

USF HEALTH FETAL CARE CENTER OF TAMPA BAY QUESTIONNAIRE TWIN TWIN TRANSFUSION SYNDROME (TTTS)

Please fax this form, sono report and prenatals to: 813-259-0839.

TODAY'S DATE ____ / ____ / ____

Patient _____ Maternal Height _____ Weight _____

Referring Physician _____ Phone _____

Address _____ Fax _____

City _____ State _____ Zip _____

TTTS defined as a monochorionic twin pregnancy with a Maximum Vertical Pocket <2cm in the Donor and >5cm in the Recipient. The Donor may or may not have a visible bladder. Size discordance is no longer considered a criteria.

IUGR is defined as one fetus being less than the lath percentile while the other fetus is appropriately grown (AGA). Although amniotic fluids may be discordant, they do not meet the criteria for TITS. (<2cm and >5cm.). Our protocol for laser surgery for SIUGR requires absent or reverse flow in the umbilical artery.

Placenta Location _____ Anterior _____ Posterior _____

Chorionicity _____ Mono/Di _____ Mono/Mono _____ Di/Di _____ Unknown _____

AMNIOTIC FLUID (maximum vertical pocket in each sac) Recipient/AGA _____cm
Donor/IUGR _____cm

WEIGHT DISCORDANCE: FETAL WEIGHT MEASUREMENTS Recipient/AGA _____Grams
Donor /IUGR _____Grams

FETAL BLADDER

The Urinary Bladder in the Donor/Iugr Fetus Appeared to be: Filling _____ Not Filling _____

FETAL ANOMOLIES _____ Yes _____ No Comments _____

ABNORMAL INTRACRANIAL U/S FINDINGS

	Recipient	Donor
Does either fetus have evidence of: Intraventricular Hemorrhage	____ Yes ____ No	____ Yes ____ No
Porencephalic Cysts	____ Yes ____ No	____ Yes ____ No
Ventriculomegaly	____ Yes ____ No	____ Yes ____ No

FETAL HYPDROPS

Does either fetus have evidence of: Abdominal Ascites	____ Yes ____ No	____ Yes ____ No
Scalp Edema	____ Yes ____ No	____ Yes ____ No
Pleural Effusion	____ Yes ____ No	____ Yes ____ No

DOPPLER STUDIES

Umbilical Artery	AEDV	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
	REDV	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
Ductus Venosus-Reverse Flow		____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
Pulsatile Umbilical Vein		____ Yes ____ No	____ Yes ____ No	____ Yes ____ No

FETAL ECHO _____ Yes _____ No Findings _____

CERVICAL LENGTH (required)

Via transvaginal scanning, the cervical length appeared to measure ____cm Funneling? ____Yes ____No
 **If Cervix measures <2.5cm a cerclage may be required prior to laser therapy

HAS THE PATIENT HAD SERUM SCREEN TESTING? ____Yes ____No

If this test has been done is there an increased risk for:

Down's Syndrome? ____Yes ____No Neural tube defects: ____Yes ____No

Other _____

HAS THE PATIENT HAD NON-INVASIVE PRENATAL TESTING? ____Yes ____No

If this test has been done is there an increased risk for:

Down's Syndrome? ____Yes ____No Neural tube defects: ____Yes ____No

Other _____

HAS THE PATIENT HAD CVS? ____Yes ____No

If CVS has been performed, please state the fetal karyotype: ____46, XX ____46, XY _____Other

AMNIOCENTESIS

Has the patient undergone any amniocentesis procedures? ____genetic ____therapeutic ____none if a genetic

amniocentesis has been performed, please state the fetal karyotype: ____46,XX ____46, XY _____Other

If therapeutic (decompression) amniocentesis has been performed, please complete the following:

Date	Amount Removed	Fluid Color	Placenta Penetrated	Outer Membrane Detachment	Disruption of dividing membrane (Septostomy)	Gross Rupture of Membranes (PROM)
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No
			Yes No	Yes No	Yes No	Yes No

INCOMPETENT CERVIX

Does this patient have a history of an incompetent cervix? ____Yes ____No

Has a cerclage suture been performed with this pregnancy? ____Yes ____No

PRETERM LABOR

Has this patient experienced any symptoms of preterm labor? ____Yes ____No

Have any medications for preterm labor been administered? ____Yes ____No

LIST: _____

MEDICAL HISTORY

Please list any pertinent maternal medical conditions (ie: diabetes, hypertension, lupus, CHD, ect..)

OFFICE USE ONLY:	
Date Received	Diagnosis
Recommendation	Follow Up

Thank you for this referral. I will get back with you as soon as possible.

Sara Zientara, RNC, BSN, Perinatal Navigator/Fetal Care Center Coordinator

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