

Case Summary

Case number:

Overview

Maternal age (in years):

Maternal race:

Maternal education:

Less than high school

High school

College

Post-graduate

Unknown

Maternal insurance:

No insurance

Private insurance

Medicaid

State plan

Other insurance

Multiple insurance

Unknown

Maternal employment:

Employed

Unemployed

On disability

Retired

Stay-at-home

Unknown

Mother delivered a:

Stillborn male

Stillborn female

Stillborn unknown gender

Infant male

Infant female

Infant unknown gender

Infant/fetus born at (in weeks):

Delivered by:

Routine vaginal delivery

Emergency vaginal delivery

Routine C-section

Emergency C-section

Unknown

Manner of death (as listed on death certificate):

Cause of death (as listed on death certificate):

Current infant death and pregnancy information

Autopsy performed?

Yes

No

Unknown

Genetic testing performed?

Yes

No

Unknown

No autopsy

Child protective services involvement?

Yes

No

Unknown

If yes, was child ever placed outside of the home prior to death?

Yes

No

Unknown

If yes, were any siblings placed outside of the home prior to child's death?

Yes

No

N/A

Unknown

Pre-pregnancy BMI:

Pre-gnancy weight gain or loss:

Month prenatal care began:

Number of prenatal visits:

Were there any complications/infections noted?

Yes

No

Unknown

If yes, describe:

Location of placenta:

Low-lying

Partial placenta previa

Total placenta previa

Adequate placental placement

Unknown

Was placental insufficiency noted?

Yes

No

Unknown

Were any umbilical cord complications noted?

Yes

No

Unknown

If yes, select all that apply:

Cord length

Single umbilical artery

Velamentous insertion or vasa
previa

Cord knots, nuchal cord or cord
stricture

Cord hematoma, cord ulceration,
cord cysts or cord varix

Hemangiomas or teratomas

Cord prolapse

Unknown cord complication

Intrauterine growth restriction noted (IUGR)?

Yes

No

Unknown

Was prolonged premature rupture of membranes (PPROM) noted?

Yes

No

Unknown

Was there a placental abruption?

Yes

No

Unknown

Sexually transmitted disease or infections:

- Yes
- No
- Unknown

If yes, select all that apply:

- Chancroid
- Chlamydia
- Genital warts
- Gonorrhea
- Hepatitis B
- Herpes
- HIV/AIDS
- HPV
- Molluscum contagiosum
- Pelvic inflammatory disease
- Pubic lice
- Scabies
- Syphilis
- Trichomoniasis
- Unknown infection

Any bacterial vaginosis, urinary tract infections or yeast infection noted?

- Yes
- No
- Unknown

If yes, select all that apply:

- Bacterial vaginosis
- Urinary tract infection
- Yeast infection

What type of medications or drugs were used during pregnancy?

- None
- Over-the-counter
- Asthma
- Anti-flu
- Nausea/vomiting
- Opiates
- Drug addiction treatment
- Polycystic ovarian disease
- Anti-depressants/anti-anxiety/anti-psychotics
- Diabetes treatment
- Anti-hypertensives
- Anti-infection
- Sleeping pills
- Hypothyroidism
- Elevated cholesterol
- Anti-epileptic
- Arthritis treatment
- Treatment of pre-term labor
- Drugs used during delivery
- Allergies
- Unknown

Tobacco use before pregnancy?

If yes, number per day:

- Yes
- No
- Unknown

Tobacco use during pregnancy?

If yes, number per day, first trimester:

If yes, number per day, second trimester:

If yes, number per day, third trimester:

- Yes
- No
- Unknown

Did mother drink heavily during pregnancy?

Yes

Yes, infant born with FASD

No

Unknown

Did mother use drugs during pregnancy?

Yes

Yes, infant born drug positive

No

Unknown

If yes, select all that apply:

Alcohol

Cocaine

Marijuana

Methamphetamine

Opiates

Prescription drugs

OTC

Unknown

Other

Does mother have a history of substance use?

Yes

No

Unknown

Mother

Mother has a history of disability or chronic illness?

If yes, describe:

Yes

No

Unknown

Mother has criminal history?

If yes, describe:

Yes

No

Unknown

Mother has history of intimate partner violence (select all that apply)

Yes as perpetrator

Yes as victim

Unknown

No

Mother speaks english?

If no, specify language:

Yes

No

Unknown

Did mother receive social services
in the last 12 months?

If yes, select all that apply:

Yes

No

Unknown

WIC

TANF

Medicaid

Food stamps

Other

Did infant have a new residence in the last 30 days?

Yes

No

Unknown

Was infant ever homeless?

Yes

No

Unknown

Maternal income level:

High

Medium

Low

Unknown

How supportive of the pregnancy was the father?

- Not involved
- Very unsupportive
- Unsupportive
- Supportive
- Very supportive
- Unknown

Was mother or father of infant incarcerated during pregnancy?

- Yes, mother
- Yes, father
- No, mother
- No, father
- Unknown, mother
- Unknown, father

Pregnancy history

Age at first pregnancy (in years):

Including the deceased infant, how many pregnancies?

Including the deceased infant, how many live births?

Number of children still living?

Previous pre-term births

Previous fetal demise?

Previous pregnancy complications?

- Yes
- No
- Unknown

Postpartum

Bereavement counseling:

Provided after death

Offered but refused

Offered, unknown if used

Should be offered

Needed but unavailable

Unknown

Maternal interview: