Pregnancy Outcome

Record ID ____________________________________

Date completing this form __________________________

Pregnancy Outcome Date ____________________________

Specify outcome:
- Full term live birth (=>37 weeks)
- Premature live birth (< 37 weeks)
- Stillbirth/intrauterine fetal demise (>20 weeks)
- Spontaneous abortion (< 20 weeks)
- Therapeutic/elective abortion
- Other (specify)

Other pregnancy outcome ____________________________________

Mode of delivery
- Scheduled C-section
- Unscheduled C-section
- Emergency C-section
- Spontaneous Vaginal
- Operative Vaginal

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)
- Large for gestational age (>90%)
- Appropriate for gestational age
- Intrauterine growth restriction
- Classification not available
### APGAR Scores

Mark which APGAR scores are available, then fill in scores below

- [ ] 1 minute
- [ ] 5 minute
- [ ] 10 minute

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<thead>
<tr>
<th>APGAR Score - 1 minute</th>
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<th>APGAR Score - 5 minute</th>
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<th>APGAR Score - 10 minute</th>
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Heart rate (bpm)

| ______________________ |

Respirations (per minute)

| ______________________ |

Length (cm)

| _______________________ |

Head circumference (cm)

| ______________________ |

Performed by

| ______________________ |

Infant gender:

- [ ] Male
- [ ] Female
- [ ] Unknown
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)

☐ Stillbirth or intrauterine fetal demise
☐ Intrapartum hemorrhage
☐ Postpartum hemorrhage
☐ Hypertensive disorders of pregnancy
☐ Gestational diabetes
☐ Intrauterine growth restriction
☐ Cholestasis of pregnancy
☐ Severe maternal morbidity
☐ Maternal admission to the ICU
☐ Maternal death
☐ Other (specify)

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?

☐ Yes - Severe neonatal morbidity admission to NICU
☐ Yes - Other admission to NICU
☐ No

Was the infant admitted to NICU with severe neonatal morbidity) term or preterm?

☐ Perinatal preterm (< 37 weeks)
☐ Perinatal term (≥ 37 weeks)

Indicate other admission to NICU
__________________________________
Which of the following applied to the preterm (< 37 weeks) severe neonatal morbidity admission to the NICU

- Fetal or neonatal death
- Severe bronchopulmonary dysplasia (grade 3)
- Intraventricular hemorrhage grades III-IV
- Necrotizing enterocolitis (proven - Bell Stage 2A or greater)
- Periventricular leukomalacia
- Retinopathy of prematurity stage III-IV
- Proven sepsis (early or late)

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)