

Measurement of Maternal Life Experience Study
Postpartum Medical Record Abstraction

- 1. Study ID Number: _____
- 2. Delivery Date: _____
- 3. Gestational Age at Delivery: _____
- 4. Maternal weight at delivery or last prenatal visit: _____
- 5. Gestational Age at Last Recorded Maternal Weight: _____
- 6. Sex of Baby
 - 1.....Female
 - 2.....Male

Pregnancy complications:

- 7. Preeclampsia / eclampsia
 - 1.....Yes
 - 2.....No
- 8. Gestational hypertension
 - 1.....Yes
 - 2.....No
- 9. Spontaneous preterm delivery
 - 1.....Yes (continue to 10)
 - 2.....No (skip to 12)
 - ❖ **If yes:**
 - 10. Spontaneous Preterm Labor (sPTL)
 - 1.....Yes
 - 2.....No
 - 11. Preterm Premature Rupture of Membranes (PPROM)
 - 1.....Yes
 - 2.....No
- 12. Abrupton leading to delivery
 - 1.....Yes
 - 2.....No
- 13. Intrauterine Fetal Demise
 - 1.....Yes
 - 2.....No
- 14. Maternal Diabetes
 - 1.....Yes (continue to 15)
 - 2.....No (skip to 16)

❖ If yes:

15. Was it:

- 1.....Pregestational Diabetes
 - a.....Type 1
 - b.....Type 2
- 2.....Gestational Diabetes
 - a.....Insulin required
 - b.....No insulin required

16. Reasons for delivery

- 1.....Spontaneous term labor or term rupture of membranes (skip to 18)
- 2.....Induced term labor
- 3.....Spontaneous preterm labor or ppprom
- 4.....Medically Indicated / Induced Preterm Labor
- 5.....Scheduled term cesarean section
- 6.....Medically indicated scheduled preterm cesarean section

17. If not spontaneous labor (scheduled c-section or induced labor), why?

- 1.....Repeat cesarean (prior low transverse)
- 2.....Placenta Previa
- 3.....History of classical cesarean section
- 4.....Preeclampsia
- 5.....Non-reassuring fetal status
- 6.....Intrauterine growth restriction
- 7.....Elective
- 8.....Post Dates
- 9.....Other _____

18. Delivery

- 1.....NSVD (vaginal delivery)
- 2.....Operative delivery (forceps, vacuum)
- 3.....Cesarean Section

19. Perineal Laceration

- 1.....None
- 2.....1st degree
- 3.....2nd degree
- 4.....3rd degree
- 5.....4th degree

20. Postpartum Hemorrhage (> 500 cc vag, > 1000cc C/S)

- 1.....Yes (continue to 21)
- 2.....No (skip to 23)

❖ If yes:

- 21. Amount _____
- 22. Were they transfused?
 - 1.....Yes

Date _____

Initials of person collecting data _____

2.....No

23. Evidence of infection peripartum (in labor or around the time of delivery) (code yes if fever)

1.....Yes (continue to 24)

2.....No (skip to 27)

❖ **If yes:**

24. Chorioamnionitis

1.....Yes

2.....No

25. Endometritis

1.....Yes

2.....No

26. Other prior to delivery

1.....Yes _____

2.....No

27. Birth weight (grams) _____

28. Birth length (in)

29. Head circumference _____

30. Congenital Anomaly

1.....Yes (continue to 31)

2.....No (skip to 32)

❖ **31. If yes, what:** _____

APGARS

32. At 1 min 0-10 _____

33. At 5 min 0-10 _____

34. At 10 min 0-10 _____

35. Meconium

1.....Yes

2.....No

36. Special Care Nursery admission

1.....Yes (continue to 37)

2.....No (skip to 45)

❖ **If yes, was it due to:**

37. Prematurity

1.....Yes

2.....No

38. Hypoglycemia

1.....Yes

2.....No

39. TTN (transient tachypnea of the newborn)

1.....Yes

2.....No

40. Infection suspected

Date _____

Initials of person collecting data _____

- 1.....Yes
- 2.....No
- 41. Infection proven
 - 1.....Yes
 - 2.....No
- 42. HIE (hypoxic ischemic encephalopathy)
 - 1.....Yes
 - 2.....No
- 43. Hyperbilirubin
 - 1.....Yes
 - 2.....No
- 44. Other _____

45. Neonatal Intubation

- 1.....Yes
- 2.....No

46. Neonatal death

- 1.....Yes
- 2.....No

47. Placenta sent to path for analysis:

- 1.....Yes (continue to 48)
- 2.....No (skip to 49)

48. If yes, results:

- 1.....Normal
- 2.....Abruption
- 3.....Acute inflammation
- 4.....Chronic inflammation
- 5.....Thrombosis
- 6.....Small for gestational age
- 7.....Other

49. Total Days Mom in hospital at the time of delivery _____

50. Total Days Baby in hospital after delivery _____

51. Initial feeding method (specify all used in the first 24 hours of life):

- 1..... IV (skip to 54)
- 2.....Tube (continue to 52)
- 3.....Breast (skip to 54)
- 4.....Bottle (skip to 53)

52. If tube, was it:

- 1.....Formula
- 2.....Breast milk

53. If Bottle, was it (SELECT ALL THAT APPLY):

- 1.....Formula

Date _____

Initials of person collecting data _____

2.....Breast milk

54. Feeding Method at discharge (specify all used in last 24 hours in hospital):

1.....Breast (skip to 56)

2.....Bottle (continue to 55)

55. If Bottle, was it (SELECT ALL THAT APPLY):

1.....Formula

2.....Breast milk

56. Birth trauma:

1.....Yes (continue to 57)

2.....No (skip to 58)

57. Specify trauma _____

58. Hearing screen—**LEFT EAR:**

1.....Pass

2.....Fail

3....Refer

59. Hearing screen-- **RIGHT EAR:**

1.....Pass

2.....Fail

3.....Refer

Date_____

Initials of person collecting data_____