

CITY OF PHILADELPHIA
DEPARTMENT OF PUBLIC HEALTH
Board of Health

Approved by the Board of Health: December 14, 2021

Regulation Relating to Perinatal COVID-19 Surveillance by the Division of Maternal, Child, and Family Health of the Philadelphia Department of Public Health

WHEREAS, Section 5-301(b) of the Philadelphia Home Rule Charter authorizes the Board of Health to issue Department of Public Health regulations for the preservation and promotion of the health of the people of Philadelphia; and

WHEREAS, the Pennsylvania Disease Control and Prevention Law of 1955, 1956, April 23, P.L. 1510, 35 P.S. § 521.1 *et seq.*, (the DCPL) and Section 6-201 of The Philadelphia Code authorize the Board of Health to establish lists of reportable diseases and conditions; and

WHEREAS, Section 4 of the DCPL and Section 6-202 of The Philadelphia Code require health care providers and laboratories identifying these reportable diseases and conditions designated by the Board of Health, to report the occurrence of such diseases and conditions to the Department; and

WHEREAS, the Department of Public Health is a public health authority as defined by the Health Insurance Portability and Accountability Act (“HIPAA”), Standards for Privacy of Individually Identifiable Health Information, Final Rule (“Privacy Rule”); and

WHEREAS, pursuant to the Privacy Rule, covered entities may disclose, without individual authorization, protected health information to public health authorities under 45 C.F.R. § 512(b); and

WHEREAS, Section 6-202(4) of The Philadelphia Code mandates reporting to the Department of Public Health such information and reports as may be required by regulations adopted by the Board of Health to ensure the proper control of communicable diseases or to aid in the formulation and review of municipal programs for the promotion of the health of the public; and

WHEREAS, on March 12, 2020, the Board of Health by emergency regulation added COVID-19 to the list of reportable and quarantinable diseases in the Regulations Governing the Control Governing the Control of Communicable and Noncommunicable Diseases and Conditions; and

WHEREAS, the 2019 novel coronavirus disease, COVID-19, can cause severe disease and death, particularly in vulnerable populations, including pregnant people and children; and

WHEREAS, the effects of COVID-19 on pregnant people and their children, during pregnancy and after giving birth, are still under study and information about pregnant people with COVID-19 and their children is therefore crucial in understanding future health needs and outcomes; and

WHEREAS, The Centers for Disease Control and Prevention’s (CDC) Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program funds the Division of Maternal, Child, and Family Health, of the Philadelphia Department of Public Health, to collect data on COVID-19-positive pregnant people and their children from medical providers and facilities; and

WHEREAS, the Division of Maternal, Child, and Family Health will use the collected data to understand the impact of COVID-19 infection during pregnancy on birth, maternal health, and infant health outcomes, quantify the number of Philadelphians who were directly affected by COVID-19 due to exposure during pregnancy, inform the development of educational materials and trainings for stakeholders in Philadelphia who work directly with pregnant and infant populations to prevent the spread of COVID-19, and inform the general public on the effects of COVID-19 on the health of pregnant people and infants; and

WHEREAS, medical providers and facilities serving Philadelphia residents, including birthing, pediatric, and family medicine facilities, currently collect and maintain data to monitor the wellness of COVID-19-positive pregnant people and the childhood development of their children; and

WHEREAS, the Division of Maternal, Child, and Family Health has the authority to collect and review this information pursuant to the authority set forth in (1) Title 6 of The Philadelphia Code; (2) the Disease Prevention and Control Law of 1955, as amended, 35 P.S. § 521.1 *et seq*; and (3) the Philadelphia Department of Public Health *Regulations Governing the Control of Communicable and Noncommunicable Diseases and Conditions*,

NOW, THEREFORE, the Board of Health hereby adopts this Regulation Relating to Perinatal COVID-19 Surveillance by the Division of Maternal, Child, and Family Health of the Philadelphia Department of Public Health, as follows:

Section 1. Definitions.

The capitalized terms in this regulation shall have the following meanings:

Abstracted Medical Data. Limited data elements that have been transcribed from a patient’s medical record into discrete fields or locations in a separate file or document that reflects just those limited data elements and not the broader patient record.

Department. Philadelphia Department of Public Health.

Division. Division of Maternal, Child, and Family Health of the Philadelphia Department of Public Health.

Facilities. All hospitals and medical facilities where pregnant people may receive support with care pre- and post-pregnancy and/or give birth.

Provider. A person or entity providing pediatric outpatient medical care to children less than five (5) years of age.

Perinatal COVID-19 Surveillance Data. Information about COVID-19 positive pregnant people and their children, up to twenty-four (24) months of age, collected from Facilities and Providers by the Division of Maternal, Child, and Family Health of the Philadelphia Department of Public Health that consists of the data fields enumerated in the Centers for Disease Control and Prevention’s Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program’s COVID-19 Pregnancy Data Dictionary, as it may be amended, excluding any data concerning mental health and substance use treatment history identified in such data dictionary. To the extent the data described in this regulation conflicts with the CDC COVID-19 Pregnancy Data Dictionary, as it may be amended, this regulation controls. The foregoing is the minimum information necessary to carry out the public health purposes of this regulation under 45 CFR § 164.512(b)(1)(i). The current CDC COVID-19 Pregnancy Data Dictionary is attached to this regulation as Appendix A.

Section 2. Collection of Perinatal COVID-19 Surveillance Data By the Division for Provision to the Centers for Disease Control and Prevention

1. The Division shall issue written requests to Facilities and Providers for Perinatal COVID-19 Surveillance Data.
2. Upon written request from the Division, Facilities and Providers shall transmit Perinatal COVID-19 Surveillance Data to the Division, in the form requested, which shall be in the form of Abstracted Medical Data.
3. Facilities or Providers that are unable to provide the Perinatal COVID-19 Surveillance Data as Abstracted Medical Data shall work with the Division to create Abstracted Perinatal COVID-19 Surveillance Data on such Facility or Provider’s behalf. The Division shall destroy any non-abstracted medical data submitted by the Provider once the Abstracted Medical Data has been created by the Division.
4. The Division will transmit Abstracted Perinatal COVID-19 Surveillance Data to the Centers for Disease Control and Prevention’s (CDC) Surveillance for Emerging Threats to Mothers and Babies (SET-NET) program pursuant to the CDC’s Epidemiology and Laboratory Capacity (ELC) Cooperative Agreement with the Department.

Section 3. Confidentiality of Perinatal COVID-19 Surveillance Data

1. Any Perinatal COVID-19 Surveillance Data obtained under this Regulation shall be stored and maintained by the Division in a manner consistent with the confidentiality standards of 28 Pa. Code § 27.5a.
2. Perinatal COVID-19 Surveillance Data shall be considered confidential and not subject to public disclosure or disclosure outside the Division except to the extent necessary for the Department to perform its obligations under the Disease Control and Prevention Law, 35 P.S. § 521.1 et seq., and the Department’s associated regulations, including necessary contact tracing.

3. The Division may contract with a third party to provide medical record abstraction services pursuant to this Regulation. Any such third party, and any individual conducting medical record abstraction services pursuant to such contract, shall execute a user agreement prior to working with any records provided to the Division pursuant to this Regulation that requires confidentiality consistent with this Section 3.
4. The Division of Birth Defects and Infant Disorders, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention, which coordinates collection the collection of Perinatal COVID-19 Surveillance Data for the SET-NET has given assurance to the Department of the confidentiality of the Perinatal COVID-19 Surveillance Data the CDC will collect under 42 U.S.C. § 242m(d).

Section 4. Effective Date and Duration

This Regulation shall be effective immediately and shall remain in effect until the Health Commissioner certifies to the Board of Health that funding for the Perinatal COVID-19 Surveillance Data program described above is no longer being received by the Department from the Centers for Disease Control and Prevention.

APPENDIX A

CDC COVID-19 & Pregnancy Data Dictionary (SET-NET)

June 28th, 2021

Maternal Form

Variable / Field Name	Form Name	Section Header	Field Type	Field Label	Choices, Calculations, OR Slider Labels	Field Note
mg_idpreg	maternal_form	text	CDC Pregnancy ID (e.g.,AZS123456, LAC100000, PRT112233)			
mg_idmom	maternal_form	text	CDC Maternal ID (e.g.,KYS567890A)			
mg_idpreg_sp	maternal_form	text	Other pregnancies of same woman (Pregnancy IDs)			
mg_ltfu	maternal_form	radio	Pregnancy no longer being monitored (i.e., lost to follow-up)	1, Yes 0, No	1, Yes 0, No	
mg_ltfu_why	maternal_form	dropdown	If yes, what is the primary reason for no longer monitoring?	1, Moved out of area of surveillance 4, Laboratory results not found 5, Not selected for MRA 6, Unable to acquire medical records 7, No consent/public health authority 3, Other	1, Moved out of area of surveillance 4, Laboratory results not found 5, Not selected for MRA 6, Unable to acquire medical records 7, No consent/public health authority 3, Other	
mg_ltfu_why_sp	maternal_form	text	If other, specify:			
mv_yn	maternal_form	radio	SET-NET exposure of interest, COVID-19?	1, Yes 0, No	1, Yes 0, No	

g	maternal_ form	calc	Adding green if COVID-19 = y	if([mv_yn]='1',176,28)	if([mv_yn]='1',176,28)	
mg_dob	maternal_ form	Maternal Demographics	text	Mother's date of birth:		
mg_desc_race	maternal_ form	descriptive	Mother's Race			
mg_race_aian	maternal_ form	radio	American Indian or Alaska Native	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_race_asian	maternal_ form	radio	Asian	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_race_baa	maternal_ form	radio	Black or African American	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_race_nhopi	maternal_ form	radio	Native Hawaiian or Other Pacific Islander	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_race_wh	maternal_ form	radio	White	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_race_oth	maternal_ form	radio	Other	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_ethn	maternal_ form	radio	Mother's ethnicity: Is the mother Hispanic or Latina?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_edu	maternal_ form	dropdown	Highest degree or level of school completed by the mother at the time of delivery.	0, 8th grade or less 1, 9th - 12th grade, no diploma 2, High school graduate or GED completed 3, Some college credit but no degree 4, Associate degree (e.g., AA, AS) 5, Bachelor's degree (e.g., BA, AB, BS) 6, Master's degree (e.g., MA, MS, MEng, MEd, MWR, MBA) 7, Doctorate (e.g., PhD, EdD) or Professional degree	0, 8th grade or less 1, 9th - 12th grade, no diploma 2, High school graduate or GED completed 3, Some college credit but no degree 4, Associate degree (e.g., AA, AS) 5, Bachelor's degree (e.g., BA, AB, BS) 6, Master's degree (e.g., MA, MS, MEng, MEd, MWR, MBA) 7, Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) 88, Not reported	

				(e.g., MD, DDS, DVM, LLB, JD) 88, Not reported		
mg_zip	maternal_form	text	Zip code of the mother's primary residence:			
mg_co	maternal_form	text	County of mother's primary residence:			
mg_ht	maternal_form	Measurements	text	Mother's Height (cm):		cm
mg_ppwt	maternal_form	text	Mother's pre-pregnancy weight (kg):	kg		kg
mg_dewt	maternal_form	text	Mother's weight at delivery (kg):	kg		kg
mg_desc_ppcon	maternal_form	Pre-Pregnancy Conditions	descriptive	Did the mother have any of the following conditions or infections diagnosed prior to this pregnancy?		
mg_ppcon_diabetes	maternal_form	radio	Diabetes	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_cron_htn	maternal_form	radio	Hypertension	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_sub_alc	maternal_form	Substance Use	radio	Did the mother use alcohol during this pregnancy?	1, Yes 0, No 88, Not reported	
mg_sub_tobacco	maternal_form	radio	Did the mother use tobacco (e.g., cigarettes, cigars, smokeless tobacco, e-cigarettes) during this pregnancy?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_gravidity	maternal_form	Maternal Obstetric Information	text	Gravidity:		
mg_parity	maternal_form	text	Parity:			
mg_lmp	maternal_form	text	Date of the mother's last menstrual period (LMP):	date_mdy		

mg_edd	maternal_form	text	Date of the mother's estimated due date (EDD):	date_mdy		
mg_pn	maternal_form	radio	Did the mother receive prenatal care?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_pn_dt	maternal_form	text	Date of the mother's first prenatal visit:	date_mdy		
mg_pn_num	maternal_form	text	Total number of prenatal visits that the mother had during this pregnancy:	integer		
mg_desc_pregcon	maternal_form	Conditions during pregnancy	descriptive	Did the mother have any of the following conditions during this pregnancy?		
mg_pregcon_diabetes	maternal_form	radio	Gestational diabetes	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_pregcon_eclamph tn	maternal_form	radio	Pre-eclampsia or pregnancy induced hypertension	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_pregcon_iugr	maternal_form	radio	Intrauterine growth restriction (IUGR)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_hosp_yn	maternal_form	radio	Was the mother hospitalized during pregnancy?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_hospadm_dt	maternal_form	text	If yes, date of admission:	date_mdy		
mg_death	maternal_form	radio	Maternal death?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_death_dt	maternal_form	text	If yes, date of maternal death:	date_mdy		
mg_death_dx	maternal_form	text	If yes, cause(s) of maternal death:			
mg_insur	maternal_form	Delivery Information	dropdown	Mother's primary health insurance at the time of delivery	1, Private insurance 2, Medicaid 4, Other 0, None/Self-pay 88, Not reported	
mg_insur_sp	maternal_form	text	If other, specify.			
mg_plurality_de	maternal_form	text	Plurality at delivery:			

mg_desc_decon	maternal_form	descriptive	Did the mother have any of the following delivery complications?			
mg_decon_icu	maternal_form	radio	ICU admission	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_decon_icuadm_dt	maternal_form	text	If yes, date of ICU admission:	date_mdy		
mg_decon_trafu	maternal_form	radio	Transfusion	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mg_notes	maternal_form	Other Notes	notes	Abstractor notes:		
mv_desc	maternal_form	<p style="text-align:center;font-weight:bold;font-size:14px;line-height:0.3">Pathogen-specific Modules	descriptive	<div class="yellow" style="text-align:center;"><p style="text-align:center;font-weight:bold;font-size:14px;line-height:0.3">Maternal Form: COVID-19 Module</div>		
mv_idncov19	maternal_form	text	Maternal CDC 2019-nCoV ID			
mv_idlocal	maternal_form	text	Maternal State/local case ID			
mv_idcontact	maternal_form	text	Maternal Contact ID			
mv_idnndss	maternal_form	text	Maternal COVID-19 NNDSS loc. Rec. ID/ Case ID			
mv_trimes	maternal_form	dropdown	Trimester of COVID-19 infection onset	1, First (< 14 weeks) 2, Second (14-27 weeks) 3, Third (≥ 28 weeks) 88, Not reported	1, First (< 14 weeks) 2, Second (14-27 weeks) 3, Third (≥ 28 weeks) 88, Not reported	
mv_ppcon	maternal_form	Pre-Pregnancy Conditions	radio	Does the mother have pre-existing medical conditions?	1, Yes 0, No 88, Not reported	

