

Fertility treatment and pregnancy report

These guidelines are meant to be printed. The guideline contains parts that need to be filed in.

The pregnancy report is for patient who **have undergone fertility treatments at the Fertility outpatient clinic**. We require **information about pregnancies** that have concluded with a miscarriage or delivery and which have started as a result of fertility treatments for national record keeping purposes.

Fill this form and send it to: Fertility nurse, Tyks Majakkahospital, Gynecology Outpatient Clinic, Naistentautien vastaanotot K (MK6), PL52, 20521 Turku.

I/We (names and national insurance numbers) _____

were treated at the Fertility clinic on: _____ (day/month/year), and underwent

- ___ Insemination treatment
- ___ IVF/ ICSI treatment
- ___ Frozen embryo transfer

Delivery information

Date of delivery: _____, Duration of pregnancy (weeks + days) _____

Delivery hospital: _____

Pregnancy complications: _____

1. Girl / Boy: Length _____-, Weight _____, Apgar score: ____/____/____
2. Girl / Boy: Length _____, Weight _____, Apgar score: ____/____/____

Delivery: ___ normal vaginal delivery, ___ caesarean, ___ vacuum extraction

The condition of the child/children at the hospital (a summary if needed):

Observed anomalies in the child/children:

Miscarriage information

Miscarriage on _____ weeks of pregnancy. Hospital _____

Miscarriage treatment: ___ medication; ___ by scraping, ___ no treatment

Our most heartfelt thanks! Fertility clinic staff