DC STEP: ETS - Healthy Infants and Mothers Program

Maternal Postpartum Clinic Abstraction Form

THIS FORM IS TO BE COMPLETED BY THE RECORD ABSTRACTOR USING INFORMATION FROM THE MOTHER'S MEDICAL RECORD.

Site: _____ Today's Date: |__ __|__ __|__ __ __ __|
Site Code (If "Other," **SPECIFY**) mm dd yyyy

Mother's Medical Record Number*: _____

(*BE SURE TO BLACK OUT THE MEDICAL RECORD NUMBER BEFORE SENDING THE DATA FORM FOR DATA ENTRY. IF MULTIPLE BIRTHS, FILL OUT ONE MATERNAL DELIVERY AND HOSPITAL ABSTRACTION FORM BUT SEPARATE INFANT DELIVERY AND HOSPITALIZATION FORMS FOR EACH INFANT.)

SECTION A: GENERAL HEALTH AND PREVIOUS PREGNANCY HISTORY

1. Mother's date of birth: |___ ___|___ ___|___ ___ ___ ___| • -1 DNR
   mm dd yyyy

2. Insurance carrier **(CIRCLE ALL THAT APPLY)**: • -1 DNR

   Medicaid 1
   Managed Care 2
   HMO 3
   Private 4
   Other **(SPECIFY)** 5
   _____

   Self/None 6

3. Prepregnancy weight: |___ ___ ___| pounds • -1 DNR

   …or… |___ ___ ___| kilograms

4. Prepregnancy height: |___| feet |___ ___| inches • -1 DNR

   …or… |___ ___| inches

   …or… |___ ___ ___| centimeters

5. PRE-PREGNANCY general health conditions
(CHECK APPROPRIATE BOX FOR EACH ITEM.)

a) Anorexia	• 1 Yes	• 2 No	• -1 DNR
b) Bulimia	• 1 Yes	• 2 No	• -1 DNR
c) Anemia	• 1 Yes	• 2 No	• -1 DNR
d) Sickle Cell Anemia	• 1 Yes	• 2 No	• -1 DNR
e) Sickle Cell Trait	• 1 Yes	• 2 No	• -1 DNR
f) Coagulation Disorder	• 1 Yes	• 2 No	• -1 DNR
g) Hemoglobinopathy	• 1 Yes	• 2 No	• -1 DNR
h) Hypertension, not pregnancy-related	• 1 Yes	• 2 No	• -1 DNR
i) Congenital heart disease	• 1 Yes	• 2 No	• -1 DNR
j) Other heart disease	• 1 Yes	• 2 No	• -1 DNR
k) Urinary tract infection	• 1 Yes	• 2 No	• -1 DNR
l) Renal disease, other than UTI	• 1 Yes	• 2 No	• -1 DNR
m) Diabetes, Type I (juvenile onset)	• 1 Yes	• 2 No	• -1 DNR
n) Diabetes, Type II (adult onset) - insulin dependent	• 1 Yes	• 2 No	• -1 DNR
o) Diabetes, Type II (adult onset) - non-insulin dependent	• 1 Yes	• 2 No	• -1 DNR
p) Diabetes, Type II (adult onset) - not specified	• 1 Yes	• 2 No	• -1 DNR
q) Thyroid disease	• 1 Yes	• 2 No	• -1 DNR
IF YES:	• 1 Hyperthyroidism	• 2 Hypothyroidism	• -1 DNR
r) Endocrine disease, other than thyroid	• 1 Yes	• 2 No	• -1 DNR

s) Asthma • 1 Yes • 2 No • -1 DNR

t) Pulmonary disease, not chronic asthma • 1 Yes • 2 No • -1 DNR

u) Tuberculosis • 1 Yes • 2 No • -1 DNR

v) HIV • 1 Yes • 2 No • -1 DNR
IF YES, DATE OF DIAGNOSIS:

|___|___|-|___|___|-|___|___|___|___| • -1 DNR
MM DD YYYY

w) AIDS • 1 Yes • 2 No • -1 DNR
IF YES, DATE OF DIAGNOSIS

|___|___|-|___|___|-|___|___|___|___| • -1 DNR
MM DD YYYY

x) Epilepsy • 1 Yes • 2 No • -1 DNR

y) Positive urine tox screen • 1 Yes • 2 No • -1 DNR

z) Group B Strep • 1 Yes • 2 No • -1 DNR

aa) Hepatitis B • 1 Yes • 2 No • -1 DNR

ab) Serious injury or disability • 1 Yes • 2 No • -1 DNR

_____

ac) Other (SPECIFY) • 1 Yes • 2 No • -1 DNR

_____

ad) Other (SPECIFY) • 1 Yes • 2 No • -1 DNR

_____

ae) Other (SPECIFY) • 1 Yes • 2 No • -1 DNR

_____

6. PRE-PREGNANCY mental health/psychiatric conditions
(CHECK APPROPRIATE BOX FOR EACH ITEM.)

a) Anxiety disorder • 1 Yes • 2 No • -1 DNR
IF YES, SPECIFY:

Diagnosis_____ Code: ___ ___ ___.___ ___ • -1 DNR

b) Mood disorder • 1 Yes • 2 No • -1 DNR
IF YES, SPECIFY:

Diagnosis_____ Code: ___ ___ ___.___ ___ • -1 DNR

c) Personality disorder • 1 Yes • 2 No • -1 DNR
IF YES, SPECIFY:

Diagnosis_____ Code: ___ ___ ___.___ ___ • -1 DNR

d) Psychotic disorder • 1 Yes • 2 No • -1 DNR
IF YES, SPECIFY:

Diagnosis_____ Code: ___ ___ ___.___ ___ • -1 DNR

e) Substance related disorder • 1 Yes • 2 No • -1 DNR
IF YES, SPECIFY:

Diagnosis_____ Code: ___ ___ ___.___ ___ • -1 DNR

f) Other (SPECIFY) • 1 Yes • 2 No • -1 DNR
IF YES, SPECIFY:

Diagnosis_____ Code: ___ ___ ___.___ ___ • -1 DNR

NOTE: IF YES TO ANY OF THE ABOVE MENTAL HEALTH CONDITIONS, CONTACT DR. SUSAN BLAKE TO DETERMINE IF PARTICIPANT IS STILL ELIGIBLE.

7. PRE-PREGNANCY gynecologic conditions (excluding STIs).
(CHECK APPROPRIATE BOX FOR EACH ITEM.)

a)	Uterine-cervical abnormality other than fibroids	• 1 Yes	• 2 No	• -1 DNR
b)	Fibroids	• 1 Yes	• 2 No	• -1 DNR
c)	Menstrual irregularities	• 1 Yes	• 2 No	• -1 DNR
d)	Uterine bleeding	• 1 Yes	• 2 No	• -1 DNR
e)	Pelvic inflammatory disease (PID)	• 1 Yes	• 2 No	• -1 DNR
f)	ASCUS	• 1 Yes	• 2 No	• -1 DNR
g)	Other abnormal pap	• 1 Yes	• 2 No	• -1 DNR
h)	Other (Specify)	• 1 Yes	• 2 No	• -1 DNR

_____

8. PRE-PREGNANCY STIs **(CHECK APPROPRIATE BOX FOR EACH ITEM.)**

a)	Condyloma	• 1 Yes	• 2 No	• -1 DNR
b)	HPV	• 1 Yes	• 2 No	• -1 DNR
c)	Chlamydia, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
d)	Chlamydia, diagnosed	• 1 Yes	• 2 No	• -1 DNR
e)	Genital herpes, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
f)	Genital herpes, diagnosed	• 1 Yes	• 2 No	• -1 DNR
g)	Gonorrhea, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
h)	Gonorrhea, diagnosed	• 1 Yes	• 2 No	• -1 DNR
i)	Syphilis, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
j)	Syphilis, diagnosed	• 1 Yes	• 2 No	• -1 DNR

k)	Bacterial vaginosis, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
l)	Bacterial vaginosis, diagnosed	• 1 Yes	• 2 No	• -1 DNR
m)	Trichomoniasis, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
n)	Trichomoniasis, diagnosed	• 1 Yes	• 2 No	• -1 DNR
o)	Molluscum, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
p)	Molluscum, diagnosed	• 1 Yes	• 2 No	• -1 DNR
q)	Non-specific urethritis (NSU), suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
r)	Non-specific urethritis (NSU), diagnosed	• 1 Yes	• 2 No	• -1 DNR
s)	STIs not otherwise specified, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
t)	STIs not otherwise specified, diagnosed	• 1 Yes	• 2 No	• -1 DNR
u)	Other (Specify)	• 1 Yes	• 2 No	• -1 DNR

_____

9. PREVIOUS pregnancy-related conditions.
CHECK APPROPRIATE BOX <u>FOR EACH ITEM</u>.

Check here if NO previous pregnancies and GO TO Section B. • 1

a)	Severe nausea or morning sickness with dehydration or vomiting	• 1 Yes	• 2 No	• -1 DNR
b)	Eclampsia/preeclampsia	• 1 Yes	• 2 No	• -1 DNR
c)	PIH/Hypertension, pregnancy-related	• 1 Yes	• 2 No	• -1 DNR
d)	Diabetes, pregnancy-related	• 1 Yes	• 2 No	• -1 DNR
e)	Rh sensitization	• 1 Yes	• 2 No	• -1 DNR

f)	Isoimmunization (ABO, etc)	• 1 Yes	• 2 No	• -1 DNR
g)	Previous infant 4000+ grams	• 1 Yes	• 2 No	• -1 DNR
h)	Previous SGA (small for gestational age) infant	• 1 Yes	• 2 No	• -1 DNR
i)	Oligohydramnios	• 1 Yes	• 2 No	• -1 DNR
j)	Polyhydramnios	• 1 Yes	• 2 No	• -1 DNR
k)	Placenta previa	• 1 Yes	• 2 No	• -1 DNR
l)	Placental abruption	• 1 Yes	• 2 No	• -1 DNR
m)	Postpartum hemorrhage	• 1 Yes	• 2 No	• -1 DNR
n)	Ante partum hemorrhage	• 1 Yes	• 2 No	• -1 DNR
o)	Chorioamnionitis	• 1 Yes	• 2 No	• -1 DNR
p)	Deliveries > 7	• 1 Yes	• 2 No	• -1 DNR
q)	Incompetent cervix	• 1 Yes	• 2 No	• -1 DNR
r)	History of infertility	• 1 Yes	• 2 No	• -1 DNR
s)	History of cerclage	• 1 Yes	• 2 No	• -1 DNR
t)	Premature labor	• 1 Yes	• 2 No	• -1 DNR
u)	Premature delivery	• 1 Yes	• 2 No	• -1 DNR
	(u1) If YES, how many?		|___ ___|	• -1 DNR
	(u2) If YES, week of gestation for each:			• -1 DNR

u2a)	|___ ___|	u2b)	|___ ___|	u2c)	|___ ___|
u2d)	|___ ___|	u2e)	|___ ___|	u2f)	|___ ___|
u2g)	|___ ___|	u2h)	|___ ___|		

For this question, record 1st Trimester as 91, 2nd Trimester as 92, and 3rd Trimester as 93.

v) Previous voluntary interruption of pregnancy • 1 Yes • 2 No • -1 DNR

(v1) If YES, how many? |___ ___| • -1 DNR

(v2) If YES, week of gestation for each: • -1 DNR

v2a) |___ ___| v2b) |___ ___| v2c) |___ ___|

v2d) |___ ___| v2e) |___ ___| v2f) |___ ___|

v2g) |___ ___| v2h) |___ ___|

For this question, record 1st Trimester as 91, 2nd Trimester as 92, and 3rd Trimester as 93.

w) Previous pregnancy loss • 1 Yes • 2 No • -1 DNR

w1) If YES, how many? |___ ___| • -1 DNR

w2) If YES, week of gestation for each: • -1 DNR

w2a) |___ ___| w2b) |___ ___| w2c) |___ ___|

w2d) |___ ___| w2e) |___ ___| w2f) |___ ___|

w2g) |___ ___| w2h) |___ ___|

For this question, record 1st Trimester as 91, 2nd Trimester as 92, and 3rd Trimester as 93.

x) PROM (premature rupture of membrane) • 1 Yes • 2 No • -1 DNR

y) Urinary tract infection • 1 Yes • 2 No • -1 DNR

z) Kidney infection • 1 Yes • 2 No • -1 DNR

aa) Vaginal bleeding • 1 Yes • 2 No • -1 DNR

ab) Blood transfusion • 1 Yes • 2 No • -1 DNR

ac) Serious injury or disability (Specify_____) • 1 Yes • 2 No • -1 DNR

ad) Other (Specify) • 1 Yes • 2 No • -1 DNR

_____

ae) Other (Specify) • 1 Yes • 2 No • -1 DNR

_____

af) Other (Specify) • 1 Yes • 2 No • -1 DNR

_____

10. If Diabetes (Type I, Type II, or pregnancy-related), is YES in question 5l-o or 9d, circle classification: • -1 DNR
(**CIRCLE ALL THAT APPLY. SEE LAST PAGE FOR DEFINITIONS.**)

Class A1 1
Class A2 2
Class B 3
Class C 4
Class D 5
Class F 6
Class R 7
Class T 8
Class H 9

11. Are there any other conditions, not mentioned above, that you feel are worth recording or conditions that you were not sure how to categorize? Explain below.

_____

_____

_____

_____

_____

12. In general, how easy or difficult was it to decipher the information contained in the medical record(s) for Section A?

Very easy 1
Somewhat easy 2
Some information easy/some difficult 3
Somewhat difficult 4
Very difficult 5

13. Describe any special problems in completing the abstraction for Section A:

_____

_____

_____

_____

_____

SECTION B: CURRENT PREGNANCY HISTORY

1. Date of last menstrual period: |___ ___|___ ___|___ ___ ___ ___| • -1 DNR
   mm dd yyyy

2. Date prenatal care began: |___ ___|___ ___|___ ___ ___ ___| • -1 DNR
   mm dd yyyy

   a) Determine gestational age at first PNC visit and check below if ≥ 28 weeks:

   1• ≥ 28 weeks at first PNC visit• **NOT ELIGIBLE, CONTINUE ABSTRACTION AND CONTACT DR. SUSAN BLAKE FOR FURTHER INSTRUCTION**

3. Number of prenatal visits for current pregnancy: |___ ___| • -1 DNR

4. Sonogram administered during this pregnancy? • -1 DNR

   Yes.....1
   No **(GO TO 5)** 2

4a. If YES in question 4, specify: • -1 DNR

   Date of first sonogram/ultrasound(U/S): |___ ___|___ ___|___ ___ ___ ___|
   mm dd yyyy

   Date of second sonogram/ultrasound(U/S): |___ ___|___ ___|___ ___ ___ ___|
   mm dd yyyy

   Date of third sonogram/ultrasound(U/S): |___ ___|___ ___|___ ___ ___ ___|
   mm dd yyyy

5. CURRENT Pregnancy-Related Conditions:
   (CHECK APPROPRIATE BOX <u>FOR EACH ITEM</u>.)

a) Sever nausea or morning sickness with dehydration or vomiting	• 1 Yes	• 2 No	• -1 DNR
b) Eclampsia/preeclampsia	• 1 Yes	• 2 No	• -1 DNR
c) PIH/Hypertension, pregnancy-related	• 1 Yes	• 2 No	• -1 DNR
d) Diabetes, pregnancy-related	• 1 Yes	• 2 No	• -1 DNR

e) Isoimmunization (ABO, etc)	• 1 Yes	• 2 No	• -1 DNR
f) Preterm labor	• 1 Yes	• 2 No	• -1 DNR
g) Oligohydramnios	• 1 Yes	• 2 No	• -1 DNR
h) Polyhydramnios	• 1 Yes	• 2 No	• -1 DNR
i) Placenta previa	• 1 Yes	• 2 No	• -1 DNR
j) Bleeding/Spotting, 1st trimester	• 1 Yes	• 2 No	• -1 DNR
k) Bleeding/Spotting, 2nd trimester	• 1 Yes	• 2 No	• -1 DNR
l) Bleeding/Spotting, 3rd trimester	• 1 Yes	• 2 No	• -1 DNR
m) Incompetent cervix	• 1 Yes	• 2 No	• -1 DNR
n) History of infertility	• 1 Yes	• 2 No	• -1 DNR
o) Premature rupture of membranes (PROM)	• 1 Yes	• 2 No	• -1 DNR
p) Urinary Tract Infection	• 1 Yes	• 2 No	• -1 DNR
q) Kidney Infection	• 1 Yes	• 2 No	• -1 DNR
r) Blood transfusion	• 1 Yes	• 2 No	• -1 DNR
s) Serious injury or disability (Specify_____)	• 1 Yes	• 2 No	• -1 DNR
t) Other (Specify) _____	• 1 Yes	• 2 No	• -1 DNR
u) Other (Specify) _____	• 1 Yes	• 2 No	• -1 DNR
v) Other (Specify) _____	• 1 Yes	• 2 No	• -1 DNR

6. If Diabetes (Type I, Type II, or pregnancy-related), is YES in question 5d, circle classification: • -1 DNR
(**CIRCLE ALL THAT APPLY. SEE LAST PAGE FOR DEFINITIONS.**)

Class A1 1
Class A2 2
Class B 3
Class C 4
Class D 5
Class F 6
Class R 7
Class T 8
Class H 9

7. STIs and Other Gynecologic Conditions DURING CURRENT PREGNANCY.
(CHECK APPROPRIATE BOX <u>FOR EACH ITEM</u>.)

a)	Condyloma	• 1 Yes	• 2 No	• -1 DNR
b)	HPV	• 1 Yes	• 2 No	• -1 DNR
c)	Chlamydia, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
d)	Chlamydia, diagnosed	• 1 Yes	• 2 No	• -1 DNR
e)	Genital herpes, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
f)	Genital herpes, diagnosed	• 1 Yes	• 2 No	• -1 DNR
g)	Gonorrhea, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
h)	Gonorrhea, diagnosed	• 1 Yes	• 2 No	• -1 DNR
i)	Syphilis, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
j)	Syphilis, diagnosed	• 1 Yes	• 2 No	• -1 DNR
k)	Bacterial vaginosis, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
l)	Bacterial vaginosis, diagnosed	• 1 Yes	• 2 No	• -1 DNR
m)	Trichomoniasis, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
n)	Trichomoniasis, diagnosed	• 1 Yes	• 2 No	• -1 DNR

o)	Molluscum, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
p)	Molluscum, diagnosed	• 1 Yes	• 2 No	• -1 DNR
q)	Non-specific urethritis (NSU), suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
r)	Non-specific urethritis (NSU), diagnosed	• 1 Yes	• 2 No	• -1 DNR
s)	STIs not otherwise specified, suspected/rule out	• 1 Yes	• 2 No	• -1 DNR
t)	STIs not otherwise specified, diagnosed	• 1 Yes	• 2 No	• -1 DNR
u)	ASCUS	• 1 Yes	• 2 No	• -1 DNR
v)	Other abnormal pap	• 1 Yes	• 2 No	• -1 DNR
w)	Other (Specify) _____	• 1 Yes	• 2 No	• -1 DNR

8. HIV during current pregnancy? • 1 Yes • 2 No • -1 DNR

9. Tested for HIV during current pregnancy? • 1 Yes • 2 No • -1 DNR

9a. AIDS during current pregnancy? • 1 Yes • 2 No • -1 DNR

10. Are there any other conditions, not mentioned above, that you feel are worth recording or conditions that you were not sure how to categorize? Explain below.

_____

_____

_____

_____

_____

11. Last prenatal HCT: |___ ___ ___ . ___| % • -1 DNR

12. Tobacco use during current pregnancy? • -1 DNR

Yes.....1
No .....2 ® **SKIP TO Q13**

12a. Date reported in record:

• -1 DNR |___ ___|___ ___|___ ___ ___ ___|
mm dd yyyy

12b. Average number of cigarettes per day?:
(1 pack of cigarettes = 20 cigarettes)

• -1 DNR |___ ___ ___| cigarettes per day

12c. Quit smoking cigarettes during current pregnancy? • -1 DNR

Yes.....1
No .....2 ® **SKIP TO Q13**

12d. When did she quit smoking cigarettes during current pregnancy?

• -1 DNR

Date: |___ ___|___ ___|___ ___ ___ ___|

Gestational Age: |___ ___| weeks OR |___| months OR |___| trimester

• 1 Quit when learned of pregnancy

13. Alcohol use during this pregnancy? • -1 DNR

Yes.....1
No .....2 ® **SKIP TO Q14**

13a. Date reported in record:

• -1 DNR |___ ___|___ ___|___ ___ ___ ___|
mm dd yyyy

13b. Type of alcohol consumed. • -1 DNR

_____
_____

13c. Average number of drinks per day?:

• -1 DNR |___ ___ ___| drinks per day

13d. Quit drinking alcohol during current pregnancy? • -1 DNR

Yes.....1
No .....2 ® **SKIP TO Q14**

13e. When did she quit drinking alcohol during current pregnancy?

• -1 DNR

Date: |___ ___|___ ___|___ ___ ___ ___|

Gestational Age: |___ ___| weeks OR |___| months OR |___| trimester

• 1 Quit when learned of pregnancy

14. Drug use during this pregnancy? • -1 DNR

Yes.....1
No .....2 ® **SKIP TO Q15**

14a. Date reported in record: • -1 DNR

|___ ___|___ ___|___ ___ ___ ___|
mm dd yyyy

14b. Type of drugs used. • -1 DNR

_____

14c. Quit using drugs during current pregnancy? • -1 DNR

Yes.....1
No .....2 ® **SKIP TO Q15**

14d. When did she quit using drugs during current pregnancy? • -1 DNR

Date: |___ ___|___ ___|___ ___ ___ ___|

Gestational Age: |___ ___| weeks OR |___| months OR |___| trimester

• 1 Quit when learned of pregnancy

15. Urine test for drug use? • -1 DNR

Yes.....1
No .....2 ® **SKIP TO Q16**

15a. Urine test results: • -1 DNR

Positive 1
Negative.....2® **SKIP TO Q16**

15b. For which drugs did the woman test positive? • -1 DNR

_____

_____

16. In general, how easy or difficult was it to decipher the information contained in the medical record(s) for Section B?

Very easy.....1
Somewhat easy.....2
Some information easy/some difficult.....3
Somewhat difficult 4
Very difficult.....5

17. Describe any special problems in completing the abstraction for Section B:

_____

_____

_____

_____

_____

ABSTRACTED BY: _____ |___ ___|___ ___|___ ___ ___ ___|
Abstractor Code mm dd yyyy

EDITED BY: _____ |___ ___|___ ___|___ ___ ___ ___|
mm dd yyyy

DIABETES DEFINITIONS AND CLASSIFICATION CODES:

Gestational diabetes: When a mother who does not have diabetes develops a resistance to insulin because of the hormones of pregnancy.

Class A1: Non-insulin dependent
Class A2: Insulin dependent

Pre-existing diabetes - women who already have insulin-dependent diabetes and become pregnant.

Class B: Diabetes developed after age 20, have had the disease less than 10 years, no vascular complications.
Class C: Diabetes developed between age 10 and 19 or have had the disease for 10-19 years, no vascular complications.
Class D: Diabetes developed before age 10, have had the disease more than 20 years, vascular complications are present.
Class F: Diabetic women with kidney disease called nephropathy.
Class R: Diabetic women with retinopathy (retinal damage).
Class T: Diabetic women who have undergone kidney transplant.
Class H: Diabetic women with coronary artery or other heart disease.