mv_ppcon_copd	maternal_form	radio	Chronic lung disease	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_cardio	maternal_form	radio	Cardiovascular disease	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_renal	maternal_form	radio	Chronic renal disease	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_liver	maternal_form	radio	Chronic liver disease	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_immunsup	maternal_form	radio	Immunosuppressive condition	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_autoimm	maternal_form	radio	Autoimmune condition	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_dis	maternal_form	radio	Disability	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_dis_sp	maternal_form	text	If yes, specify:			
mv_ppcon_psych	maternal_form	radio	Psychological/psychiatric condition	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_psych_sp	maternal_form	text	If yes, specify:			
mv_ppcon_oth	maternal_form	radio	Other chronic disease(s)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_ppcon_oth_sp	maternal_form	text	If other, specify:			
mv_occ_hc	maternal_form	Occupational Exposure	radio	Is the patient a health care worker in the United States?	1, Yes 0, No 88, Not reported	
mv_occu	maternal_form	radio	In the 14 days prior to illness onset, did the patient have exposure at their workplace?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_occu_crit	maternal_form	radio	If yes, is the patient's workplace a critical infrastructure (i.e., healthcare setting, grocery store)?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_occ_crit_sp	maternal_form	text	If yes, specify workplace setting:			

mv_sx	maternal_form	Symptomology	radio	Symptoms present during course of illness:	1, Symptomatic 0, Asymptomatic 88, Not reported	
mv_sx_dt	maternal_form	text	If symptomatic, onset date:	date_mdy		
mv_sx_fever	maternal_form	radio	Fever >100.4F (38C)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_sfever	maternal_form	radio	Subjective fever (felt feverish)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_chills	maternal_form	radio	Chills	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_rigors	maternal_form	radio	Rigors	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_myalgia	maternal_form	radio	Muscle aches (myalgia)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_runnose	maternal_form	radio	Runny nose (rhinorrhea)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_sthroat	maternal_form	radio	Sore throat	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_taste	maternal_form	radio	New olfactory and taste disorder(s)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_fatigue	maternal_form	radio	Fatigue	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_cough	maternal_form	radio	Cough (New onset or worsening of chronic cough)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_wheezing	maternal_form	radio	Wheezing	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_sob	maternal_form	radio	Shortness of breath (dyspnea)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_breath	maternal_form	radio	Difficulty breathing	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_chest	maternal_form	radio	Chest pain	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_nauvom	maternal_form	radio	Nausea or vomiting	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_head	maternal_form	radio	Headache	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	

mv_sx_abdom	maternal_form	radio	Abdominal pain	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_diarrhea	maternal_form	radio	Diarrhea (>= 3 loose/looser than normal stools/24hr period)	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_oth	maternal_form	radio	Other symptoms	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_sx_oth_sp	maternal_form	text	If other, specify:			
mv_desc_comp	maternal_form	COVID-19 Complications	descriptive	Did the mother have any of the following diagnoses or complications during COVID-19 infection?		
mv_comp_pna	maternal_form	radio	Pneumonia?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_comp_ards	maternal_form	radio	Acute respiratory distress syndrome?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_comp_mv	maternal_form	radio	Mechanical ventilation (MV)/intubation?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_comp_ecmo	maternal_form	radio	Extracorporeal membrane oxygenation (ECMO)?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_comp_dic	maternal_form	radio	Coagulopathy or Disseminated Intravascular Coagulation (DIC)?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_comp_oth	maternal_form	radio	Other complications?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_comp_oth_sp	maternal_form	text	If other, specify:			
mv_icu	maternal_form	radio	Was the mother admitted to an intensive care unit (ICU) for COVID-19?	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_icuadm_dt	maternal_form	text	If yes, date of admission:	date_mdy		
mv_icudis_dt	maternal_form	text	If yes, date of discharge:	date_mdy		
mv_tx_rem	maternal_form	COVID-19 Treatment	radio	Remdesivir	1, Yes 0, No 88, Not reported	

