

CADDRE
PRENATAL CHART
ABSTRACTION FORM

(11/14/2005)

STUDY ID Number:

STUDY ID Number:

| A. IDENTIFYING INFORMATION | | | | <input type="checkbox"/> No Info |
|--|--|--------------------|-----------------|----------------------------------|
| 1. Mother's name (Last, First, Middle) | | 2. Study ID# | | |
| 3. Maiden Name | | 4. AKA | | |
| 5. Mother's Medical Record Number | | 6. SSN | 7. Mother's DOB | |
| 8. Street Address | | 9. City | 10. State | 11. Zip Code |
| 12. Provider/Clinic Name | | | | |
| 13. Clinic Street Address | | 14. City | 15. State | 16. Zip Code |
| 17. Provider/Clinic Name | | | | |
| 18. Clinic Street Address | | 19. City | 20. State | 21. Zip Code |
| 22. Provider/Clinic Name | | | | |
| 23. Clinic Street Address | | 24. City | 25. State | 26. Zip Code |
| 27. Delivery Hospital | | | | |
| 28. Delivery Hospital Address | | 29. City | 30. State | 31. Zip code |
| 32. Date Abstracted ____/____/____ | | 33. Abstractor | | |
| 34. Start Time : | | 35. Stop Time : | | |
| 36. Start Time : | | 37. Stop Time : | | |
| 38. Start Time : | | 39. Stop Time : | | |
| 40. Start Time : | | 41. Stop Time : | | |
| Comments: | | | | |

STUDY ID Number:

MATERNAL ADDRESS HISTORY

| | | | |
|----------------------------|-----------------------------|-----------|--------------|
| 9. Date __ / __ / ____ | 10. Mother's Street Address | | |
| 11. City | | 12. State | 13. Zip Code |
| 14. Date __ / __ / ____ | 15. Mother's Street Address | | |
| 16. City | | 17. State | 18. Zip Code |
| 19. Date __ / __ / ____ | 20. Mother's Street Address | | |
| 21. City | | 22. State | 23. Zip Code |
| 24. Date __ / __ / ____ | 25. Mother's Street Address | | |
| 26. City | | 27. State | 28. Zip Code |
| 29. Date __ / __ / ____ | 30. Mother's Street Address | | |
| 31. City | | 32. State | 33. Zip Code |
| 34. Date __ / __ / ____ | 35. Mother's Street Address | | |
| 36. City | | 37. State | 38. Zip Code |
| 39. Date __ / __ / ____ | 40. Mother's Street Address | | |
| 41. City | | 42. State | 43. Zip Code |
| COMMENTS: | | | |

STUDY ID Number:

B. MENSTRUAL HISTORY, CONCEPTION, INFERTILITY, PRENATAL CARE No Info

| | | |
|---|---|---|
| 1. Date of first PNV ____/____/____ 99. <input type="checkbox"/> unknown | 2. Date of last PNV ____/____/____ 99. <input type="checkbox"/> unknown | 3. Total # Visits 99. <input type="checkbox"/> unknown |
| 4. LMP Date ____/____/____ 99. <input type="checkbox"/> unknown | 5. LMP date certain? 1. • Yes 2. • No 9. • Unknown | 6. EDC-LMP 99. <input type="checkbox"/> unknown |
| 7. EDC-US 99. <input type="checkbox"/> unknown | 8. Number of months current pregnancy attempted _____ months 77. • Unplanned 99. <input type="checkbox"/> unknown | |
| 9. Contraceptives in use at time of conception? 1. • None/rhythm 2. • Barrier/chemical 3. • Hormonal 4. • IUD 9. • Unknown | | 10. Date contraceptives stopped: ____/____/____ 99. <input type="checkbox"/> unknown |
| 11. Conception 1. • Spontaneous 2. • Assisted _____ 3. • Delayed 9. • Unknown | 12. Menstrual History Age of onset _____ 99. <input type="checkbox"/> unknown | 13. Menstrual cycles 1. • Regular 2. • Irregular 9. • Unknown |
| 14. Intercycle Interval _____ days 99. <input type="checkbox"/> unknown | 15. Duration _____ days 99. <input type="checkbox"/> unknown | |

| 16. Infertility Diagnosis | Index Preg | Past History/Not including index pregnancy | 17. Infertility Treatment (INDEX pregnancy) check all that apply: |
|----------------------------|--------------------------|--|--|
| Tubal Factor | <input type="checkbox"/> | <input type="checkbox"/> | <ul style="list-style-type: none"> • IUI (intrauterine insemination) • CI or ICI (cervical insemination) • IVF (in vitro fertilization) • GIFT(gamete intrafallopian transfer) • ZIFT (zygote intrafallopian transfer) • TET (tubal embryo transfer) • Egg Donor • Egg Recipient • Gestational surrogate • Frozen embryo transfer (FET/CET) • ICSI (intracytoplasmic sperm injection) • Open fallopian tubes • Rejoin fallopian tubes • Treatment of uterine fibroids • Removal of endometriosis • Infertility treatment not specified/unknown |
| Ovulatory Dysfunction | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diminished ovarian reserve | <input type="checkbox"/> | <input type="checkbox"/> | |
| Endometriosis | <input type="checkbox"/> | <input type="checkbox"/> | |
| Uterine factor | <input type="checkbox"/> | <input type="checkbox"/> | |
| Male Factor | <input type="checkbox"/> | <input type="checkbox"/> | |
| Unexplained cause | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (Specify): | <input type="checkbox"/> | <input type="checkbox"/> | |
| Unknown/No Info | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> INFERTILITY (past or index pregnancy) NO INFO |

| 18. Infertility Medications M=Mother F=Father | Medication | F | M | Medication | F | M | Medication | M | F |
|--|--------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|----------------------|--------------------------|--------------------------|
| | Baby aspirin | <input type="checkbox"/> | <input type="checkbox"/> | Fertinex | <input type="checkbox"/> | <input type="checkbox"/> | Pergonal | <input type="checkbox"/> | <input type="checkbox"/> |
| | Bromocriptin | <input type="checkbox"/> | <input type="checkbox"/> | Follistim | <input type="checkbox"/> | <input type="checkbox"/> | Pregnyl | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clomid | <input type="checkbox"/> | <input type="checkbox"/> | Gonal-F | <input type="checkbox"/> | <input type="checkbox"/> | Profasi | <input type="checkbox"/> | <input type="checkbox"/> |
| | Clomiphene citrate | <input type="checkbox"/> | <input type="checkbox"/> | Heparin | <input type="checkbox"/> | <input type="checkbox"/> | Prometrium | <input type="checkbox"/> | <input type="checkbox"/> |
| | Crinone | <input type="checkbox"/> | <input type="checkbox"/> | Lupron | <input type="checkbox"/> | <input type="checkbox"/> | Provera | <input type="checkbox"/> | <input type="checkbox"/> |
| | Danazol | <input type="checkbox"/> | <input type="checkbox"/> | Metrodin | <input type="checkbox"/> | <input type="checkbox"/> | Repronex | <input type="checkbox"/> | <input type="checkbox"/> |
| | Danocrine | <input type="checkbox"/> | <input type="checkbox"/> | Lutrepulse | <input type="checkbox"/> | <input type="checkbox"/> | Serophene | <input type="checkbox"/> | <input type="checkbox"/> |
| | Dostinex | <input type="checkbox"/> | <input type="checkbox"/> | Novarel | <input type="checkbox"/> | <input type="checkbox"/> | Steroid tx (Specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| | Factrel | <input type="checkbox"/> | <input type="checkbox"/> | Parlodel | <input type="checkbox"/> | <input type="checkbox"/> | Synarel | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: _____

STUDY ID Number:

| C. PREGNANCY HISTORY | | | | | | <input type="checkbox"/> No Info |
|-----------------------------|---------|--------------------|--------|----------------------|-------------------|---|
| 1. Gravida | 2. Para | 3. Stillbirths/SAB | 4. TAB | 5. Preterm (<37 wks) | 6. Term (≥37 wks) | |

****Use the following codes to complete the table below****

| Sex | Plurality | Zygoty | Outcome |
|--|--|--|--|
| 1. Male 2. Female 3. Ambiguous 9. Unknown | 11. Singleton 20. Twin NOS * 21. Twin A 22. Twin B *NOS = not otherwise stated | 1. monozygotic (mz) 2. Dizygotic (dz) 9. Unknown Trimesters 1) weeks 1-12 2) weeks 13-26 3) weeks 27-40 + | 1. SAB (<20 wks) 2. TAB 3. Live Birth 4. Stillbirth ≤ 20 weeks 5. Neonatal death (0-28 days) 6. Postneonatal death (28 days -1 year) 7. Death (>1 year) 8. Death (NOS) * If death occurred code and write reason in outcome box 9. Ectopic pregnancy 10. Molar pregnancy 88 Other specify 99. Unknown |

Prenatal & Delivery Problems /Complications

| | |
|---|---|
| 1. No complications noted 2. Abruptio placentae 3. Birth defect 4. Cephalopelvic disproportion 5. Cesarean section delivery 6. Chorioamnionitis 7. Deep vein thrombosis 8. Eclampsia 9. Fetal reduction 10. Gestational Diabetes 11. HELLP 12. Hyperemesis 13. Intrauterine growth restriction/retardation (IUGR) | 14. Macrosomia 15. Placenta previa 16. Postpartum depression 17. Postpartum hemorrhage 18. Pregnancy induced hypertension/preeclampsia/gestational hypertension 19. Premature rupture of membranes (PROM) 20. Preterm labor 21. Pulmonary edema 22. Pulmonary embolus (PE) 23. Uterine rupture 24. Vaginal bleeding 88. Other: specify 99. Unknown/Not Documented |
|---|---|

| Preg No. | Baby No. | Delivery Mo. | Delivery Yr. | Wt | | | GA (wks) | Sex | Plurality | Zygoty | Outcome | Prenatal & Delivery Problems / Complications |
|----------|----------|--------------|--------------|----|----|----|----------|-----|-----------|--------|---------|--|
| | | | | gm | lb | oz | | | | | | |
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STUDY ID Number:

Comments:

D. MATERNAL BASELINE MEASUREMENTS (WEIGHT, HEIGHT, AND BLOOD PRESSURE)

No Info

| | Date | GA | Measurement | | | Date | GA | Measurement | | |
|-------------------------|--|----------------------------------|-------------|------------|----------------------------------|--|----------------------------------|--------------------------------------|----|-----|
| 1. Pre-pregnancy weight | ____/____/____ 99. <input type="checkbox"/> unknown | | lb | kg | 5. Pre-pregnancy maternal height | | | ft | in | cms |
| | | | ____. ____ | ____. ____ | | | | 99. <input type="checkbox"/> unknown | | |
| 2. First PNV weight | ____/____/____ 99. <input type="checkbox"/> unknown | 99. <input type="checkbox"/> unk | lb | kg | 6. First PNV BP | ____/____/____ 99. <input type="checkbox"/> unknown | 99. <input type="checkbox"/> unk | / sys/dias | | |
| | | | ____. ____ | ____. ____ | | | | 99. <input type="checkbox"/> unknown | | |
| 3. Last PNV weight | ____/____/____ 99. <input type="checkbox"/> unknown | 99. <input type="checkbox"/> unk | lb | kg | 7. Second PNV BP | ____/____/____ 99. <input type="checkbox"/> unknown | 99. <input type="checkbox"/> unk | / sys/dias | | |
| | | | ____. ____ | ____. ____ | | | | 99. <input type="checkbox"/> unknown | | |
| 4. Admission weight | ____/____/____ 99. <input type="checkbox"/> unknown | 99. <input type="checkbox"/> unk | lb | kg | 8. . \approx 20 weeks PNV BP | ____/____/____ 99. <input type="checkbox"/> unknown | 99. <input type="checkbox"/> unk | / sys/dias | | |
| | | | ____. ____ | ____. ____ | | | | 99. <input type="checkbox"/> unknown | | |

Comments:

STUDY ID Number:

| E. BLOOD TYPE AND SCREENINGS | | | | | | <input type="checkbox"/> No Info |
|---|---|--|---|---|--|----------------------------------|
| 1. Blood type and Rh + / - 99. <input type="checkbox"/> unknown | 2. Antibody screen 1. • Neg 2. • Pos _____ 99. <input type="checkbox"/> unknown | 3. RPR/VDRL 1. • NR 2. • React 99. <input type="checkbox"/> unknown | 4. HbsAG 1. • Neg 2. • Pos 99. <input type="checkbox"/> unknown | 5. Rubella Titer 1. • Im 2. • Non-im 99. <input type="checkbox"/> unknown | 6. HIV • Done 1. • Neg 2. • Pos 99. <input type="checkbox"/> unknown | |
| 7. Hgb electrophoresis Date 1. • Neg ____/____/_____ 2. • Pos _____ 99. <input type="checkbox"/> unknown | | | 8. Triple Marker Date 1. • NL ____/____/_____ 2. • ABNL _____ 99. <input type="checkbox"/> unknown <u>Numeric results:</u> AFP: _____ <input type="checkbox"/> Declined Unconjugated estriol: _____ Hcg: _____ | | | |
| 9. MSAFP Date 1. • NL ____/____/_____ 2. • ABNL _____ 99. <input type="checkbox"/> unknown MS-AFP Accession number: | | | 10. Progesterone level Date 1. • NL ____/____/_____ 2. • ABNL _____ 99. <input type="checkbox"/> unknown | | | |
| 11. Chorionic Villi Sampling Date 1. • NL ____/____/_____ 2. • ABNL _____ 99. <input type="checkbox"/> unknown | | | 12. Amniocentesis Date karyotype _____ ____/____/_____ 99. <input type="checkbox"/> unknown | | | |
| 13. Amnio gram stain Date 1. • Neg ____/____/_____ 2. • Pos _____ 99. <input type="checkbox"/> unknown | | 14. Amnio lung maturity Date LS _____ PG _____ FSI _____ ____/____/_____ _____ | | | | |
| 15. C-reactive protein lab values | | | | | | |
| First PNV value _____ | | <input type="checkbox"/> unknown | date ____/____/_____ | | <input type="checkbox"/> unknown | |
| Delivery admission value _____ | | <input type="checkbox"/> unknown | date ____/____/_____ | | <input type="checkbox"/> unknown | |
| Closest to delivery value _____ | | <input type="checkbox"/> unknown | date ____/____/_____ | | <input type="checkbox"/> unknown | |
| First postpartum value _____ | | <input type="checkbox"/> unknown | date ____/____/_____ | | <input type="checkbox"/> unknown | |
| Comments: <div style="border: 1px solid black; height: 100px; width: 100%;"></div> | | | | | | |

| F. ULTRASOUND REPORTS | | | | | <input type="checkbox"/> No Info |
|--|----------|-----------|--------|--|--|
| 1. Date of scan ____/____/____ 99. • unknown | #fetuses | EGA-dates | EGA-US | Reason (check all that apply) 1. • Confirm dates 2. • Fetal growth 3. • Placenta 4. • BPP 5. • Decreased fetal movement 6. • Amniotic fluid volume 7. • Malformation 8. • Other: (Specify) _____ 99. • unknown | Results: 1. • Normal 2. • Abnormal _____ _____ 99. <input type="checkbox"/> unknown |
| Comments | | | | | |
| 2. Date of scan ____/____/____ 99. • unknown | #fetuses | EGA-dates | EGA-US | Reason (check all that apply) 1. • Confirm dates 2. • Fetal growth 3. • Placenta 4. • BPP 5. • Decreased fetal movement 6. • Amniotic fluid volume 7. • Malformation 8. • Other: (Specify) _____ 99. • unknown | Results: 1. • Normal 2. • Abnormal _____ _____ 99. <input type="checkbox"/> unknown |
| Comments | | | | | |
| 3. Date of scan ____/____/____ 99. • unknown | #fetuses | EGA-dates | EGA-US | Reason (check all that apply) 1. • Confirm dates 2. • Fetal growth 3. • Placenta 4. • BPP 5. • Decreased fetal movement 6. • Amniotic fluid volume 7. • Malformation 8. • Other: (Specify) _____ 99. • unknown | Results: 1. • Normal 2. • Abnormal _____ _____ 99. <input type="checkbox"/> unknown |
| Comments | | | | | |

STUDY ID Number:

| F. ULTRASOUND REPORTS (cont'd) | | | | | |
|---|----------|-----------|--------|--|--|
| 4. Date of scan ___/___/___ 99. • unknown | #fetuses | EGA-dates | EGA-US | Reason (check all that apply) 1. • Confirm dates 2. • Fetal growth 3. • Placenta 4. • BPP 5. • Decreased fetal movement 6. • Amniotic fluid volume 7. • Malformation 8. • Other: (Specify) _____ 99. • unknown | Results: 1. • Normal 2. • Abnormal _____ _____ 99. <input type="checkbox"/> unknown |
| Comments | | | | | |
| 5. Date of scan ___/___/___ 99. • unknown | #fetuses | EGA-dates | EGA-US | Reason (check all that apply) 1. • Confirm dates 2. • Fetal growth 3. • Placenta 4. • BPP 5. • Decreased fetal movement 6. • Amniotic fluid volume 7. • Malformation 8. • Other: (Specify) _____ 99. • unknown | Results: 1. • Normal 2. • Abnormal _____ _____ 99. <input type="checkbox"/> unknown |
| Comments | | | | | |
| 6. Date of scan ___/___/___ 99. • unknown | #fetuses | EGA-dates | EGA-US | Reason (check all that apply) 1. • Confirm dates 2. • Fetal growth 3. • Placenta 4. • BPP 5. • Decreased fetal movement 6. • Amniotic fluid volume 7. • Malformation 8. • Other: (Specify) _____ 99. • unknown | Results: 1. • Normal 2. • Abnormal _____ _____ 99. <input type="checkbox"/> unknown |
| Comments | | | | | |
| Comments: | | | | | |

| G. SUBSTANCE ABUSE | | | | | <input type="checkbox"/> No Info |
|--------------------------------------|--|--|--|--|--|
| | 3 mos prior to conception through conception | Trimester 1 Weeks 1-12 | Trimester 2 13-26 | Trimester 3 27-40 + | Date stopped |
| a. Drugs/Subs. | | | | | |
| a1. Marijuana | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | ____/____/____ 99. • unknown |
| a2. Cocaine | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | ____/____/____ 99. • unknown |
| a3. Ecstasy, speed, methamphetamines | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | ____/____/____ 99. • unknown |
| a3. Other(specify): _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated | ____/____/____ 99. • unknown |
| b. Tobacco | | | | | |
| | ____cigs/day ____packs/day ____packs/wk <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____cigs/day ____packs/day ____packs/wk <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____cigs/day ____packs/day ____packs/wk <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____cigs/day ____packs/day ____packs/wk <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____/____/____ 99. • unknown |
| c. Alcohol | | | | | |
| | ____drinks/day ____ ____drinks/week or • heavy • moderate/ social • occasional • rarely/ minimal <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____drinks/day ____drinks/week or • heavy • moderate/ social • occasional • rarely/ minimal <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____drinks/day ____ ____drinks/week or • heavy • moderate/ social • occasional • rarely/ minimal <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____drinks/day ____drinks/week or • heavy • moderate/ social • occasional • rarely/ minimal <input type="checkbox"/> No <input type="checkbox"/> Unknown | ____/____/____ 99. • unknown |
| Comments: | | | | | |

STUDY ID Number:

| H. MATERNAL INFECTIONS ANYTIME DURING CURRENT PREGNANCY <input type="checkbox"/> No Info | | | | | | | | |
|--|--|----------------|-----|--|-----------------------------------|--|---|---|
| Dx: Use codes from Infection List (Appendix) | | | | | | | | |
| If cultures were performed, note in Section I. | | | | | | | | |
| If "yes" is indicated for medications, please fill out Section R. | | | | | | | | |
| a. Dx | Date diagnosed ____/____/____ 9. • unknown | G A | Tri | Certainty of Dx 1. • Lab 2. • Clinical 3. • Suspect 9. • unknown | Duration ____ days 9. • unk | Highest temp °C _____ °F _____ 1. • No temp 999. • unk | Cultures 1. • Yes 2. • No 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| b. Dx | Date diagnosed ____/____/____ 9. • unknown | G A | Tri | Certainty of Dx 1. • Lab 2. • Clinical 3. • Suspect 9. • unknown | Duration ____ days 9. • unk | Highest temp °C _____ °F _____ 1. • No temp 999. • unk | Cultures 1. • Yes 2. • No 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| c. Dx | Date diagnosed ____/____/____ 9. • unknown | G A | Tri | Certainty of Dx 1. • Lab 2. • Clinical 3. • Suspect 9. • unknown | Duration ____ days 9. • unk | Highest temp °C _____ °F _____ 1. • No temp 999. • unk | Cultures 1. • Yes 2. • No 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| d. Dx | Date diagnosed ____/____/____ 9. • unknown | G A | Tri | Certainty of Dx 1. • Lab 2. • Clinical 3. • Suspect 9. • unknown | Duration ____ days 9. • unk | Highest temp °C _____ °F _____ 1. • No temp 999. • unk | Cultures 1. • Yes 2. • No 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| e. Dx | Date diagnosed ____/____/____ 9. • unknown | G A | Tri | Certainty of Dx 1. • Lab 2. • Clinical 3. • Suspect 9. • unknown | Duration ____ days 9. • unk | Highest temp °C _____ °F _____ 1. • No temp 999. • unk | Cultures 1. • Yes 2. • No 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| f. Dx | Date diagnosed ____/____/____ 9. • unknown | G A | Tri | Certainty of Dx 1. • Lab 2. • Clinical 3. • Suspect 9. • unknown | Duration ____ days 9. • unk | Highest temp °C _____ °F _____ 1. • No temp 999. • unk | Cultures 1. • Yes 2. • No 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| Fever >37.7°C or 100°F <input type="checkbox"/> No Info | | | | | | | | |
| | 5 highest fevers | Date | | | Time | | | |
| 1. | °C _____ °F _____ 99. • unknown | ____/____/____ | | | 99. • unknown | | | |
| 2. | °C _____ °F _____ 99. • unknown | ____/____/____ | | | 99. • unknown | | | |

STUDY ID Number:

Fever >37.7°C or 100°F(cont'd)

| | | | |
|------------------|---------------------------------------|---------------------|---------------|
| 3. | °C _____ °F _____ 99. • unknown | _ _ / _ _ / _ _ _ _ | 99. • unknown |
| 4. | °C _____ °F _____ 99. • unknown | _ _ / _ _ / _ _ _ _ | 99. • unknown |
| 5. | °C _____ °F _____ 99. • unknown | _ _ / _ _ / _ _ _ _ | 99. • unknown |
| Comments: | | | |

STUDY ID Number:

I. CULTURES ANYTIME DURING CURRENT PREGNANCY (RECORD ALL CULTURES OBTAINED)- Indicate the number of the event from section H. If the culture does not correspond to an event in section H, then enter '0'. No Info

Source: 1= amniotic fluid, 2= placenta, 3= cervix, 4= vagina, 5=urine, 6=blood, 7= sputum, 8= stool, 88= other, (specify), 99= unknown

| Refer | Date cultured | Source | Results | Description (organisms, etc) |
|-------|------------------------------|--------|---|------------------------------|
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |
| | ___/___/___ 99. • unknown | | 1. • No growth 3. • NL Flora 2. • Light growth 4. •Positive 5. • Growth noted, not specified 99. • unknown | |

Comments:

STUDY ID Number:

| J. OTHER ABNORMAL REPORTS | | | | <input type="checkbox"/> No Info |
|----------------------------------|-------------|-----------------------|---|----------------------------------|
| Refer | Test Date | Test Name/Description | Results | Comments |
| | _ / _ / _ _ | | 1. • Normal 2. • Abnormal: _____ 9. • unknown | |
| | _ / _ / _ _ | | 1. • Normal 2. • Abnormal: _____ 9. • unknown | |
| | _ / _ / _ _ | | 1. • Normal 2. • Abnormal: _____ 9. • unknown | |

Comments

| K. INJECTIONS/VACCINATIONS DURING CURRENT PREGNANCY | | | | <input type="checkbox"/> No Info |
|--|--|--|--|----------------------------------|
|--|--|--|--|----------------------------------|

| Injection/vaccination | | | | | |
|--|---|---|---|---|-------|
| | Date | Dose | Manufacturer | Product Name | Lot # |
| Rhogam (or other RH(D)) immunoglobulin | First _ / _ / _ _ 99. • Unknown Second _ / _ / _ _ 99. • Unknown | First _____ 99. • No Info Second _____ 99. • Unknown | First _____ 99. • No Info Second _____ 99. • Unknown | First _____ 99. • No Info Second _____ 99. • Unknown | |
| Influenza vaccine | Date _ / _ / _ _ 99. • Unknown | Manufacturer 99. • Unknown | | Lot # 99. • Unknown | |
| Other (specify) _____ | Date _ / _ / _ _ 99. • Unknown | Manufacturer 99. • Unknown | | Lot # 99. • Unknown | |

Comments:

STUDY ID Number:

| L.VAGINAL BLEEDING ANYTIME DURING CURRENT PREGNANCY <input type="checkbox"/> No Info | | | | | | | |
|--|-----------|------------|-----------|--|---|---|--|
| Dx: 1=Placenta previa, 2= Placental abruption, 3= Trauma, 4= Effaced/dilated, 5= Uterine rupture, 6= Implantation bleeding, 7= Placenta accreta 8=Other, (specify), 9= Unknown | | | | | | | |
| If “yes” is indicated for medications, please fill out Section R. | | | | | | | |
| a. Date occurred | GA | Tri | Dx | Duration _____ days 99. • Unk | Pain 1. • Yes 2. • No (stated) 3. • Suspect 9. • Unknown | Cramping 1. • Yes 2. • No (stated) 3. • Suspect 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| ____/____/____ 99. • unknown | | | | | | | |
| b. Date occurred | GA | Tri | Dx | Duration _____ days 99. • Unk | Pain 1. • Yes 2. • No (stated) 3. • Suspect 9. • Unknown | Cramping 1. • Yes 2. • No (stated) 3. • Suspect 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| ____/____/____ 99. • unknown | | | | | | | |
| c. Date occurred | GA | Tri | Dx | Duration _____ days 99. • Unk | Pain 1. • Yes 2. • No (stated) 3. • Suspect 9. • Unknown | Cramping 1. • Yes 2. • No (stated) 3. • Suspect 9. • Unknown | Medication given 1. • Yes 2. • No 9. • Unknown |
| ____/____/____ 99. • unknown | | | | | | | |
| Comments: | | | | | | | |
| | | | | | | | |

