

## Human Infection with 2019 Novel Coronavirus Case Report Form – Pregnancy Module 2.0

**Pregnant woman: Complete this form for any woman who is pregnant when confirmed positive for COVID-19.**

**Maternal CDC 2019-nCoV ID:** \_\_\_\_\_ **Reporting Jurisdiction:** \_\_\_\_\_

**CDC Pregnancy ID\*:** \_\_\_\_\_ \*This ID is applicable to health departments submitting data for Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET), funded through the ELC cooperative agreement: Project W.

**Contact ID:** \_\_\_\_\_ **State/local case ID:** \_\_\_\_\_ **NNDSS loc. Rec. ID/Case ID:** \_\_\_\_\_

**Health insurance at time of COVID-19 infection (check all that apply):**

Private  Medicaid  Self-Pay  None  Unknown  Other (Specify: \_\_\_\_\_)

**Obstetric Information**

**Gravidity** (total pregnancies): \_\_\_\_\_ **Parity** (live births): \_\_\_\_\_

**Estimated due date (EDD):** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if EDD is unknown

**Number of fetuses** \_\_\_\_\_ (e.g., 1=singleton, 2=twins, 3=triplets)  Check if number of fetuses is unknown

**Pre-pregnancy weight:** \_\_\_\_\_ lb [or] \_\_\_\_\_ kg **Height:** \_\_\_\_\_ ft \_\_\_\_\_ in [or] \_\_\_\_\_ cm

**Did the mother receive prenatal care?**  Yes  No  Unknown

**Pregnancy Conditions (current pregnancy)**

**Gestational diabetes:**  Yes  No  Unknown

**Hypertension starting this pregnancy:**  Yes  No  Unknown

**Intrauterine growth restriction:**  Yes  No  Unknown

**Trimester of COVID-19 infection:**  First (<14 weeks)  Second (14-27 weeks)  Third (≥28 weeks)  Unknown

**Date of first positive specimen by SARS-CoV-2 PCR testing:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Treatment for COVID-19:**

Remdesivir **Date started:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

Other 1 (**Specify medication:** \_\_\_\_\_) **Date started:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

Other 2 (**Specify medication:** \_\_\_\_\_) **Date started:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

Other 3 (**Specify medication:** \_\_\_\_\_) **Date started:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Was the mother admitted to an intensive care unit (ICU) for COVID-19?**  Yes  No  Unknown

If yes, date of ICU admission: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if date of ICU admission is unknown

Date of ICU discharge: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if date of ICU discharge is unknown

**For completed pregnancies, please provide the following information:**

**Date of birth/pregnancy outcome:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if date of birth/pregnancy outcome is unknown

**Pregnancy outcome:** (select all that apply)

Miscarriage (<20 weeks gestation)

Stillbirth (≥20 weeks gestation)

Termination

Non-live birth, not otherwise specified

Live birth

Unknown

**Was labor induced?**  Yes  No  Unknown

If yes, reason for induction (check all that apply):

Past due date/Post-dates

Maternal condition

Fetal condition

Premature rupture of membranes

Other (Specify: \_\_\_\_\_)

Unknown

**Delivery type:**  Vaginal  Cesarean  Unknown

**If cesarean, indication:**  Emergent  Non-emergent  Unknown

**If emergent, indication:**  Maternal condition  Fetal condition  Both (maternal and fetal)

Unknown  Other (Specify: \_\_\_\_\_)

**Maternal Birth Hospitalization Complications**

**Was the mother admitted to an intensive care unit (ICU) for delivery complications?**  Yes  No  Unknown

If yes, date of ICU admission: \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if date of ICU admission is unknown

**Maternal death:**  Yes  No  Unknown

**If yes, date of death** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if date of death is unknown

**If yes, cause(s) of death:** \_\_\_\_\_

**Additional comments:**

***Enter neonate information on next page***

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**Neonate (for multiple gestations, please complete one entry for each fetal/infant outcome):**

**Neonate CDC 2019-nCoV ID:** \_\_\_\_\_ **Reporting Jurisdiction:** \_\_\_\_\_

**CDC Pregnancy ID\*:** \_\_\_\_\_ \*This ID is applicable to health departments submitting data for Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET), funded through the ELC cooperative agreement: Project W.

**Contact ID:** \_\_\_\_\_ **State/local case ID:** \_\_\_\_\_ **NNDSS loc. Rec. ID/Case ID:** \_\_\_\_\_

**Maternal CDC 2019-nCoV ID:** \_\_\_\_\_

**Sex:**  Male  Female  Other  Unknown or not yet determined

**Gestational age at delivery:** \_\_\_ weeks \_\_\_ days

**Was this a multiple gestation pregnancy?**  Yes  No  Unknown

*Only answer the following questions if this infant was part of a multiple gestation pregnancy. This applies to the variables "Date of birth/pregnancy outcome" through "delivery type". For singletons, these variables were captured on the Pregnant Case Form*

**Date of birth/pregnancy outcome:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if date of birth/pregnancy outcome is unknown

**Pregnancy outcome:**

- Miscarriage (<20 weeks gestation)
- Stillbirth (≥20 weeks gestation)
- Termination
- Non-live birth, not otherwise specified
- Live birth
- Unknown

**Was labor induced?**  Yes  No  Unknown

If yes, reason for induction (Check all that apply):

- Past due date/Post-dates
- Maternal condition
- Fetal condition
- Premature rupture of membranes
- Other (Specify: \_\_\_\_\_)
- Unknown

**Delivery type:**  Vaginal  Cesarean  Unknown

**If cesarean, indication:**  Emergent  Non-emergent  Unknown

**If emergent, indication:**  Maternal condition  Fetal condition  Both (maternal and fetal)  
 Unknown  Other (Specify: \_\_\_\_\_)

*The remainder of this form should be filled out for all neonates.*

**Neonate birth weight:** \_\_\_ lb \_\_\_ oz [or] \_\_\_ kg

**Neonate birth length:** \_\_\_ in [or] \_\_\_ cm

### **Infant Outcomes (during birth admission)**

**Was the infant admitted to the intensive care unit (any type, NICU, CICU, etc.)?**  Yes  No  Unknown

**If yes, date of discharge from the intensive care unit:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Discharge diagnosis codes:** \_\_\_\_\_

**Neonate death:**  Yes  No  Unknown

**If yes, date of death** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)  Check if date of death is unknown

**If yes, cause(s) of death** \_\_\_\_\_

**Birth defect:**  Yes  No  Unknown **If yes, specify type:** \_\_\_\_\_

### **Birth Admission Practices**

**Did the infant room-in with the mother during the birth admission?**  Yes  No  Unknown

**Was the infant ever breastfed?**  Yes  No  Unknown

### **Neonate COVID-19 Testing**

**Was infant tested for COVID-19 during the birth admission?**  Yes  No  Unknown

**Test 1:**

**Type:**  SARS-CoV-2 - PCR  SARS-CoV-2 – Antigen  SARS-CoV-2 – IgG  SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood  Nasal/NP swab  Throat swab/OP Swab  Combined nasal/NP+throat swab  Sputum  
 Bronchoalveolar lavage (BAL)  Endotracheal Aspirate (ETA)  Feces/rectal swab  Other

**If other, specify type:** \_\_\_\_\_

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**Test 2:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Test 3:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Test 4:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Test 5:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Test 6:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Test 7:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

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**Test 8:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Test 9:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Test 10:**

**Type:**  SARS-CoV-2 - PCR    SARS-CoV-2 – Antigen    SARS-CoV-2 – IgG    SARS-CoV-2 – IgM  
 SARS-CoV-2 – Other

**Result:**  Positive  Negative  Indeterminate  Unknown

**Date of sample collection:** \_\_/\_\_/\_\_\_\_ (MM/DD/YYYY)

**Specimen:**  Blood    Nasal/NP swab    Throat swab/OP Swab    Combined nasal/NP+throat swab    Sputum  
 Bronchoalveolar lavage (BAL)    Endotracheal Aspirate (ETA)    Feces/rectal swab    Other

**If other, specify type:** \_\_\_\_\_

**Additional comments:**