

Pregnancy

ERROR! You must complete the enrollment form and the visit form before you can start this form.

Error: this form should only be collected for participants who have a biological birth sex of female. Please cancel out of this instrument; do not save it.

Date of Pregnancy form collection:

Check this box if the coordinator is entering data:

Coordinator data entry

Have you ever been pregnant?

- Yes
 No
 Prefer not to answer
-

How many times have you been pregnant (including your current/recent pregnancy, previous pregnancies, live births, miscarriages, stillbirths or abortions)?

How many of your pregnancies resulted in the live birth of a baby?
(Enter '0' if not applicable)

How many of your pregnancies resulted in a miscarriage?
(Enter '0' if not applicable)

How many of your pregnancies resulted in an abortion?
(Enter '0' if not applicable)

How many of your pregnancies resulted in a stillbirth (the death of the fetus at more than 20 weeks (5 months) of pregnancy)?
(Enter '0' if not applicable)

Note: you have more births, miscarriages, abortions, and stillbirths listed than total pregnancies. Please check that your numbers are correct.

During any pregnancy BEFORE [stem_your], did you ever have any of these conditions:

- Diabetes (high blood sugars), pregnancy related (sometimes called gestational diabetes)
 High blood pressure, pregnancy related (sometimes called gestational hypertension)
 Preeclampsia (sometimes called "toxemia")
 HELLP syndrome (abnormal liver function and changes in blood platelet counts, often also with high blood pressure)
 Preterm birth (baby born more than 3 weeks before the due date)
 I did not have any of these conditions
 I did not have any pregnancies BEFORE [stem_my]
 I prefer not to answer

Are you currently pregnant?

- Yes
 No
 I prefer not to answer

Were you pregnant when you had COVID?

- Yes
 No
 I prefer not to answer

When you had COVID during pregnancy, how did the pregnancy end?

- Live birth of a baby or babies
 Abortion
 Miscarriage
 Ectopic pregnancy
 Molar pregnancy
 Stillbirth (Death of a fetus >20 weeks (5 months) of pregnancy)
 I prefer not to answer

How far along in the pregnancy were you when you had the abortion?

_____ ((in weeks from last menstrual period))

We are very sorry to hear about your loss. We have just one more question so that we can learn more about miscarriage and COVID.

How far along in the pregnancy were you when the miscarriage occurred?

_____ ((in weeks from last menstrual period))

We are very sorry to hear about your loss. We have just one more question so that we can learn more about stillbirth and COVID.

How far along in the pregnancy were you when the stillbirth (fetal death) occurred?

_____ (weeks)

These questions are about your pregnancy when you had COVID.

When you had COVID in pregnancy, what was the due date for the pregnancy?

_____ (Leave blank if you don't remember the due date.)

Error: The due date must be between [visit_indexdt] and today.

When you had COVID in pregnancy, what was the actual date of birth of the baby?

_____ (Leave blank if you don't remember the actual date of birth.)

Error: The date of birth must be between [visit_indexdt] and today.

When you had COVID during pregnancy, did you have any of the following conditions (check all that apply):

- Diabetes, pregnancy related (gestational diabetes)
- High blood pressure, pregnancy related (gestational hypertension)
- Preeclampsia (sometimes called "toxemia")
- HELLP syndrome (abnormal liver function and low blood platelet levels, often also with high blood pressure)
- Seizures
- Placenta abruption (when the placenta separates off from the uterus)
- Preterm premature rupture of membranes (when the bag of water breaks at a time when the baby would be born premature, eg. before 37 weeks of pregnancy)
- Low amniotic fluid levels (oligohydramnios)
- Other (specify)
- None
- I prefer not to answer

Other, please specify: _____

When you had COVID during pregnancy, did you receive a steroid shot during pregnancy to get your baby ready for an early delivery (medication called betamethasone or dexamethasone)?

- Yes
- No
- Prefer not to answer

Did your COVID illness result in your doctor or midwife delivering the baby before you had planned to deliver?

- Yes
- No
- Prefer not to answer

When you had COVID in pregnancy, did you have any of the following conditions during or after the birth (check all that apply)

- Hemorrhage or excessive bleeding
- Blood transfusion
- Uterine infection (also called chorioamnionitis or endometritis) during or after the birth
- Blood clot in the legs or lungs requiring treatment with blood thinning medications
- Other (please explain below):
- None
- I prefer not to answer

Other, please specify: _____

These questions are about the baby/babies born following the pregnancy when you had COVID.

What is the name of the hospital or facility where your baby was born and what city is in in?

How many babies were born? _____

Was your baby born by:

- Vaginal delivery
- Cesarean delivery
- Prefer not to answer

Was a vacuum (suction cup) or forceps used to deliver the baby?

- Yes
- No
- I don't know
- Prefer not to answer

What was the reason you had a cesarean delivery?

- Planned cesarean delivery because I had a prior cesarean delivery
- Abnormal progress in labor
- Concern about your baby based on the heart monitor
- Baby was breech
- Uterine infection
- Emergency due to risk to baby or myself
- I was too sick with COVID to be in labor
- Other, please explain below
- I prefer not to answer

This is about the first child in this pregnancy.

What is the baby's sex?

- Male
- Female
- Intersex

How much did the baby weigh at birth?

Pounds:Ounces _____

Pounds:

_____ ((lbs (pounds)))

Ounces:

_____ ((oz (ounces)))

Did the baby have a birth defect (congenital anomaly)?

- Yes
- No
- Prefer not to answer

What type of birth defect did your baby have?

- Cardiac (heart)
- Lungs (pulmonary)
- Abdomen (sometimes called gastroschisis or omphalocele)
- Kidneys (renal)
- Bladder
- Limbs (extremities)
- Brain
- Face or lip (sometimes called cleft lip or palate)
- Prefer not to answer

Was your baby admitted to the neonatal intensive care unit (NICU)?

- Yes
- No
- Prefer not to answer

What is the name of the hospital and city where your baby was admitted to the NICU?

Is the baby that you delivered following your pregnancy with COVID still living?

- Yes
- No
- Prefer not to answer

We are very sorry to hear about your loss. We have just one more question for you.

Did your baby survive until they could be discharged home from the hospital after delivery?

- Yes
- No
- Prefer not to answer

This is about the second child in this pregnancy.

What is the baby's sex?

- Male
- Female
- Intersex

How much did the baby weigh at birth?

Pounds:Ounces_____

Pounds:

_____ ((lbs (pounds)))

Ounces:

_____ ((oz (ounces)))

Did the baby have a birth defect (congenital anomaly)?

- Yes
- No
- Prefer not to answer

What type of birth defect did your baby have?

- Cardiac (heart)
- Lungs (pulmonary)
- Abdomen (sometimes called gastroschisis or omphalocele)
- Kidneys (renal)
- Bladder
- Limbs (extremities)
- Brain
- Face or lip (sometimes called cleft lip or palate)
- Prefer not to answer

Was your baby admitted to the neonatal intensive care unit (NICU)?

- Yes
- No
- Prefer not to answer

What is the name of the hospital and city where your baby was admitted to the NICU?

Is the baby that you delivered following your pregnancy with COVID still living?

- Yes
- No
- Prefer not to answer

We are very sorry to hear about your loss. We have just one more question for you.

Did your baby survive until they could be discharged home from the hospital after delivery?

- Yes
- No
- Prefer not to answer

This is about the third child in this pregnancy.

What is the baby's sex?

- Male
- Female
- Intersex

How much did the baby weigh at birth?

Pounds:Ounces_____

Pounds:

_____ ((lbs (pounds)))

Ounces:

((oz (ounces)))

Did the baby have a birth defect (congenital anomaly)?

- Yes
 No
 Prefer not to answer
-

What type of birth defect did your baby have?

- Cardiac (heart)
 Lungs (pulmonary)
 Abdomen (sometimes called gastroschisis or omphalocele)
 Kidneys (renal)
 Bladder
 Limbs (extremities)
 Brain
 Face or lip (sometimes called cleft lip or palate)
 Prefer not to answer
-

Was your baby admitted to the neonatal intensive care unit (NICU)?

- Yes
 No
 Prefer not to answer
-

What is the name of the hospital and city where your baby was admitted to the NICU?

Is the baby that you delivered following your pregnancy with COVID still living?

- Yes
 No
 Prefer not to answer
-

We are very sorry to hear about your loss. We have just one more question for you.

Did your baby survive until they could be discharged home from the hospital after delivery?

- Yes
 No
 Prefer not to answer