

Human Infection with 2019 Novel Coronavirus Case Report Form - Pregnancy Module 2.0

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):

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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

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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)

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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: