## **Pregnancy Outcome**

Record ID
Date completing this form
Pregnancy Outcome Date
Specify outcome:
<ul> <li>Full term live birth (=&gt;37 weeks)</li> <li>Premature live birth (&lt; 37 weeks)</li> <li>Stillbirth/intrauterine fetal demise (&gt;20 weeks)</li> <li>Spontaneous abortion (&lt; 20 weeks)</li> <li>Therapeutic/elective abortion</li> <li>Other (specify)</li> </ul>
Other pregnancy outcome
Mode of delivery
<ul> <li>Scheduled C-section</li> <li>Unscheduled C-section</li> <li>Emergency C-section</li> <li>Spontaneous Vaginal</li> <li>Operative Vaginal</li> </ul>
Infant gestational age at birth
(Enter weeks + days (eg 39 + 4))
Infant birth weight (g)
Classification of the newborn by birth weight and gestational age (obstetric or by examination)
<ul> <li>Large for gestational age (&gt;90%)</li> <li>Appropriate for gestational age</li> <li>Intrauterine growth restriction</li> <li>Classification not available</li> </ul>

projectredcap.org **REDCap**\*

APGAR Scores	
Mark which APGAR scores are ava	ilable, then fill in scores below
<ul><li>☐ 1 minute</li><li>☐ 5 minute</li><li>☐ 10 minute</li></ul>	
APGAR Score - 1 minute	
APGAR Score - 5 minute	
APGAR Score - 10 minute	
Heart rate (bpm)	
Respirations (per minute)	
Length (cm)	
Head circumference (cm)	
Performed by	
Infant gender:	
<ul><li></li></ul>	



Maternal Complications
Were there any pregnancy or postpartum complications related to the pregnancy outcome?
○ Yes ○ No
Indicate pregnancy-related or postpartum complications related to maternal safety: (Mark all that apply)
<ul> <li>Stillbirth or intrauterine fetal demise</li> <li>☐ Intrapartum hemorrhage</li> <li>☐ Postpartum hemorrhage</li> <li>☐ Hypertensive disorders of pregnancy</li> <li>☐ Gestational diabetes</li> <li>☐ Intrauterine growth restriction</li> <li>☐ Cholestasis of pregnancy</li> <li>☐ Severe maternal morbidity</li> <li>☐ Maternal admission to the ICU</li> <li>☐ Maternal death</li> <li>☐ Other (specify)</li> </ul>
Other pregnancy-related or postpartum complication?
Were bile acids evaluated?
○ Yes ○ No
Bile Acids
(umol/mL)
Neonatal complications
Did the infant require a NICU admission?
<ul><li>Yes - Severe neonatal morbidity admission to NICU</li><li>Yes - Other admission to NICU</li><li>No</li></ul>
Was the infant admitted to NICU with severe neonatal morbidity) term or preterm?
<ul><li>Perinatal preterm (&lt; 37 weeks)</li><li>Perinatal term (&gt;= 37 weeks)</li></ul>
Indicate other admission to NICU



Which of the following applied to the preterm (< 37 weeks) severe neonatal morbidity admission to the NICU
<ul> <li>☐ Fetal or neonatal death</li> <li>☐ Severe bronchopulmonary dysplasia (grade 3)</li> <li>☐ Intraventricular hemorrhage grades III-IV</li> <li>☐ Necrotizing enterocolotis (proven - Bell Stage 2A or greater)</li> <li>☐ Periventricular leukomalacia</li> <li>☐ Retinopathy of prematurity stage III-IV</li> <li>☐ Proven sepsis (early or late)</li> </ul>
Which of the following applied to the term (>=37 weeks) severe neonatal morbidity admission to the NICU
☐ Fetal or neonatal death ☐ Respiratory support ☐ Apgar score < = 3 at 5 minutes ☐ Hypoxic ischemic encephalopathy ☐ Infection (sepsis or pneumonia) ☐ Birth trauma ☐ Meconium aspiration syndrome ☐ Intracranial or subgaleal hemorrhage ☐ Hypotension requiring vasopressor support
Additional relevant notes
Were there any major malformations, defined as structural abnormalities with medical, surgical or cosmetic importance?
○ Yes ○ No
Indicate major malformations
Indicate other congenital anomaly/defects?
Form completed by
(Initials)



05/03/2024 3:10pm