STUDY ID Number:

| M. PRETERM LABOR If "yes" is indicated for medications, please fill out Section R. <input type="checkbox"/> No Info | | | | |
|--|----|---|--|---|
| a. Date reported ___/___/___ 99. • unknown | GA | Onset of s/s per patient 1. • No s/s 2. • <12h 3. • 12-24h 4. • >24h 99. • unknown | Signs/symptoms • Uterine contractions • Cramping (per pt) • Cervical change • PROM • Other, (specify)_____ 99. • unknown | Treatments • Meds (fill out sect. Q) • Bed rest • IV Hydration • Other, (specify)_____ 99. • unknown |
| b. Date reported ___/___/___ 99. • unknown | GA | Onset of s/s per patient 1. • No s/s 2. • <12h 3. • 12-24h 4. • >24h 99. • unknown | Signs/symptoms • Uterine contractions • Cramping (per pt) • Cervical change • PROM • Other, (specify)_____ 99. • unknown | Treatments • Meds (fill out sect. Q) • Bed rest • IV Hydration • Other, (specify)_____ 99. • unknown |
| c. Date reported ___/___/___ 99. • unknown | GA | Onset of s/s per patient 1. • No s/s 2. • <12h 3. • 12-24h 4. • >24h 99. • unknown | Signs/symptoms • Uterine contractions • Cramping (per pt) • Cervical change • PROM • Other, (specify)_____ 99. • unknown | Treatments • Meds (fill out sect. Q) • Bed rest • IV Hydration • Other, (specify)_____ 99. • unknown |
| d. Date reported ___/___/___ 99. • unknown | GA | Onset of s/s per patient 1. • No s/s 2. • <12h 3. • 12-24h 4. • >24h 99. • unknown | Signs/symptoms • Uterine contractions • Cramping (per pt) • Cervical change • PROM • Other, (specify)_____ 99. • unknown | Treatments • Meds (fill out sect. Q) • Bed rest • IV Hydration • Other, (specify)_____ 99. • unknown |
| e. Date reported ___/___/___ 99. • unknown | GA | Onset of s/s per patient 1. • No s/s 2. • <12h 3. • 12-24h 4. • >24h 99. • unknown | Signs/symptoms • Uterine contractions • Cramping (per pt) • Cervical change • PROM • Other, (specify)_____ 99. • unknown | Treatments • Meds (fill out sect. Q) • Bed rest • IV Hydration • Other, (specify)_____ 99. • unknown |
| Comments: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | | | |

STUDY ID Number:

N. OTHER CONDITIONS OR TRAUMA ANYTIME DURING CURRENT PREGNANCY No Info

Dx: 1= Decreased fetal movement 2= Trauma/injury 3= Oligohydramnios 4= Polyhydramnios
 5= IUGR 6= Macrosomia 7= loss of consciousness 8= Spontaneous reduction
 88= other, (specify) 99= unknown

If "yes" is indicated for medications, please fill out Section R.

| | | | | | |
|---|----|-----|----|-------------|---|
| a. Date diagnosed ____/____/_____ 99. • unknown | GA | Tri | Dx | Description | Medication given 1. • Yes 2. • No 9. • Unknown |
| b. Date diagnosed ____/____/_____ 99. • unknown | GA | Tri | Dx | Description | Medication given 1. • Yes 2. • No 9. • Unknown |
| c. Date diagnosed ____/____/_____ 99. • unknown | GA | Tri | Dx | Description | Medication given 1. • Yes 2. • No 9. • Unknown |
| d. Date diagnosed ____/____/_____ 99. • unknown | GA | Tri | Dx | Description | Medication given 1. • Yes 2. • No 9. • Unknown |

Comments:

STUDY ID Number:

| O. HOSPITAL ADMISSIONS/VISITS THIS PREGNANCY (INPATIENT AND OUTPATIENT) For Medical History Code use Appendix If "yes" is indicated for medications, please fill out Section R. <input type="checkbox"/> No Info | | | | | | | | | | |
|--|-------------------|----------------------|--|-------------------------|--|------------|----------------------|--|-----------------------------|--|
| 1. Treated in/as 1. • ER 2. • Outpatient 3. • Inpatient 9. • Unknown | Hospital/facility | | | Admit date _ / _ / _ | | | GA | | Discharge date _ / _ / _ | |
| Procedures: 1. • X-rays, including dental 2. • Mammogram 3. • CT/CAT scans 4. • MRI/magnetic resonance 5. • Radionuclide study or scan 6. • Radiation treatments or scan 7. • Surgery 88. • Other: (Specify) 99. • unknown | Dx1 | ICD9 | | ICD9 | | Dx3 | ICD9 | Treatment: 1. • Surgery 2. • Medications 8. • Other, (specify): _____ 99. • unknown | | |
| | | Problem | | Problem | | | Problem | | | |
| | | Medical History Code | | Medical History Code | | | Medical History Code | | | |
| 2. Treated in/as 1. • ER 2. • Outpatient 3. • Inpatient 9. • Unknown | Hospital/facility | | | Admit date _ / _ / _ | | | GA | | Discharge date _ / _ / _ | |
| Procedures: 1. • X-rays, including dental 2. • Mammogram 3. • CT/CAT scans 4. • MRI/magnetic resonance 5. • Radionuclide study or scan 6. • Radiation treatments or scan 7. • Surgery 88. • Other: (Specify) 99. • unknown | Dx1 | ICD9 | | ICD9 | | Dx3 | ICD9 | Treatment: 1. • Surgery 2. • Medications 8. • Other, (specify): _____ 99. • unknown | | |
| | | Problem | | Problem | | | Problem | | | |
| | | Medical History Code | | Medical History Code | | | Medical History Code | | | |
| 3. Treated in/as 1. • ER 2. • Outpatient 3. • Inpatient 9. • Unknown | Hospital/facility | | | Admit date _ / _ / _ | | | GA | | Discharge date _ / _ / _ | |
| Procedures: 1. • X-rays, including dental 2. • Mammogram 3. • CT/CAT scans 4. • MRI/magnetic resonance 5. • Radionuclide study or scan 6. • Radiation treatments or scan 7. • Surgery 88. • Other: (Specify) 99. • unknown | Dx1 | ICD9 | | ICD9 | | Dx3 | ICD9 | Treatment: 1. • Surgery 2. • Medications 8. • Other, (specify): _____ 99. • unknown | | |
| | | Problem | | Problem | | | Problem | | | |
| | | Medical History Code | | Medical History Code | | | Medical History Code | | | |
| 4. Treated in/as 1. • ER 2. • Outpatient 3. • Inpatient 9. • Unknown | Hospital/facility | | | Admit date _ / _ / _ | | | GA | | Discharge date _ / _ / _ | |
| Procedures: 1. • X-rays, including dental 2. • Mammogram 3. • CT/CAT scans 4. • MRI/magnetic resonance 5. • Radionuclide study or scan 6. • Radiation treatments or scan 7. • Surgery 88. • Other: (Specify) 99. • unknown | Dx1 | ICD9 | | ICD9 | | Dx3 | ICD9 | Treatment: 1. • Surgery 2. • Medications 8. • Other, (specify): _____ 99. • unknown | | |
| | | Problem | | Problem | | | Problem | | | |
| | | Medical History Code | | Medical History Code | | | Medical History Code | | | |
| Comments: | | | | | | | | | | |

STUDY ID Number:

| P. PRENATAL PROCEDURES | | <input type="checkbox"/> No Info |
|-------------------------------|--|---|
| Procedure | | |
| Fetal echocardiogram | Date: __/__/____ | 1. • normal 2. • abnormal 99. • unknown |
| External version | # attempts: | 1. • successful 2. • unsuccessful 99. • unknown |
| Fetal reduction | Date: __/__/____ | 1. • # fetuses originally _____ 2. • # fetuses remaining _____ |
| Cerclage | Date placed : __/__/____ Date removed: __/__/____ | |
| Fetal Transfusion | Date: __/__/____ | Reason: |
| Fetal Surgery | Date: __/__/____ | Type/Description |
| Nonstress test (NST) | Date: __/__/____ Date: __/__/____ | Findings: 1) 2) |
| Contraction stress test (CST) | Date: __/__/____ | Findings: |
| Other (specify) _____ | Date: __/__/____ | |
| Comments: | | |

| Q. MEDICAL HISTORY | | | | | <input type="checkbox"/> No Info |
|---|--------------------------------------|---|---|--|----------------------------------|
| <p>Medical History: Use codes from Medical History List (Appendix)</p> <p>If “yes” is indicated for medications, please fill out Section R.</p> | | | | | |
| No. | Medical Condition Code (and specify) | Precision Code | Time Period Condition Active (CHECK ALL THAT APPLY) | Date/Age at First Diagnosis | Medication Given |
| 1 | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |
| 2 | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |
| 3 | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |
| 4 | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |

Q. MEDICAL HISTORY No Info

Medical History: Use codes from Medical History List (Appendix)

If "yes" is indicated for medications, please fill out Section R.

| No. | Medical Condition Code (and specify) | Precision Code | Time Period Condition Active (CHECK ALL THAT APPLY) | Date/Age at First Diagnosis | Medication Given |
|-----|--------------------------------------|---|---|--|---------------------------------|
| 5 | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |
| 6 | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |
| 7. | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |
| 8. | | 1. •Suspected 2. •Definite 9. • Unknown | 1 • Active before index pregnancy 2 • Active during 1 st trimester (1-13 weeks GA) 3 • Active during 2 nd trimester (14- 26 weeks GA) 4 • Active during 3 rd trimester (27-40+ weeks GA) 5 • Active during index pregnancy, trimester unknown 9• Not stated/unknown | Date: ___/___/_____ Age: ___ 9. <input type="checkbox"/> unknown | 1. • Yes 2. • No 9. • Unk |

COMMENTS:

STUDY ID Number:

STUDY ID Number:

R. ALL MEDICATIONS (INCLUDING ALL ANTI-INFECTIVES ,STEROIDS, HORMONES, AND OTHER MEDICATIONS) GIVEN DURING PREGNANCY-

Indicate the number of the event from the corresponding section. If the medication does not correspond to a section above, enter '0' No Info **different amts?**

Drug codes: 9= steroids (lung maturity) 10= antidiabetics, 11= steroids (other), 12= hormones, 13= thyroid, 14= antibiotics, 15= antifungals, 16= antivirals, 17= anesthetics, 18= anticonvulsants, 19= analgesics/hypnotics/sedatives/antipsychotics, 20 = antihypertensives/diuretics, 21= cardiovascular, 22= narcotic antagonists, 23= ergotrate, 24=antidepressants, 25= prenatal vitamins, 26= asthma, 27= preterm labor prevention,88= other (specify), 99= unknown

Exclusions: laxatives, enemas, disinfectants, topical agents, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, tylenol, methergine

Reason: 3 = lung maturity, 4= cervical ripening, 5= maternal disease, 6= prophylaxis 7= maternal fever 8= positive culture, 9= pain relief, 10= hyperemesis, 11= PIH, 88= other (specify), 99= unknown

| Refer | Code | Drug name | Reason | Start Date | Duration (in days) | Dose | Unit | Freq | Entire pregnancy |
|-------|------|-----------|--------|--|--------------------|------------|---|--|------------------|
| | | | | ____/____/____ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ____ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ____/____/____ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ____ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ____/____/____ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ____ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ____/____/____ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ____ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |

STUDY ID Number:

R. ALL MEDICATIONS (INCLUDING ALL ANTI-INFECTIVES ,STEROIDS, HORMONES, AND OTHER MEDICATIONS) GIVEN DURING PREGNANCY (cont'd)

Indicate the number of the event from the corresponding section. If the medication does not correspond to a section above, enter '0'

Drug codes: 9= steroids (lung maturity) 10= antidiabetics, 11= steroids (other), 12= hormones, 13= thyroid, 14= antibiotics, 15= antifungals, 16= antivirals, 17= anesthetics, 18= anticonvulsants, 19= analgesics/hypnotics/sedatives/antipsychotics, 20 = antihypertensives/diuretics, 21= cardiovascular, 22= narcotic antagonists, 23= ergostrate, 24=antidepressants, 25= prenatal vitamins, 26= asthma, 27= preterm labor prevention, 88= other (specify), 99= unknown

Exclusions: laxatives, enemas, disinfectants, topical agents, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, tylenol, methergine

Reason: 3 = lung maturity, 4= cervical ripening, 5= maternal disease, 6= prophylaxis 7= maternal fever 8= positive culture, 9= pain relief, 10= hyperemesis, 11= PIH, 88= other (specify), 99= unknown

| Refer | Code | Drug name | Reason | Start Date | Duration (in days) | Dose | Unit | Freq | Entire preg. |
|-------|------|-----------|--------|---|--------------------|---------------|---|---|--------------|
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |

STUDY ID Number:

R. ALL MEDICATIONS (INCLUDING ALL ANTI-INFECTIVES ,STEROIDS, HORMONES, AND OTHER MEDICATIONS) GIVEN DURING PREGNANCY (cont'd)

Indicate the number of the event from the corresponding section. If the medication does not correspond to a section above, enter '0'

Drug codes: 9= steroids (lung maturity) 10= antidiabetics, 11= steroids (other), 12= hormones, 13= thyroid, 14= antibiotics, 15= antifungals, 16= antivirals, 17= anesthetics, 18= anticonvulsants, 19= analgesics/hypnotics/sedatives/antipsychotics, 20 = antihypertensives/diuretics, 21= cardiovascular, 22= narcotic antagonists, 23= ergotrate, 24=antidepressants, 25= prenatal vitamins, 26= asthma, 27= preterm labor prevention, 88= other (specify), 99= unknown

Exclusions: laxatives, enemas, disinfectants, topical agents, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, tylenol, methergine

Reason: 3 = lung maturity, 4= cervical ripening, 5= maternal disease, 6= prophylaxis 7= maternal fever 8= positive culture, 9= pain relief, 10= hyperemesis, 11= PIH, 88= other (specify), 99= unknown

| Refer | Code | Drug name | Reason | Start Date | Duration (in days) | Dose | Unit | Freq | Entire preg. |
|-------|------|-----------|--------|---|--------------------|------------|--|---|--------------|
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ___/___/___ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ___ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |

STUDY ID Number:

R. ALL MEDICATIONS (INCLUDING ALL ANTI-INFECTIVES ,STEROIDS, HORMONES, AND OTHER MEDICATIONS) GIVEN DURING PREGNANCY (cont'd)

Indicate the number of the event from the corresponding section. If the medication does not correspond to a section above, enter '0'

Drug codes: 9= steroids (lung maturity) 10= antidiabetics, 11= steroids (other), 12= hormones, 13= thyroid, 14= antibiotics, 15= antifungals, 16= antivirals, 17= anesthetics, 18= anticonvulsants, 19= analgesics/hypnotics/sedatives/antipsychotics, 20 = antihypertensives/diuretics, 21= cardiovascular, 22= narcotic antagonists, 23= ergotrate, 24=antidepressants, 25= prenatal vitamins, 26= asthma, 27= preterm labor prevention, 88= other (specify), 99= unknown

Exclusions: laxatives, enemas, disinfectants, topical agents, cough medicine, non-prenatal vitamins, antacids, stool softeners, benadryl, tylenol, methergine

Reason: 3 = lung maturity, 4= cervical ripening, 5= maternal disease, 6= prophylaxis 7= maternal fever 8= positive culture, 9= pain relief, 10= hyperemesis, 11= PIH, 88= other (specify), 99= unknown

| Refer | Code | Drug name | Reason | Start Date | Duration (in days) | Dose | Unit | Freq | Entire preg. |
|-------|------|-----------|--------|--|--------------------|---------------|---|--|--------------|
| | | | | ____/____/____ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ____ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ____/____/____ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ____ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |
| | | | | ____/____/____ 99. <input type="checkbox"/> Unknown | | • variable | 1. • gm 2. • mg 3. • mcg 4. • mU 5. • cc/ml 8. • other | 1. <input type="checkbox"/> QD 2. <input type="checkbox"/> BID 3. <input type="checkbox"/> TID 4. <input type="checkbox"/> QID 5. <input type="checkbox"/> PRN 6. Every ____ hrs 7. <input type="checkbox"/> Per week 8. <input type="checkbox"/> Total dose 9. <input type="checkbox"/> No Info | • |

Comments: