**Pregnant woman: Complete this form for any woman who is pregnant when confirmed positive for COVID-19.**

**Maternal CDC 2019-nCoV ID**: \_\_\_\_\_\_\_\_\_\_\_\_ **Reporting Jurisdiction:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**CDC pregnancy ID\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\*This ID is applicable to health departments submitting data for Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET), funded through the ELC cooperative agreement: Project W.

**Contact ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **State/local case ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **NNDSS loc. Rec. ID/Case ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Health insurance at time of COVID-19 infection** (check all that apply):

[ ]  Private [ ]  Medicaid [ ]  Self-Pay [ ]  None [ ]  Unknown [ ]  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

**Obstetric information:**

**Gravidity** (total pregnancies): \_\_\_\_\_ **Parity**: (live births) \_\_\_\_\_

**Estimated due date** (EDD):\_\_/\_\_/\_\_\_\_(MM/DD/YYYY) [ ]  Check if EDD is unknown

**Number of fetuses** \_\_\_\_ (e.g., 1=singleton, 2=twins, 3=triplets) [ ]  Check if number of fetuses is unknown

**Pre-pregnancy weight**: \_\_\_\_\_lb [or] \_\_\_\_\_kg **Height**: \_\_\_\_\_ft \_\_\_\_\_in [or] \_\_\_\_\_cm

**Did the mother receive prenatal care**? [ ]  Yes [ ]  No [ ]  Unknown

**Pregnancy conditions (current pregnancy):**

**Gestational diabetes**: [ ]  Yes [ ]  No [ ]  Unknown

**Hypertension starting this pregnancy**: [ ]  Yes [ ]  No [ ]  Unknown

**Intrauterine growth restriction:** [ ]  Yes [ ]  No [ ]  Unknown

**Trimester of COVID-19 infection**: [ ]  First (<14 weeks) [ ]  Second (14-27 weeks) [ ]  Third (≥28 weeks) [ ]  Unknown

**Date of first positive specimen by SARS-CoV-2 PCR testing:**\_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Treatment for COVID-19**:

|  |
| --- |
| [ ]  Remdesivir **Date started:**\_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) |
| [ ]  Other 1 (**Specify medication**: \_\_\_\_\_\_\_\_\_) **Date started**:\_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  |
| [ ]  Other 2 (**Specify medication**: \_\_\_\_\_\_\_\_\_) **Date started**:\_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Other 3 (**Specify medication**: \_\_\_\_\_\_\_\_\_) **Date started**:\_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) |

**Was the mother admitted to an intensive care unit (ICU) for COVID-19?** [ ]  Yes [ ]  No [ ]  Unknown

If yes, date of ICU admission: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Check if date of ICU admission is unknown

Date of ICU discharge: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Check if date of ICU discharge is unknown

**For completed pregnancies, please provide the following information:**

**Date of birth/pregnancy outcome**: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Check if date of birth/pregnancy outcome is unknown

|  |  |
| --- | --- |
| **Pregnancy outcome:** (Check all that apply) ☐ Miscarriage (<20 weeks gestation) ☐ Stillbirth (≥20 weeks gestation) ☐ Termination ☐ Non-live birth, not otherwise specified ☐ Live birth ☐ Unknown | **Was labor induced**? [ ]  Yes [ ]  No [ ]  UnknownIf ‘yes,’ reason for induction (Check all that apply): [ ]  Past due date/Post-dates  [ ]  Maternal condition [ ]  Fetal condition [ ]  Premature rupture of membranes  [ ]  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) [ ]  Unknown |
| **Delivery type:** [ ]  Vaginal [ ]  Cesarean [ ]  Unknown |
|  **If cesarean, indication:** [ ]  Emergent [ ]  Non-emergent [ ]  Unknown |
|  **If emergent, indication:** [ ]  Maternal condition [ ]  Fetal condition [ ]  Both (maternal and fetal) |
|  [ ]  Unknown [ ]  Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |

**Maternal birth hospitalization complications (during birth admission):**

**Was the mother admitted to an intensive care unit (ICU) for delivery complications?** [ ]  Yes [ ]  No [ ]  Unknown

If yes, date of ICU admission: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Check if date of ICU admission is unknown

**Maternal death**: [ ]  Yes [ ]  No [ ]  Unknown

 **If yes, date of death** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Check if date of death is unknown

 **If yes, cause(s) of death:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional comments**:

***Enter neonate information on next page***

**Neonate (for multiple gestations, please complete one entry for each fetal/infant outcome):**

**Neonate CDC 2019-nCoV ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Reporting Jurisdiction:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CDC pregnancy ID\*:** \_\_\_\_\_\_\_\_\_\_\_\_\_\*This ID is applicable to health departments submitting data for Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET), funded through the ELC cooperative agreement: Project W.

**Contact ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_ **State/local case ID**: \_\_\_\_\_\_\_\_\_\_\_\_ **NNDSS loc. Rec. ID/Case ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Maternal CDC 2019-nCoV ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex**: [ ]  Male [ ]  Female [ ]  Other [ ]  Unknown or not yet determined

**Gestational age at delivery**: \_\_\_weeks \_\_\_days

**Was this a multiple gestation pregnancy?** ☐ Yes ☐ No ☐ Unknown

**Date of birth/pregnancy outcome**: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) ☐ Check if date of birth/pregnancy outcome is unknown

|  |  |
| --- | --- |
| **Pregnancy outcome:**  ☐ Miscarriage (<20 weeks gestation) ☐ Stillbirth (≥20 weeks gestation) ☐ Termination ☐ Non-live birth, not otherwise specified ☐ Live birth ☐ Unknown | **Was labor induced**? ☐ Yes ☐ No ☐ UnknownIf ‘yes,’ reason for induction (Check all that apply): ☐ Past due date/Post-dates  ☐ Maternal condition ☐ Fetal condition ☐ Premature rupture of membranes  ☐ Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) ☐ Unknown |
| **Delivery type:** ☐ Vaginal ☐ Cesarean ☐ Unknown |
|  **If cesarean, indication:** ☐ Emergent ☐ Non-emergent ☐ Unknown |
|  **If emergent, indication:** ☐ Maternal condition ☐ Fetal condition ☐ Both (maternal and fetal) |
|  ☐ Unknown ☐ Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |

**Neonate Birth weight**: \_\_\_lb \_\_\_oz [or] \_\_\_kg

**Neonate Birth length**: \_\_\_in [or] \_\_\_cm

**Infant outcomes (during birth admission):**

**Was the infant admitted to the intensive care unit (any type, NICU, CICU, etc.)?** [ ]  Yes [ ]  No [ ]  Unknown

 **If yes, date of discharge from the intensive care unit:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

 **If yes, discharge diagnosis codes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Neonate death**: [ ]  Yes [ ]  No [ ]  Unknown

 **If yes, date of death** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY) [ ]  Check if date of death is unknown

 **If yes, cause(s) of death** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth defect**: [ ]  Yes [ ]  No [ ]  Unknown **If yes, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Birth admission practices**:

**Did the infant room-in with the mother during the birth admission?** [ ]  Yes [ ]  No [ ]  Unknown

**Was the infant ever breastfed?** [ ]  Yes [ ]  No [ ]  Unknown

**Neonate COVID-19 testing**:

**Was infant tested for COVID-19 during the birth admission:** ☐ Yes ☐ No ☐ Unknown

**Test 1:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 2:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 3:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 4:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 5:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 6:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 7:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 8:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 9:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Test 10:**

 **Type:** ☐ SARS-CoV-2 – Antigen ☐ SARS-CoV-2 – IgG ☐ SARS-CoV-2 – IgM ☐ SARS-CoV-2 - PCR

☐ SARS-CoV-2 – Other

**Result:**  ☐ Positive ☐ Negative ☐ Indeterminate ☐ Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen**: ☐ Blood ☐ Nasal/NP swab ☐ Throat swab/OP Swab ☐ Combined nasal/NP+throat swab ☐ Sputum ☐ Bronchoalveolar lavage (BAL) ☐ Endotracheal Aspirate (ETA) ☐ Feces/rectal swab ☐ Other

**If other, specify type**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional comments**: