CRF – Infant Outcome

No	Question	Response
001	Outcome at time of birth:	`0 = Non-living` `1 = Living`
If Ultrasound results allowed identification of multiple fetuses, each was assigned an ID of A, B, C, D, etc. This ID allows linkage between pre-natal records and post-natal records for infants regardless of enrollment status.		
002	Fetus ID assigned from ultrasound results:	
003	Infant PID:	`Respond only if [001 = 1]`
004	GA on date of outcome	

005	Type of outcome:	`Dependent on 001 and 003`
		
		`0 = Full term live birth (≥37 weeks)`
		`1 = Premature live birth (<37 weeks)`
		`2 = Pregnancy loss at or after 20 weeks`
		`3 = Pregnancy loss before 20 weeks`

006	Is there a medical record that **provides a different outcome** from the above calculated outcome?	`0 = No` `1 = Yes`

007	How does the medical record categorize this outcome?	`Respond only if [006 = 1]`
		
		`0 = Full term live birth (≥37 weeks)`
		`1 = Premature live birth (<37 weeks)`
		`2 = Pregnancy loss at or after 20 weeks`
		`3 = Pregnancy loss before 20 weeks`

008	Explain the discrepancy, including what data was provided on the record	`Respond only if [006 = 1]`

009	Delivery method:	0 = No delivery/pregnancy loss 1 = Vaginal delivery – normal, unassisted 2 = Vaginal delivery – normal, assisted (forceps, vacuum) 3 = Cesarean delivery emergency) 4 = Cesarean delivery (elective) 5 = Cesarean delivery (unable to determine type)
010	If vaginal, was it a breech delivery for this particular infant?	Respond only if [009 = 1 or 2] 0 = No 1 = Yes
011	Type of fetal demise/stillbirth:	Respond only if [005 = 2 or 3] 0 = Macerated (antenatal) 1 = Fresh (intrapartum, i.e., fetal heart rate presence or rate recorded in intrapartum record)
012	Was this a spontaneous preterm delivery?	Respond only if [007 = 1] 0 = No 1 = Yes
013	What was the reason for delivery?	Respond only if [007 = 1]
014	Fetal/infant sex	0 = Male 1 = Female 2 = Intersex
015	Were any fetal/infant congenital anomalies identified prior to this visit?	Select all that apply If [2-13] then document on the **Medical Event/Conditions CRF** (under infant's record for enrolled infants, under maternal record for non-enrolled infants/fetuses) 0 = None 1 = Not obtainable 2 = Cleft lip and/or palate 3 = Neural tube defects 4 = Hydrocephalus 5 = Cardiovascular 6 = Polydactyly 7 = Musculoskeletal including clubfoot 8 = Umbilical hernia 9 = Esophageal, gastrointestinal, anorectal 10 = Genitourinary 11 = Trisomies 12 = Natal tooth 13 = Other

016	Specify the 'other' congenital anomalies that were identified:	`Respond only if [015 = 13]`
		
		`TEXT ENTRY`

017	Did the infant receive any resuscitation efforts at birth?	`0 = No |` `Skip to 019` `1 = Yes`
018	Please describe the resuscitation efforts:	
019	Did infant require any additional special care after delivery (for example antibiotics, NICU stay, respiratory support)?	`0 = No |` `Skip 10` `1 = Yes`
020	Please describe the special care that the infant received after delivery:	

Infant metrics at or around time of delivery
Section is populated only if [004 is not 3]

021	Infant birth weight (g):	`If <2500 g, document as LBW on infant` **Medical E/C CRF**
022	Infant birth length (cm):	
023	Infant head circumference (cm):	
024	Infant body temperature (C):	
025	Route of temperature:	`0 = Axillary` `1 = Rectal`
026	Infant pulse (beats/min):	
027	Infant rate of respiration (breaths/min):	
028	Apgar score 1 minute	

029	Apgar score 5 minutes	
030	Does the infant have any medical events/conditions to report since birth?	`0 = No` `1 = Yes |` Document on **Medical Event/Conditions CRF**
031	Has the infant participant been given any medications since birth?	`0 = No` `1 = Yes |` Document on the infant **Medications CRF**
032	Has the infant had any other contact with the health system since birth, e.g., hospitalization, specialist care, diagnostic testing, etc.?	`0 = No` `1 = Yes |` Document on Healthcare Provider Form `2 = Plans to obtain care |` Document on Healthcare Provider Form

033	Where any medical records reviewed?
	
	Note: document record type in chart notes
		Select all that apply
		
		`0 = No`
		`1 = Yes, handheld along with participant report`
		`2 = Yes, abstracted from medical records`

034	CRF Notes	