Prenatal screening practices survey (last revised 11/2002) **Date abstracted:_____**

Study ID: GA_ _ _ _ Hospital ID:_ _ _ _ _ _ State: GA Abstractor initials:_____

Mother's information

Race: 9White 9Black 9Asian 9NA/ AI 9Unk

Ethnicity: 9Non-Hispanic 9Hispanic 9Unk Mat. yr of birth: __ __ __ __

Adm. date:__/__/____Adm. Time: __ __ __ __ Delivery date:__/__/____ Del.. Time: __ __ __ __ Est. Due Date: _ _ / _ _ /_ _ _ _

Gestage (wks) @ delivery:__ __ .__ /7d Membrane rupture date: __ __/__ __/__ __ __ __ Memb. Time__ __ __ __

Del. type: 9Cesarean 9Vaginal 9Vacuum 9Forceps 9Unknown

Did mother receive prenatal care? 9Yes 9No 9Unknown If yes, continue.

No. of visits:__ __ First visit:__ __/__ __/__ __ __ __ Last visit:__ __/__ __/__ __ __ __ Gestage(wks) @ last doc'td. visit:__ __

Prenatal record in chart: 9Yes 9No 9Unknown

Prenatal care provider: 9Private/HMO 9Hospital clinic 9Public clinic 9Unknown

Source of payment, L&D: 9Medicaid 9Private 9Other third 9Self 9Unknown

Intrapartum antibiotics

IAP given? 9Y 9N 9Unk; If yes, continue. (Otherwise skip to next section)

1st ordered:__ __/__ __/__ __ __ __ Time:__ __ __ __ 1st given:__ __/__ __/__ __ __ __ Time:__ __ __ __

Antibiotic 1: _____ # doses: __ __ Antibiotic 2: _____ # doses: __ __ **Anaphylaxis 9Y9N**

Prenatal Testing

Test	Tested			Most Recent Result			Date					Comments
GBS	9Y	9N	9U	9P	9N	9U	__/__/____	Test type	9Culture 9Antigen 9Rapid PCR 9Unk			
HBSAG	9Y	9N	9U	9P	9N	9U	__/__/____					
HIV	9Y	9N	9U				__/__/____	Hx IV drug	9Y	9N	9U	9Current 9 Ever
Rubella	9Y	9N	9U	9S	9I	9U	__/__/____					
Syphilis	9Y	9N	9U	9P 9N 9U 9RPR/VDRL 9FTA 9U			__/__/____	#2. 9P 9N 9U 9RPR/VDRL 9FTA 9U		#2. Date: __/__/____		

Testing on admission

Test	Tested			Result			Date					
GBS	9Y	9N	9U	9P	9N	9U	__/__/____	Test type	9 Culture 9 Antigen 9 Rapid PCR 9 Unk			
HBSAG	9Y	9N	9U	9P	9N	9U	__/__/____					
HIV	9Y	9N	9U				__/__/____					
Rubella	9Y	9N	9U	9S	9I	9U	__/__/____	**If S, vax before d/c: 9Y 9N 9U**				
Syphilis	9Y	9N	9U	9P	9N	9U	__/__/____	9RPR/VDRL 9FTA 9U	Treated?	9Y 9N 9U	_ _ / _ _ /_ _ _ _	