**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  Unknown  If ‘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 ☐ Unknown  If ‘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**: