.2
1	13	25.5
2	8	15.7
3	4	7.8
4	2	3.9
5	2	3.9
Total	51	100.0

Tables 7 and 8 present the information on the miscarriages reported by the women, they show the number of miscarriages, and the time at which the miscarriage took place (number of weeks).

Table 7 - Number of Miscarriages

Number of miscarriages	N	%
0	28	54.9
1	10	19.6
2	6	11.8
3	4	7.8
8 (missing data)	3	5.9
Total	51	100.0

Table 8 - Time Miscarriages Occurred

Weeks pregnant when miscarriage occurred	N	%
8	3	5.9
10	6	11.8
11	3	5.9
12	1	2.0
13	3	5.9
14	2	3.9
25	1	2.0
(Missing data)	3	5.9
Not applicable	29	56.9
Total	51	100.0

From Tables 7 and 8, it can be seen that 38% of the total group had experienced one or more miscarriages. The miscarriages occurred within the first three months of gestation for thirteen women (68.4% of the total group of women who experienced a miscarriage) and in the second trimester for five (9.3%) of the women. This result indicates that one of the reasons why these women had been motivated to attend for pre-conception care was because of their past experience of a miscarriage.

Information was requested on complications experienced by the women during their previous pregnancies. The information collected is shown in Tables 9, 10 and 11.

Table 9 - Pregnancy Complications

NB: Some women suffered more than one complication

Complications	First pregnancy N = 13
Excessive morning sickness	3
Excessive headaches	2
High blood pressure	3
Bleeding in pregnancy	2
Miscarriage	10
Stillborn	1
Died within 7 days	-

Out of a total of 13 women who had experienced just one previous pregnancy, 10 women suffered a miscarriage, and one suffered a stillbirth at 31 weeks of pregnancy due to Spina Bifida and hydrocephalus. The other complications such as excessive morning sickness and headaches are difficult to evaluate because 'excessive' is highly

subjective.

Table 10 - Pregnancy Complication

Complication	Second pregnancy N = 8	Third pregnancy N = 8
Excessive morning sickness	2	2
Excessive headaches	1	1
High blood pressure	1	-
Bleeding in pregnancy	2	1
Miscarriage	5	5
Stillborn	-	-
Died within 7 days	1	-

Table 10 shows that out of a total of eight women who had two previous pregnancies, five suffered a miscarriage and others suffered morning sickness and bleeding. Some of the women suffered more than one complication.

Pregnancy complications were experienced by the six other women. One of the women had experienced five previous pregnancies and she had two miscarriages, two live children and in her fourth pregnancy her baby died at 32 weeks (neonatal death) suffering from Edwards Syndrome (Trisomy 18). Thus, for the twenty nine women who had experienced previous pregnancies these had also experienced complications during pregnancy. This result indicates that a motivating factor for attendance at the Foresight pre-conception clinics was likely to be the past experience of pregnancy complications. Women were asked in the patient questionnaire, if there was anything

unusual about any of their previous pregnancies which had not been previously recorded in the questionnaire.

The women reported that they experienced sometimes more than one pregnancy complication. Three women experienced ectopic pregnancies. Of the three terminations, one was a result of an unplanned pregnancy the remaining two were the result of detection of chromosomal abnormalities and anencephaly with therapeutic abortions being conducted. The premature deliveries were conducted for two women at 32 weeks (neonatal death 2 lb 3 oz) and at 34 weeks (5 lb 7 oz). Information received which was recorded in the "other" category included urinary tract infections, uterus infections, vertigo and amniotic fluid leaking for ten days prior to induction at term.

Most of the women experienced considerable intervention during pregnancy. For the 14 women who gave information on their first delivery, a high proportion of these experienced medical intervention. Information was not requested to determine whether the caesarean sections were elected and planned or whether they were emergencies.

From a total of four second deliveries, only one was conducted by means of intervention. For the only third delivery, medical intervention was reported with a breech baby turned to the normal position under anaesthetic a few days before delivery. These results are important as they indicated that the women who attended the Foresight pre-conception clinics had experienced medical intervention during their babies delivery. The data is limited however, because the mothers were not interviewed and their reasons for attendance at the clinic may only be summarized.

Information was requested on the postpartum period. A total of only 19 deliveries took place from a total of 59 pregnancies (of the remaining 40 there were 37 miscarriages and 3 terminations). The data collected is presented in Table 11 below. For the women who experienced problems in the postpartum period this occurred mainly for their first pregnancy.

Table 11 - Postpartum Period

	Pregnancy 1	Pregnancy 2	Pregnancy 3
Postpartum haemorrhage	1	-	-
Retained placenta	1	-	-
Infection of birth canal	3	-	-
Birth blues	6	-	1
Rejection of baby	-	-	-

Women were asked in the patient questionnaire to give their reasons to a question asking them if they had never felt well since having a pregnancy. Four women responded that they had never felt well and their reasons included the following: "I suffer from depression, worsening headaches, PMT and painful periods". Another stated that she suffered from anxiety, stress and severe tension. Other comments included complaints of increased tiredness and experiences of general lethargy. Thus, again this information provides clues as to their motivation to attend for pre-conception care.

Much information was requested concerning the condition of the babies delivered to the women attending for pre-conception care. These have been included in this discussion because the information collected would provide an explanation of the motivation for attending a pre-conception service. The information collected concerning the conditions of babies for first, second and third pregnancies are presented in Table 12.

Table 12 - Condition of Baby

	Pregnancy 1 N (14 delivered)	Pregnancy 2 N (4 delivered)	Pregnancy 3 N (1 delivered)
Runny nose/eyes	5	-	-
Jaundiced	6	1	-
Chest problems	4	-	1
Cradle cap	9	-	-
Croup	1	1	-
Excessive nappy rash	-	1	-
Fever with teething	1	-	-
Poor sleep patterns	5	2	-
Hyperactivity	1	1	-
Eczema	2	-	-
Colic	4	-	-
Diarrhoea	1	-	-
Excessive crying	1	-	-
Excessive dribbling	1	3	-
Ear infection	3	2	-

From Table 12 it may be seen that the most problems with previous children seemed to be for a woman's first pregnancy, perhaps due to a lack of mothering skill at first. The most frequent problem being cradle cap and poor sleep patterns. Other problems concerning previous children which were stated by six women, included dyslexia, floppy larynx, squint, spina bifida and hydrocephalus, Edwards syndrome, cerebral palsy and microcephalic.

The women were asked in the patient questionnaire to give details concerning any behavioural or allergy problems which had been identified with their previous babies. Five women stated that their babies were allergic. The problems identified by the mothers included food allergies, and hyperactivity perhaps a result of allergy.

The women were asked if any of their babies had spent any length of time in a special care baby unit. Eight women gave details that their babies had done so. Various reasons included their baby having a low apgar reading and twins which were premature and placed in a heated crib and an incubator. One mother stated that her baby had hypothermia and was jaundiced and in an incubator to keep up her temperature. The same mother stated that her third baby was put in a special care baby unit where the

defects of the condition of Edwards Syndrome were identified and the baby died after seven hours. The remaining three women who stated that their babies were in a special baby care unit gave the reasons as surgery for a diaphragmatic hernia, possible infection because the mothers amniotic fluid was leaking for ten days and the final woman stated it followed a caesarean section.

It was clear from the data presented, that of the women who had previously had children, the pregnancies were complicated, the deliveries were subject to much medical intervention and there existed a number of problems with the babies subsequently delivered. The poor obstetric histories may be assumed therefore to have been a motivating factor for the womens attendance at the Foresight clinics for pre-conception care, but it cannot be stated categorically that this was the reason.

Both partners were asked a number of questions to establish which infections and conditions they had persistently suffered during their lifetime and those which they currently experienced. In addition, detailed information was requested on possible allergies. It was considered important to establish a sound data base on their previous medical histories, (discussed in Chapter Two), and which would be adopted for the basis of the first consultation and the history taking. Tables 13 and 14 show the results.

Table 13 - Infections Suffered by Prospective Parents

	Females N	Males N	Total
Ear, nose & throat infections	10	5	15
Chest infections	8	3	11
Urinary	5	1	6
Kidney	3	-	3
Vaginal	5	-	5
Pelvic	3	-	3
Venereal disease	2	2	4
Thrush	9	-	9

Table 13 demonstrates that a considerable proportion of the women suffered from some type of infection. This is perhaps an indication that they had a poor health status.

Table 14 - Allergic Conditions

Allergic to	Females		Males		Total	
	N	%	N	%	N	%
Drugs	5	9.8	1	2.3	6	6.4
Elastoplast	2	3.9	1	2.3	3	3.2
Animals	7	13.7	5	11.6	12	12.8
Penicillin	3	5.9	1	2.3	4	4.3
Pollen	7	13.7	6	14.0	13	13.8
North sea gas	2	3.9	-	-	2	2.1
Any other: eg. dust mites	5	9.8	2	4.7	7	7.4
Strong sunlight & jewellery	4	7.8	-	-	4	4.3
<u>Food allergies:</u>						
Dairy products	3	5.9	1	2.3	4	4.3
Tea/coffee	-	-	1	2.3	1	1.1
Specific food additives	-	-	-	-	-	-
Combination of above	7	13.7	-	-	7	7.4

(NB: Some suffered from more than one allergic condition).

Table 14 demonstrates that although a considerable number did suffer from allergic conditions, the numbers might be comparable to any other group of 94 people. The results have therefore limited application. However, a result which was of note was the comparison that nearly 20% of the women suffered from food allergies compared to a mere 4% of the men. Also, only 16 men complained of suffering from the remaining allergies listed in Table 14 as opposed to 38 of the women. The implications of these results are difficult to assess and as such the data is of limited value.

Medication

Ten of the group were currently taking drugs, six females and four males for a mean time of 3 months. Three female and 3 males were taking pain killers. The drugs/medication included laxatives, indigestion medicines and one user of anti-depressants and tranquillisers. Three of the group were taking anti-biotics at the

time of the study. Five were taking anti-histamines, 3 female and 2 males. Only one male was currently being treated with medication for epilepsy. Nobody reported that they were taking medication steroids for asthma. In addition to information obtained on medication taken by the group, information was requested on their current or previous use of drugs taken socially. Details were requested on the drugs used by those attending the Foresight clinics. Table 15 shows the data collected.

Table 15 - Drug Use

	Females		Males		Total	
	N	%	N	%	N	%
Cannabis	10	19.6	12	27.9	22	23.4
Heroin	-	-	1	2.3	1	1.1
LSD	3	5.9	1	2.3	4	4.3
Mescaline	-	-	1	2.3	1	1.1
Other	1	2.0	1	2.3	2	2.1

None of the group reported that they were currently using any of the drugs shown in Table 15 (perhaps a result of not wanting to admit breaking the law). Of those reporting their use of the drugs, they had all been used only in the past. Perhaps a reason for this is the fact that many in the group will have been teenagers during the 1960s and this could explain the useage of cannabis and LSD because it was readily available and fashionable at the time.

Operations and Conditions Recovered

The group attending the Foresight clinician for pre-conception care were asked to give details of any operations which they had undergone. Also to specify any condition from which they had recovered. Twenty-four women and five men gave details of their past operations.

Three operations to remove cysts were conducted, one for the removal of a sebaceous cyst from a patient's arm, one for the removal of an ovarian cyst and the last one for the removal of a cyst behind the ear. Tubal surgery was conducted on three patients, following an ectopic pregnancy, surgery was also used to unblock, shorten and remove parts of the fallopian tubes of the three females who reported having had this operation. The results showed that a miscarriage was not the only psychological and physical discomfort which the women in the group had experienced, a dilation and curettage (D&C) operation was also required by the patients to prevent infection.

Life Styles

The Foresight clinicians had stated that most of their patients who attended for pre-conception care, were very 'health conscious' and took an active interest in following a healthy lifestyle. It was decided to analyse the data base with a view to discover whether the information collected, supported these suggestions. An examination of the use of vitamin and mineral supplements, by the group and their use of homeopathic and herbal remedies are presented in Table 16. Also the group's life style was analysed to see how many consumed alcohol and nicotine and to see what extent they were adopting 'health conscious' diets with foods from a variety of sources. Patients were asked to complete a diet diary for a 'typical days diet'. Results are shown in Tables 16-22.

Table 16 - Use of Supplementation Therapy & Homeopathic and Herbal Remedies

	Females		Males		Total	
	N	%	N	%	N	%
Vitamin supplements	32	62.7	14	32.6	46	48.9
Mineral supplements	19	37.3	8	18.6	27	28.7
Homeopathic remedies	7	13.7	2	4.7	9	9.6
Herbal medicines	1	2.0	-	-	1	1.1

NB: Some of the group used more than one kind of medicine or supplement.

From Table 16 it can be observed that nearly 50% of the group used vitamin supplements, the majority of which were used by females. Of the 27 of the group who took mineral supplements, they did so for a mean time of fourteen months. The 19 females who had taken them did so for a mean time of 18 months and of the eight males, these had been taken for a mean time of only three months. Only nine of the group took homeopathic remedies but this figure did constitute 13% of the females in the group. Homeopathic remedies had been used for an average time of 16 months whilst the females used these remedies for a mean time of 14 months and of the two males who used them, they did so for a mean time of 25 months (one for three months the other for 47 months). Only one woman used herbal remedies.

Thus the data shows that the group had previously demonstrated an awareness and concern over their health and perhaps took supplements due to their concern over their diet being deficient. Quite a number of the group however had only recently started using the vitamins and minerals. Many had used them for less than six months with a very small number using them for three or more years which brought up the mean time of use and thus gave a deceptive reading. The comparison of the males and females in the group shows that more than twice as many females used vitamins, minerals and

homeopathic remedies. Perhaps this indicates that the females were more health conscious than the males or were perhaps more easily affected by advertising promoting the use of vitamin and mineral supplementation!

Alcohol Consumption

Eighty four (89.4%) of the group of males and females reported that they consumed alcohol - 43 females, (84.3%) and 41 males, (95.3%). Eight females and one male reported that they did not drink alcohol. The majority of the females consumed wine. Sherry and liquors were also quite popular drinks and 25 women (49%) stated that they consumed up to three glasses per week. Beer and lager was the most popular drink for the males although spirits and wine were also consumed, perhaps in the course of their professional careers (ie. business lunches etc). Tables 17 to 20 show the alcohol consumption of the group.

Table 17 - Quantity Beer/Lager or Cider consumed per week

	Females		Males		Total	
	N	%	N	%	N	%
Not consumed	26	51.0	3	7.0	29	30.9
3 pints or less	20	39.2	25	58.1	45	47.9
3-7 pints	-	-	9	20.9	9	9.6
8-14 pints	-	-	4	9.3	4	4.3
Over 14 pints	-	-	-	-	-	-
Not applicable	5	9.8	2	4.7	7	7.4
Total	51	100.0	43	100.0	94	100.0

Table 18 - Quantity of Spirits Consumed/Week

	Females		Males		Total	
	N	%	N	%	N	%
Not consumed	24	47.1	11	25.6	35	37.2
3 measures or less	18	35.3	20	46.5	38	40.4
3-7 measures	2	3.9	9	20.9	11	11.7
8-14 measures or above	-	-	-	-	-	-
Missing data	2	3.9	1	2.3	3	3.2
Not applicable	5	9.8	2	4.7	7	7.4
Total	51	100.0	43	100.0	94	100.0

Table 19 - Quantity of Wine Consumed/Week

	Female		Male		Total	
	N	%	N	%	N	%
Not consumed	4	7.8	2	4.7	6	6.4
3 glasses or less	35	68.7	25	58.1	60	63.8
3-7 glasses	7	13.7	10	23.2	17	18.1
8-14 glasses	-	-	2	4.7	2	2.1
Over 14 glasses	-	-	1	2.3	1	1.1
Missing data	-	-	1	2.3	1	1.1
Not applicable	5	9.8	2	4.7	7	7.4
Total	51	100.0	43	100.0	94	100.0

Table 20 - Quantity of Sherry and Liquors Consumed/Week

	Females		Males		Total	
	N	%	N	%	N	%
Not consumed	18	35.2	22	51.2	40	42.6
3 glasses or less	25	49	17	39.5	42	43.5
3-7 glasses	2	3.9	1	2.3	3	3.2
8-14 glasses or above	-	-	2	4.6	2	2.1
Missing data	1	2.0			1	1.1
Not applicable	5	9.9	3	7.0	8	7.5
Total	51	100.0	43	100.0	94	100.0

Whilst it can be observed from Tables 17-20 that the majority of those attending for pre-conception care consumed alcohol, their consumption was not particularly heavy. A small number of the men did drink between 8-14 pints of beer per week and two mentioned that they drank between 8-14 glasses of wine. The majority of the males and females consumed less than three pints, measures and glasses of particular alcoholic drinks. It must be noted, that one pint of beer is equivalent to two units of alcohol whereas one glass of wine or one measure of spirits is equivalent to one unit of alcohol. Care must be taken therefore in comparison of the intakes.

The group were asked a number of detailed questions concerning their personal habits which included whether they smoked tobacco. Almost half (47.9%) stated that they had never smoked cigarettes. Of the 17 (18.1%) who were currently smoking two thirds of these were male. Table 21 represents the data on the quantity of cigarettes smoked by the group attending for pre-conception care.

Table 21 - Quantity of Cigarettes Smoked Per Day

	Females		Males		Total	
	N	%	N	%	N	%
1-4	-	-	2	4.7	2	2.1
5-9	2	3.9	1	2.3	3	3.2
10-14	2	3.9	2	4.7	4	4.3
15-19	-	-	-	-	-	-
20-24	3	5.9	1	2.3	4	4.3
25-29	-	-	1	2.3	1	1.1
30-34 and above	-	-	2	4.7	2	2.1
Missing data	1	2.0	2	4.7	3	3.2
Did not smoke	43	84.3	32	74.3	75	79.7
Total	51	100.0	43	100.0	94	100.0

Eight males commented that they presently smoked cigars. Whilst six of those smoked very few (1 per month) two stated that they smoked 15 per week!

Forty-seven (50%) of the group (24 females and 23 males) stated that they did smoke cigarettes in the past (at least 1 per day for a year) but that they had successfully stopped smoking. Five of the group had stopped smoking for less than six months and 13 for less than one year. Sixteen of the group had stopped smoking for more than three years and six had not been smoking for seven years. Females were asked to state if they had been smoking during any of their previous pregnancies. Eighteen women responded that they had smoked during their previous pregnancies and seven male partners commented that they had smoked during their partners pregnancy and for the

period prior to conception.

Thus the data did appear to show that whilst some of the group were consuming larger amounts of alcohol or nicotine than others, the majority were not drinking large amounts of alcohol nor were they consuming large amount of nicotine.

The group were asked a number of detailed questions concerning their diet to establish whether they followed a special diet as well as to establish if they avoided any particular foods. It was hoped that this information would give some indication of the groups active awareness and interest in their own health. Table 22 shows the data on who consumed a special diet (4 males and 15 females).

Table 22 - Consumption of a Special Diet

	Females		Males		Total	
	N	%	N	%	N	%
Fat free	17	33.3	2	4.7	19	20.1
Gluten free	2	3.9	-	-	2	2.1
Macrobiotic	-	-	-	-	-	-
High-fibre	6	11.8	6	14.0	12	12.8
Vegetarian	5	9.8	1	2.3	6	6.4
Vegan	1	2.0	2	4.7	3	3.2
Calorie controlled	1	2.0	2	4.7	3	3.2
Milk free	4	7.8	-	-	4	4.3

NB: Some of the group followed more than one type of diet.

Table 22 shows that most of the group who consumed a special diet followed more than one type of diet. Most of these individuals had followed these special diets for a considerable time (mean time was 98 months for a fat free diet, 98 months for the gluten free diet, 36 months for the high fibre, 12 months for the vegetarian (unrepresentative because only one value out of a possible six was obtained). The calorie controlled milk free and vegan diets had been followed for a much shorter period (mean time of two months) which suggests that this was a result of receipt of recent advice perhaps from the Foresight clinician as the patient might not have completed the questionnaire immediately following the consultation with the clinician, a time lapse of two months might easily have occurred.

Respondents were asked to give a list of the foods which they avoided. Reasons were not requested but presumably they avoided some foodstuffs to comply with the requirements of their special diets, to avoid allergic reaction and perhaps due to religious or moral beliefs. Only 15 people stated that they avoided some types of food but this figure constituted 26.7% of the total group. The two most frequently avoided foods were dairy products and red meat (four people avoided each of these). Of the remaining, these tended to avoid a combination of foods and drinks which included tea, coffee, wheat, meat, fruit and food additives. The group were asked if they bought organically grown foods and 47 of the total 91 who responded, stated that organically grown food was purchased when possible (50% of the total group) 28 females (54.9%) and 19 males (44%). This again perhaps indicates their active interest in their health. Further details concerning the groups diet are given in the discussion of the data received from the Clinicians First Report.

Contraceptive Use

Information was requested concerning the past and present contraceptive practices of the group. Tables 23 and 24 present the data.

Table 23 - Past Contraceptive Techniques

	Females		Males		Total	
	N	%	N	%	N	%
Contraceptive pill	49	96.1	-	-	49	52.1
Copper IUD	11	21.6	-	-	11	11.7
Plastic IUD	1	2.0	-	-	1	1.1
Diaphragm/spermicides	20	39.3	-	-	20	21.3
Sheath/spermicides	-	-	38	53.5	38	40.4
Morning-after pill	1	2.0	-	-	1	1.1
Rhythm method	-	-	8	18.6	8	8.5
Withdraw method	-	-	18	41.8	18	19.1
Billings mucous method	4	7.8	-	-	4	4.3

Table 23 demonstrates that the oral contraceptive pill was the most frequently used form of contraception by the group. Data obtained during interviews with Foresight clinicians showed that many patients had used the oral contraceptive pill for a considerable time. The patient questionnaire merely asked if they had used it for a period longer than two years but the length of time it was used varied from three months to 12 years. Thirty-four of the 49, (64%), had been using the pill for more than two years. Only six had used it for less than one year. Of the 11 who reported that they had used a copper IUD two reported that this had been used between 4 months and 12 months and 6 reported that it had been used more than one year ago. Barrier methods (the diaphragm and the sheath) were popular forms of contraception used in the past by the group. Table 24 shows the results concerning the current contraceptive techniques adopted by

the group.

Table 24 - Current Contraceptive Techniques

	Females		Males		Total	
	N	%	N	%	N	%
Contraceptive pill	1	2.0	-	-	1	1.1
Copper IUD	-	-	-	-	-	-
Plastic IUD	-	-	-	-	-	-
Diaphragm (spermicides)	8	15.7	-	-	8	8.5
Sheath (spermicides)	-	-	30	69.7	30	31.9
Morning-after pill	1	2.3	-	-	1	1.1
Rhythm method	-	-	6	14.0	6	6.4
Withdrawal	-	-	15	34.9	15	16.0
Billings mucous method	6	11.8	-	-	6	6.4

Only one woman was currently using the pill at the time of the study. Eight women were using a barrier method, the cap. Three had used this for a period of less than twelve months, two for over a year and two for more than two years. Thirty of the group were using the sheath as their current contraceptive technique at the time of the study 11 of which had been using technique for more than one year. The most frequently used contraceptive method currently practiced by those attending for pre-conception care was the sheath and spermicides with the withdrawal method the next most popular technique adopted. Care must be taken in the interpretation of this because the examination of the time these practices were used shows that most were used within

the past year. The group were truly in preparation for conception when it can be seen that they had changed their contraceptive techniques following clinicians advice; 52.1% of the group changed from their past use of the contraceptive pill to another method. Also, twelve women who had previously had either a copper or a plastic IUD had them removed. Barrier methods such as the diaphragm and the sheath had been adopted surprisingly less by the group with the rhythm method and the withdrawal method also being less frequently used by the group. An overall observation from Tables 23 and 24 is that there had been an overall reduction in all of the contraceptive techniques apart from the Billings Mucous Method which was used by two more women. It was not certain how far the clinicians had influenced these new contraceptive practices. Only eleven of the group had been using the sheath for more than a year. The withdrawal method had been used for a period of more than a year by seven of the respondents.

Stressful Incidents & Other Relevant Information

At the end of the patient questionnaire those attending for pre-conception care were asked to give details of any stressful incident which they had suffered within the past year which they perceived had adversely affected their health; 27 stated that they had suffered from a stressful incident. The most frequently expressed incident 16 (17%) was cited as an obstetric problem either infertility, miscarriage, ectopic pregnancy or neonatal death. The next most frequently mentioned incident was family problems, ie. the illness or death of a parent. Domestic problems were cited by two of the group, financial problems by only one and employment problems, ie. implementation of redundancy notices and conflict with work colleagues was stated by four people. Six people (4 females and 2 males) suggested a combination of factors, ie. personal/medical, employment and domestic had caused stress detrimental to their health. Seven respondents, five females and two males wrote additional information which they considered to be relevant. It was interesting to analyse these because they highlighted a

problem/issue which is recognised both in the pre-conception care literature and considered important by the author. Namely, the problem of individual guilt. A comment made by one respondent was as follows:

"I am generally a very anxious person because of the infertility hence I smoke which disturbs me no end so it's somewhat of a vicious circle".

In addition to guilt a number of those attending for pre-conception care were anxious to have a good pregnancy and a healthy baby. One respondent made the following comment which serves as an example of the sadness of some of the respondents:

"I seem to have babies with neural tube defects despite taking multi-vitamins. I hope Foresight will help me produce a healthy child. I am desperate for a healthy baby".

Thus, the above comment demonstrates the expectations of some of those attending for pre-conception care.

Whilst the patient questionnaire produced a lot of information, its main value was that it enabled trends to be identified. The group of people attending the Foresight clinics for pre-conception care tended to be middle class, and tended to be in professional occupations. They demonstrated an interest in health and were aware of organically grown foods, vitamin and mineral supplements and homeopathic remedies as possibly contributing to good health. The consumption of alcohol and nicotine was relatively low.

A more detailed consideration of the diet is given in the examination and analysis of the data from the clinicians first report. It is important to recognise that although the group were predominantly middle class and married, they did experience problems of poor obstetric outcomes and were looking to the new provision of pre-conception care to help them. Pre-conception care provisions require a full evaluation so that these expectations are not falsely raised.

APPENDIX 4.2

CLINICIANS FIRST REPORT (R1)

A total of 74 clinicians first reports were received for computer analysis from eight of the Foresight clinicians. They related to 45 female patients and 29 male patients. Analysis of these was conducted to determine the extent to which the clinicians had assessed their patients diet as 'good', 'fair' or 'poor'. The advice which was given by the clinicians to their patients concerning their diet was noted, in addition the extent to which clinicians prescribed Foresight vitamins and minerals to their patients was recorded. The analysis of the reports was an attempt to assess the general state of health of those attending the clinicians for pre-conception care. The clinicians were requested to give their opinion of the patients present general health and to comment on their life style. In addition, the clinician was requested to give any further details which they thought to be relevant. This information was of particular interest because it was a reflection of what advice was actually given to Foresight patients. It could be compared with the advice which clinicians stated was given (information from the interviews conducted with Foresight clinicians is presented in Chapter Four).

Results

The report data was obtained for patients attending Foresight clinicians from January to November 1985. Information was available also for two patients who attended for care in 1984. Therefore, 72 were seen during 1985 and of these, follow-up visits to the clinicians were undertaken by 48 (27 female and 21 male) patients. Twenty-eight (37.8%) did not return for a second visit which illustrates the problem of evaluation of the care given .

Of the nine who were reported to be currently smoking, these all received advice from their clinicians to stop. Fifty one of the group were currently drinking and 26 of

these received advice to stop. Interestingly, equal numbers of males and females received clinicians advice on their smoking and drinking intake.

Clinicians were asked to assess the current diet of their patients. Twenty-eight of the patients were reported as following a 'good' diet and 40 were reported as having a 'fair' diet. Only three patients were reported to be consuming a 'poor' diet. It can be appreciated therefore, that there is strong confirmation that patients attending the Foresight clinics tended to be following a good diet. Whilst the diets were reputed to be 'good' and 'fair' clinicians had reported, during interviews conducted with them that they intended to give dietary advice to their pre-conception patients (see Chapter Four). Analysis of the clinicians first reports serves to confirm this in that 48 of the patients (64.9%) received advice from clinicians to improve their diet. Interestingly, whilst the majority of the clinicians who had been interviewed stated that they tended to give more advice to the female patients, 72% of the males were advised to improve their diet, compared with 60% of the female patients. This is an indication also that the females tended to be eating a 'good' diet (44% of the females compared to 27% of the males).

Clinicians interviewed stated that they also tended to give their patients attending for pre-conception care, contraceptive advice. Analysis of the clinicians first report showed that 25 of the group did receive advice to change their method of contraception, 31% of females and 17% of males. Sixty-six of the group were advised by the clinician who completed the First Reports to take Foresight vitamins, (86.7% of females and 93.1% of males). Most of the clinicians advised that their patients should take two tablets per day. However 15 of the group were advised to take three per day (15% of females and 27% of males) and only one patient was advised to take one vitamin tablet per day. Thus, the quantities tended to be quite large with nine patients even being advised to take four tablets per day (13% of females and 10% of males). A similar pattern of advice was observed from analysis of the clinicians prescriptions for patients to take Foresight minerals, (86.7% of females and 89.7% of males). Again, the

quantities which were advised were quite high. None of the patients received advice to take one tablet but 18 were advised to take two tablets, 22 to take three per day, 23 to take four tablets per day and two patients were advised to take five per day! Thus 60% of the group who were advised to take minerals were advised to take three or four tablets per day, (55.6% of females and 67.9% of males who were prescribed to take minerals missing data 23%). Clinicians tended to advise that their patients should take Foresight iron tablets. For example, analysis of the report forms illustrated that only two patients of those reported (32 missing cases, 43.2%) were not advised to take iron. The clinicians tended not to advise such large quantities of iron. The clinicians tended also to prescribe a combination of additional vitamins and minerals in specific quantities to remove certain heavy metals and for use in chelation therapy. A patient would be advised for example, to take 'mangamac', chromium orotate and vitamin C. Another patient would be advised to take for example a combination of zinc orotate, magnesium orotate and B6 drops. Fifty eight patients who were reported on (15 missing cases (20.3%)) were prescribed a variety of additional supplements the most frequent of which were the following: Vitamin C, 'Garlimac', 'mangamac', chromium orotate and zinc usually accompanied with Vitamin B6.

Data was collected on the medical problems of the attending group, whether treatment was required or whether it was unnecessary. Medical problems included vaginal thrush and cystitis although treatment for these was only advised for three patients. A number of additional medical problems were specified for 26 patients which included two patients suffering from endometriosis which was being treated homeopathically and one suffering from oligospermia. Four patients were described as suffering from migraines and six with food allergies (discussed above). Other problems which were identified included herpes and carcinoma of the cervix, also two patients were diagnosed to be suffering from primary infertility due to polycystic ovaries. This data was useful because it supported the information obtained from the medical

questionnaires, discussed previously.

It was stated by some clinicians that they felt that the report was biased towards allergy detection and that it tended to cite diagnostic techniques which would generally be adopted only by clinical ecologists or those specialising in allergy detection. The reason for this bias was the interests of the doctors who had advised on the design of the form in the first place. Analysis of this section of the clinicians report served to support these earlier criticisms made during interviews conducted in that most clinicians commented that the techniques were "not applicable". Of the eight clinicians who completed and returned the reports, only one had adopted the method of cyto-toxic testing for the detection of nervous problems and migraine problems and only for two patients. None of the clinicians reported that they had used sublingual challenge tests, RAST, or the skin prick test for the detection of allergic conditions. The two methods which had been most frequently adopted by the clinicians for the detection of a patients allergy problems were the method of elimination diet and study of their past diet history.

The problems which were most frequently reported were depression, diagnosed for eight patients, using the method of past history. Nine patients were reported to be suffering from migraines and six from nervous problems. A category called 'other allergic illnesses' identified eight females suffering from a variety of illnesses which included infertility, pre-menstrual tension, rhinitis and being overweight, carpal tunnel syndrome, eczema and soft ligaments. The question of 'other' illnesses was an open question and was filled in by the clinicians and was coded later. Therefore, it reflected the clinicians own interpretations of what illness of their patient could be interpreted as constituting an allergic illness.

The section concerning the treatment which clinicians advised for diagnosed specific conditions was analysed. This section had received criticism from some of the clinicians interviewed as being heavily biased towards clinical ecology and allergy detection work. Analysis identified that none of the treatments specified in the form

were adopted by the majority. However, treatments which were adopted for a small number of patients were divided into four main categories. The elimination of cows milk was advised for patients suffering from depression, eczema, nervous problems, insomnia and stomach problems. Clinicians also advised the elimination of gluten for a small number of patients who were diagnosed as suffering from eczema, nervous problems and stomach problems. Homeopathic drops were advised for two patients diagnosed with the conditions of depression and stomach problems. Elimination of artificial additives was the fourth treatment most frequently adopted by the clinicians for patients suffering asthma, eczema, nervous problems and stomach problems. A total of 21 females and four males were advised these treatments for their conditions.

The doctors were asked to give a medical assessment of their patients. The responses were collected and analysis identified the existence of a group of five particular kinds of comments. The data is presented in Table 25.

Table 25 - Clinicians Medical Assessment

	Females N	Males N	Totals N
Generally 'fit and healthy'	5	9	14
Very fit and healthy	1	2	3
Unfit and unhealthy	-	2	2
"Many obstetric and gynaecological" problems: ovarian cysts, neonatal deaths	6	-	6
"Infertility problems": primary, secondary	6	5	11
"Problems of sexually transmitted diseases: herpes, gonorrhoea	2	-	2
"Problems of low essential trace elements": malabsorption, low zinc specifically	4	2	6

Analysis of the above table highlights that obstetric and gynaecological problems were diagnosed by clinicians for six of the group. Also 11 had infertility problems which included primary infertility of some patients with polycystic ovaries. Problems of low sperm counts and oligospermia and asospermia were identified. The problems of sexually transmitted diseases was a surprising finding which perhaps implied a degree of promiscuity of the patients. Data on the length of time partners had had a relationship was not available so comparison with the West London Hospital clinic findings was not possible. Interestingly, 14 of the group were described as being 'generally fit and healthy' with three as very fit, the majority of these patients were male, a possible reason why so few received any advice from clinicians to treat medical problems.

A considerable proportion of clinicians discussed their patients obstetric and gynaecological problems in their medical assessments. The women who suffered from these problems tended to have multiple problems, for example one clinician described her patient as having a child of two years with congenital abnormalities and having also suffered an ectopic pregnancy. Analysis of the clinicians assessments highlighted that discussion of the vitamin and mineral status was common and often accompanied the assessment stressing other factors, for example a number of comments were frequently made concerning the lengthy time period which some patients had been taking oral contraceptives. This ranged from five to 11 years. Also a number of the patients who had been assessed as suffering from gynaecological and obstetric problems, as well as of primary and secondary infertility, tended to have been long term users of oral contraceptives. The significance of these findings are impossible to assess and further investigations of correlations would not be worthwhile in view of the small number of Foresight patients.

The clinicians first reports provided valuable information on the work conducted by the clinicians during their consultations with patients attending for pre-conception care. It should be noted that data was collected from only a very small number of clinicians (eight). However, the analysis does identify the practices and clinical assessments conducted by the clinicians. The majority of the clinicians had left sections concerning methods adopted for detection of conditions and treatment advised for these conditions completely blank. Thus, from this one might infer that the report form had limited value in gathering information on the general practices adopted by the group of Foresight clinicians. Conversely, it could be argued that the clinicians, who were in fact adopting these allergy detection techniques were not within the group of clinicians who took time to complete and return these report forms. Three of the eight clinicians who did return the forms were National Health Service general practitioners.

APPENDIX 4.3

Patients Hair Analysis Results

Information concerning hair analysis test results were obtained for 67 patients, (36 females and 31 males). The majority of the hair tests were conducted during 1985. Three patients had hair tests conducted in 1984 and two in 1986. The majority of the group (45) had brown hair (67.2%), eight had blonde hair (11.9%), only two patients (8%) had black hair and seven patients (10.5%) had grey hair or a combination of the other colours. The patients were asked to state their preferred shampoo, a large percentage of the group (29.9%) tended to use henna and camomile shampoos with 13% using anti-dandruff shampoo. Information was requested concerning the dates which patients had had any hair treatments, ie. permanent waving, highlights etc. Three females had had their hair highlighted. Seven females had had their hair permed, and one female had had her hair coloured. Account was taken of these hair treatments in the assessment of results made by Dr John Howard from the laboratory conducting the analyses. The mineral levels in the hair which are regarded as nutritional elements were obtained by the use of atomic absorption spectroscopy and represented in parts per million. The patients results were compared with the standard reference ranges which had been established by the laboratory conducting the tests.

Tables 26(a) and 26(b) present the data concerning the hair metal levels for the patients whose hair was sent for analysis to Biolab Laboratories. Thus, for the essential elements of calcium, magnesium, phosphorous, sodium, iron, copper, chromium, manganese, selenium, nickel and cobalt the majority of the hair results for males and females fell within the reference range levels. However, for both males and females in the group a number of essential elements were found to be low compared to the reference range. For example, for magnesium 55% of females and 48% of males had low levels recorded. Likewise for the element potassium 79% of females and 41% of males had

low levels outside the range. Zinc, an essential element was found to be low for 58% of the females and for 38% of the males in the group. This is a valuable finding and perhaps of considerable significance in the pre-conception situation confirming the work of Barlow et al, 1985 (see Appendix 3.1). Chromium was found to be low for a number of males in the group (29%). The elements which were recorded as being higher than the reference range level for patients included calcium (22% of the group), copper (14.9% of the group) and selenium (3% of the group). It could be that these results reflect the cosmetic treatments on the hair, ie. from highlighting or from the use of a selenium-based shampoo. The results obtained concerning the elements described as toxic, ie. minerals which are known to be toxic at high levels are presented in Tables 27(a) and 27(b).

Table 26(a) - Nutritionally Important Elements

Hair Analysis Results: Reference Ranges (all figures in ppm)

FEMALES (36)

	Low		Reference Range		High	
	N	%	N	%	N	%
Reference range ppm						
Calcium: 200-600	1	2.8	23	82.8	12	
Magnesium: 30-95	16	55.2	19	79.3	1	2.8
Phosphorous: 100-210	-	-	36	100	-	-
Sodium: 90-340	4	10.9	31	86.1	1	2.8
Potassium: 50-120	19	79.3	15	55.2	2	5.6
Iron: 20-60	2	5.6	34	94.4	-	-
Copper: 10-40	-	-	33	91.7	3	8.3
Zinc: 150-240	17	58.0	16	55.2	3	8.3
Chromium: 0.6-1.5	2	5.6	34	94.4	-	-
Manganese: 1-2.6	5	13.9	31	86.1	-	-
Selenium: 1.5-4	1	2.8	33	91.7	2	5.6
Nickel: 0.4-1.4	1	2.8	35	97.2	-	-
Cobalt: 0.1-0.7	1	2.8	35	97.2	-	-

Total (36)

Table 26 (b) - Nutritionally Important Elements

Hair Analysis Results: Reference Ranges (all figures ppm)

MALES

	Low		Reference Range		High	
	N	%	N	%	N	%
Calcium: 200-600	-	-	28	90.3	3	9.6
Magnesium: 30-95	15	48.4	16	51.6	-	-
Phosphorous: 100-210	-	-	31	100.0	-	-
Sodium: 90-340	4	12.9	23	75.0	4	12.9
Potassium: 50-120	13	41.9	15	48.4	3	9.7
Iron: 20-60	4	12.9	27	87.0	-	-
Copper: 10-40	-	-	26	83.9	5	16.1
Zinc: 150-240	12	38.7	18	58.1	1	3.2
Chromium: 0.6-1.5	9	29.0	22	71.0	-	-
Manganese: 1-2.6	-	-	31	100	-	-
Selenium: 1.5-4	2	6.5	29	93.5	-	-
Nickel: 0.4-1.4	2	6.5	29	93.5	-	-
Cobalt: 0.1-0.7	1	3.2	30	96.8	-	-

Total number of patients: 31

Table 27(a) - Toxic Elements (ppm)

FEMALES (36)

	Acceptable		Raised		Toxic	
	N	%	N	%	N	%
Lead	36	100	-	-	-	-
Mercury	34	94.4	-	-	2	5.6
Cadmium	35	97.2	-	-	1	2.8
Arsenic	36	100	-	-	-	-
Aluminium	9	25.0	16	44.4	11	30.6

Table 27(b) - Toxic Elements (ppm)

MALES (31)

	Acceptable		Raised		Toxic	
	N	%	N	%	N	%
Lead	28	90.3	3	9.7	-	-
Mercury	31	100	-	-	-	-
Cadmium	30	96.8	1	3.2	-	-
Arsenic	31	100	-	-	-	-
Aluminium	31	100	-	-	-	-

KEY

	Acceptable	Raised	Toxic
Lead	< 15	15-40	> 40
Mercury	< 2	2-5	> 5
Cadmium	< .5	.5-2	> 2
Arsenic	< 2	2-5	> 5
Aluminium	< 10	10-25	> 25

Toxic Metals

Examination of Tables 27(a) and 27(b) shows that hair lead was found to be raised in three males. Mercury was at toxic levels for two female patients and was raised for one of the male patients. Cadmium was at a toxic level for a female patient and at a raised level for one male patient. The level of arsenic found in the hair samples of patients was within acceptable limits. The metal aluminium, produced the most interesting findings. A total of 44% of the females had a raised level of aluminium in their hair and 30% had 'toxic' levels. Interestingly, however, the male patients hair aluminium levels were all within the acceptable range. The clinicians were attempting to reduce the raised levels from their patients prior to pregnancy and the hair analysis results were regarded as a 'true' measure of the toxic elements within the body.

General Assessment

At the end of each hair analysis report produced at Biolab Laboratories, a comment was written by Dr Howard, their biochemist. During interviews conducted with Foresight clinicians it was suggested by some that they found these comments extremely helpful in their interpretation of the hair charts.

A number of different comments were made, and these comments were coded for computer analysis which were then divided into six categories. The most frequent comment which was made concerned the levels of the essential trace elements. Analysis showed that a "normal pattern" was reported for ten patients (five females and five males). Comments frequently concerned the hair level of zinc with a

zinc deficiency reported for ten of the group, four of which was reported in female patients. Manganese was also frequently reported to be low. Some patients' hair charts reported high levels of zinc on the hair, yet this was interpreted as low levels of zinc status within the body consistent with a deficiency. It has been reported that zinc is required for normal hair growth and in a deficiency state the hair growth slows and more zinc is deposited within the hair thus giving a false representation. Another reason which was given to explain the high levels of zinc found in the hair metal patterns for five patients (four of which were females) was said to be due to recent supplementation with zinc. High calcium levels were reported for seven patients (five females and two males) and this was coupled with high potassium and low zinc for three patients.

The views of the Foresight clinicians concerning the value of hair analysis have been presented in Chapter Four and comparisons with the views held by the West London hospital clinic staff presented in Chapter Five. The findings of the patients hair test results have been presented to demonstrate the proportion of the group whose hair metal levels fell within the acceptable reference range and to show those patients who were reported as having metal levels within the toxic levels range. The results are of interest because they offer some explanation perhaps of the methods of treatment adopted by the Foresight clinicians, ie. for a number of patients who were prescribed vitamin and mineral supplements. However, due to the present lack of knowledge of the value of hair analysis, it would be misleading to infer any further information from the hair charts and, as such, their value is limited.

APPENDIX 4.4

Follow-Ups: Six Month Progress Reports

Only one Foresight clinician has returned completed six month progress reports. These concerned five couples who had been attending his clinic for receipt of pre-conception care. Four of the couples were seen during 1985 and one couple was seen during 1986. A patient questionnaire and a clinician's first report had previously been completed for all of these couples. Only one of the five couples were reported to be smoking, the male partner had changed his amount smoked from 20 cigarettes per day to 2 cigarettes and the female had cut down from 2 oz of hand rolled tobacco for cigarettes (15) to 1.5 oz of hand rolled tobacco (10 cigarettes).

The drinking habits of the couples were largely reported to have remained the same. However it was reported that one male partner had increased his consumption of alcohol from under three glasses of wine per week to a consumption level of three to seven glasses per week but his consumption of beer (8-14 pints per week) had remained the same. One of the female partners had decreased her amount of alcohol from 8-14 pints of beer, lager or cider per week to 3-7 pints per week and a similar decrease was seen in her consumption of wine. Analysis of the alcohol intake of the group identified that three males and two females consumed 8-14 pints of beer per week and this consumption level had remained constant during the six months apart from the female, between the first pre-conception care appointment and their six month progress visit. The remainder of the group attending for their six month progress visit tended to consume less than three glasses or measures of beer, lager, wine or spirits. Four couples out of the five were not using any form of contraception. One couple was using the rhythm method and the clinician commented that for two of the couples their problem was perhaps infertility. All of the couples who had been attending the clinic were initially described as having a 'fair' diet and

four out of the five partners were described at their six month progress visit as having a 'good' diet. Interestingly, this clinician was prescribing vitamins and minerals to his male patients as well as to the females. Three Foresight vitamin and mineral tablets were recommended. For all but one male, the advice on the vitamin and mineral tablets had been followed. However, one wife reported to the clinician that her husband had not been taking any of the tablets which had been recommended (his diet was reported to have improved though from "fair" to "good").

Two patients were reported to have had a medical problem, namely thrush, treated with Caneston and mild hypertension treated successfully with a dietary restriction of salt. Few patients received dietary advice to control their conditions which included epilepsy, asthma and eczema. However dietary advice was given for one male with hypertension and for one female with a wheat and dairy product allergy which was diagnosed. Medication which was taken for specific treatments included Agnalgate (4 drops daily) and Sepia (1 tablet daily) for endometriosis. One male was taking Epilem 200, five tablets daily, for epilepsy. One man was being treated for hayfever with homeopathic hayfever tablets. Therefore the remainder, seven out of the ten patients, were not taking any medication and did not have any medical problems which were being treated by dietary control advice.

The six month progress reports identified that the majority of the group who attended for a six month progress visit to the Foresight clinician had a low consumption of alcohol, were non-smokers and tended not to use any form of contraception. The diets of these individuals had improved from an assessment of "fair" to "good". Prescriptions of vitamins and mineral supplements had been made to all the group and these patients had taken the full advice, apart from one male. However, as this individual's diet was also reported to have improved it is difficult to assess whether the supplements had acted to improve the diets of the other patients or whether they had changed their diet and made improvements in that way. An

important point to note concerning the six month progress reports, is the small number of returns - a matter already referred to. Only one clinician returned forms and he was a general practitioner working within a large multi-partner NHS practice, conducting pre-conception care privately with monies going to practice funds. This clearly illustrates a major problem in assessing the value of the Foresight pre-conception clinics. The small number of returns was an indication of either clinicians not being able to afford the time to complete reports on their patients who returned to see them for a six month progress visit or as is most probably the case, patients did not tend to return to clinicians following their receipt of advice at their initial consultation. (This was a matter discussed by the majority of the clinicians during interviews and presented in Chapter Four). The finding that advice from the clinician as regards vitamin and mineral supplements was fully heeded is a clear indication of the commitment of those patients attending for a six month follow-up. The clinician who returned these forms discussed above can also be identified as extremely committed to pre-conception care and the research programme. Thus, the analysis of the findings of the six month progress reports have been conducted for interest and the limitations of the report has been recognised.

APPENDIX 4.5

Follow-up: Pregnancy Results

The information received during the follow-up of patients who attended the Foresight clinics for pre-conception care was limited. The Foresight clinicians received two letters which requested information on their patients and asked for details of any pregnancies. These were sent in November 1986 and February 1987 (see Appendix 4) and six of the eight clinicians responded.

Some of the clinicians provided the information themselves, others provided the telephone numbers of their patients who were then contacted directly. Two of the eight clinicians who had originally contributed to the data base concerning their patients did not reply to the letters therefore details were not available for 16 couples.

A total of ten babies were born to mothers who had attended the Foresight pre-conception clinics and one was reported to be pregnant (EDD Sept 87). The babies were born in January, April, May, September, November and December 1986 and two in February 1987. Six girls and four boys were born. Specific details concerning these births were made available for only three of these. One of the babies reported on was born premature and at 2021g was put into a Special Care Baby Unit. The other two babies weighed 3700g and 4021g. The babies' health were described as 'good' and 'excellent'. Each of these three deliveries were described as 'normal' and breast feeding had been established 'easily'. For the remaining six babies reported to have been born clinicians reported that they were 'fit and well' and free from congenital abnormalities. One clinician reported that one of his patients who attended for pre-conception care had suffered a miscarriage.

One clinician provided information on the 'follow-up' of her twelve patients. Four births were reported, three girls and one boy. All the babies were described as 'strong and well'. The birth weights were all above 3000g. One of the babies was delivered by caesarian section because it was a breach birth and 'Pethadine' was reported to have been used for one of the deliveries. Information was not obtained by the clinician for seven of her patients therefore 'follow-ups' had not been possible. It was reported that four patients had not conceived although three of these had attended a second consultation from the clinician for 'follow-up' tests and medical assessments to be conducted. A possible reason for this was due to infection and blocked fallopian tubes. Follow-up tests and assessments had not been conducted for eight of the couples attending for pre-conception care which demonstrates the problem discussed in Chapter Four.

Clearly, these results are interesting yet they have limited value due to the lack of necessary detail. They epitomize the problems experienced in the research

project with difficulties in enlisting the clinicians co-operation, ensuring that patients would return for follow-up and finally being able to monitor the final outcome of pregnancies. These problems are compounded in a study which required strict confidentiality and the details are provided to the researcher through the clinicians which takes away some of the responsibility of 'follow-up' away from the researcher.

In the examination of the past obstetric histories of the women who gave birth following attendance at the Foresight pre-conception clinic it is interesting to note that three of these had suffered one previous miscarriage, one woman had suffered two previous miscarriages and one previous ectopic pregnancy. Two of the mothers had already produced a previous child and did not have a history of miscarriage. One of the women produced a healthy baby and was previously primigravida.

Although these results are interesting it is difficult to determine the affect which the receipt of pre-conception care had made to the subsequent birth outcomes.

The Foresight organisation have much anecdotal evidence of the success of pre-conception care, largely received from verbal or written reports from happy mothers or from verbal reports from clinicians. It is interesting to speculate if such information would have been given to Foresight if the outcome of pregnancy was not satisfactory. The data presented is small but it does reflect carefully collated information concerning the patients and thus may be considered of value.

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TRACE ELEMENTS IN HAIR IN THE UK: RESULTS AND INTERPRETATION IN THE PRE-
CONCEPTION SITUATION



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