mv_tx_rem_dt	maternal_form	text	If yes, date started:			
mv_tx_oth1	maternal_form	radio	Other Medication 1	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_tx_oth_sp1	maternal_form	text	If yes, specify medication 1:			
mv_tx_oth_dt1	maternal_form	text	If yes, date started 1:	date_mdy		
mv_tx_oth2	maternal_form	radio	Other Medication 2	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_tx_oth_sp2	maternal_form	text	If yes, specify medication 2:			
mv_tx_oth_dt2	maternal_form	text	If yes, date started 2:	date_mdy		
mv_tx_oth3	maternal_form	radio	Other Medication 3	1, Yes 0, No 88, Not reported	1, Yes 0, No 88, Not reported	
mv_tx_oth_sp3	maternal_form	text	If yes, specify medication 3:			
mv_tx_oth_dt3	maternal_form	text	If yes, date started 3:	date_mdy		

Pregnancy Outcome and Birth Form

Variable / Field Name	Form Name	Section Header	Field Type	Field Label	Choices, Calculations, OR Slider Labels
bg_idbaby	pregnancy_outcome_and_birth		text	CDC Infant ID (e.g.,AZS123456B; LAC1000000C, LAC1000000D)	
bg_ltfu	pregnancy_outcome_and_birth		radio	Infant no longer being monitored (i.e., lost to follow-up)	1, Yes 0, No
bg_ltfu_why	pregnancy_outcome_and_birth		dropdown	If yes, what is the primary reason for no longer monitoring?	1, Moved out of area of surveillance 4, Laboratory results not found 5, Not selected for MRA 6, Unable to acquire medical records 7, No consent/public health authority 3, Other
bg_ltfu_why_sp	pregnancy_outcome_and_birth		text	If other, specify:	
bg_jump	pregnancy_outcome_and_birth		descriptive	Jump to COVID-19, Hepatitis C, or Syphilis modular variables.	
bg_detype	pregnancy_outcome_and_birth		radio	Delivery type:	1, Cesarean section 0, Vaginal 88, Not reported
bg_outcome	pregnancy_outcome_and_birth		dropdown	Pregnancy outcome:	0, Live birth 1, Spontaneous abortion (< 20 wks of gestation) 2, Intrauterine fetal demise or stillbirth (≥ 20 wks of gestation) 3, Elective termination 4, Non-live birth not otherwise specified 88, Not Reported
bg_outcome_dt	pregnancy_outcome_and_birth		text	Date of pregnancy outcome:	
bg_ga_w	pregnancy_outcome_and_birth		text	Gestational age at pregnancy outcome Weeks:	
bg_ga_d	pregnancy_outcome_and_birth		text	Days:	
bg_sex	pregnancy_outcome_and_birth		dropdown	Infant's sex	M, Male F, Female O, Other N, Unknown or not yet determined
bg_exm_yn	pregnancy_outcome_and_birth	Physical Exam Findings	radio	Were physical exam findings reported?	1, Yes 0, No

bg_desc_exam	pregnancy_outcome_and_birth		descriptive	If yes, provide findings of physical exam for each system. If findings not reported for a specific system, select "Not Reported"	
bg_exam_general	pregnancy_outcome_and_birth		radio	General	0, Normal 1, Abnormal 88, Not reported
bg_exam_general_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_head_eyes_ears_nose_throat	pregnancy_outcome_and_birth		radio	Head, eyes, ears, nose, throat (HEENT)	0, Normal 1, Abnormal 88, Not reported
bg_exam_head_eyes_ears_nose_throat_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_cardiovascular	pregnancy_outcome_and_birth		radio	Cardiovascular	0, Normal 1, Abnormal 88, Not reported
bg_exam_cardiovascular_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_lung	pregnancy_outcome_and_birth		radio	Pulmonary/lung/respiratory	0, Normal 1, Abnormal 88, Not reported
bg_exam_lung_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_abdominal	pregnancy_outcome_and_birth		radio	Abdominal/gastrointestinal	0, Normal 1, Abnormal 88, Not reported
bg_exam_abdominal_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_genitourinary	pregnancy_outcome_and_birth		radio	Genitourinary	0, Normal 1, Abnormal 88, Not reported
bg_exam_genitourinary_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_musculoskeletal	pregnancy_outcome_and_birth		radio	Musculoskeletal	0, Normal 1, Abnormal 88, Not reported
bg_exam_musculoskeletal_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_neurologic	pregnancy_outcome_and_birth		radio	Neurologic	0, Normal 1, Abnormal 88, Not reported
bg_exam_neurologic_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exam_skin	pregnancy_outcome_and_birth		radio	Skin/integument	0, Normal 1, Abnormal 88, Not reported

bg_exm_skin_sp	pregnancy_outcome_and_birth		notes	If abnormal, describe:	
bg_exm_sp	pregnancy_outcome_and_birth		notes	Describe any additional abnormal findings not included in the previous questions.	
bg_lt	pregnancy_outcome_and_birth		text	Infant length at birth (cm):	cm
bg_wt	pregnancy_outcome_and_birth		text	Infant weight at birth (g):	g
bg_hc	pregnancy_outcome_and_birth		text	Infant head circumference at birth (cm):	cm
bg_icd1	pregnancy_outcome_and_birth		text	Birth defect 1 (ICD-10 code):	
bg_icd_sp1	pregnancy_outcome_and_birth		notes	Birth defect 1 (verbatim descriptions):	
bg_icd2	pregnancy_outcome_and_birth		text	Birth defect 2 (ICD-10 code):	
bg_icd_sp2	pregnancy_outcome_and_birth		notes	Birth defect 2 (verbatim descriptions):	
bg_icd3	pregnancy_outcome_and_birth		text	Birth defect 3 (ICD-10 code):	
bg_icd_sp3	pregnancy_outcome_and_birth		notes	Birth defect 3 (verbatim descriptions):	
bg_icd4	pregnancy_outcome_and_birth		text	Birth defect 4 (ICD-10 code):	
bg_icd_sp4	pregnancy_outcome_and_birth		notes	Birth defect 4 (verbatim descriptions):	
bg_icd5	pregnancy_outcome_and_birth		text	Birth defect 5 (ICD-10 code):	
bg_icd_sp5	pregnancy_outcome_and_birth		notes	Birth defect 5 (verbatim descriptions):	
bg_icd6	pregnancy_outcome_and_birth		text	Birth defect 6 (ICD-10 code):	
bg_icd_sp6	pregnancy_outcome_and_birth		notes	Birth defect 6 (verbatim descriptions):	
bg_icd7	pregnancy_outcome_and_birth		text	Birth defect 7 (ICD-10 code):	

bg_icd_sp7	pregnancy_outcome_and_birth		notes	Birth defect 7 (verbatim descriptions):
bg_icd8	pregnancy_outcome_and_birth		text	Birth defect 8 (ICD-10 code):
bg_icd_sp8	pregnancy_outcome_and_birth		notes	Birth defect 8 (verbatim descriptions):
bg_icd9	pregnancy_outcome_and_birth		text	Birth defect 9 (ICD-10 code):
bg_icd_sp9	pregnancy_outcome_and_birth		notes	Birth defect 9 (verbatim descriptions):
bg_icd10	pregnancy_outcome_and_birth		text	Birth defect 10 (ICD-10 code):
bg_icd_sp10	pregnancy_outcome_and_birth		notes	Birth defect 10 (verbatim descriptions):
bg_icd11	pregnancy_outcome_and_birth		text	Birth defect 11 (ICD-10 code):
bg_icd_sp11	pregnancy_outcome_and_birth		notes	Birth defect 11 (verbatim descriptions):
bg_icd12	pregnancy_outcome_and_birth		text	Birth defect 12 (ICD-10 code):
bg_icd_sp12	pregnancy_outcome_and_birth		notes	Birth defect 12 (verbatim descriptions):
bg_icd13	pregnancy_outcome_and_birth		text	Birth defect 13 (ICD-10 code):
bg_icd_sp13	pregnancy_outcome_and_birth		notes	Birth defect 13 (verbatim descriptions):
bg_icd14	pregnancy_outcome_and_birth		text	Birth defect 14 (ICD-10 code):
bg_icd_sp14	pregnancy_outcome_and_birth		notes	Birth defect 14 (verbatim descriptions):
bg_icd15	pregnancy_outcome_and_birth		text	Birth defect 15 (ICD-10 code):
bg_icd_sp15	pregnancy_outcome_and_birth		notes	Birth defect 15 (verbatim descriptions):
bg_icd16	pregnancy_outcome_and_birth		text	Birth defect 16 (ICD-10 code):

bg_icd_sp16	pregnancy_outcome_and_birth		notes	Birth defect 16 (verbatim descriptions):	
bg_icd17	pregnancy_outcome_and_birth		text	Birth defect 17 (ICD-10 code):	
bg_icd_sp17	pregnancy_outcome_and_birth		notes	Birth defect 17 (verbatim descriptions):	
bg_icd18	pregnancy_outcome_and_birth		text	Birth defect 18 (ICD-10 code):	
bg_icd_sp18	pregnancy_outcome_and_birth		notes	Birth defect 18 (verbatim descriptions):	
bg_icd19	pregnancy_outcome_and_birth		text	Birth defect 19 (ICD-10 code):	
bg_icd_sp19	pregnancy_outcome_and_birth		notes	Birth defect 19 (verbatim descriptions):	
bg_icd20	pregnancy_outcome_and_birth		text	Birth defect 20 (ICD-10 code):	
bg_icd_sp20	pregnancy_outcome_and_birth		notes	Birth defect 20 (verbatim descriptions):	
bg_death	pregnancy_outcome_and_birth	Adverse Outcomes	radio	Is the infant deceased?	1, Yes 0, No 88, Not reported
bg_death_dt	pregnancy_outcome_and_birth		text	If yes, date of infant death:	
bg_death_dx	pregnancy_outcome_and_birth		text	If yes, cause(s) of infant death:	
bg_icu	pregnancy_outcome_and_birth		radio	Was the infant admitted to the intensive care unit?	1, Yes 0, No 88, Not reported
bg_icudis_dt	pregnancy_outcome_and_birth		text	If yes, date of discharge from intensive care unit:	
bg_icudis_icd	pregnancy_outcome_and_birth		notes	If yes, discharge diagnosis codes:	
bg_desc_hear	pregnancy_outcome_and_birth		descriptive	Hearing screening results	
bg_hear_oae	pregnancy_outcome_and_birth		dropdown	OAE result	0, Passed 1, Failed or Referred 66, Not performed 88, Not reported
bg_hear_abr	pregnancy_outcome_and_birth		dropdown	ABR result	0, Passed 1, Failed or Referred 66, Not performed 88, Not reported

bg_hear_unk	pregnancy_outcome_and_birth		dropdown	Hearing screening: unspecified type	0, Passed 1, Failed or Referred 66, Not performed 88, Not reported
bg_notes	pregnancy_outcome_and_birth	Other Notes	notes	Abstractor notes	
bv_desc	pregnancy_outcome_and_birth	<p style="text-align:center;font-weight:bold;font-size:14px;line-height:0.3">Pathogen-specific Modules	descriptive	<div class="yellow" style="text-align:center;"><p style="text-align:center;font-weight:bold;font-size:14px;line-height:0.3">Birth Form: COVID-19 Module</div>	
bv_idncov19	pregnancy_outcome_and_birth		text	Infant CDC 2019-nCoV ID	
bv_idlocal	pregnancy_outcome_and_birth		text	Infant State/local case ID	
bv_idcontact	pregnancy_outcome_and_birth		text	Infant Contact ID	
bv_idnndss	pregnancy_outcome_and_birth		text	Infant COVID-19 NNDSS loc. Rec. ID/Case ID	
bv_idncov19_mom	pregnancy_outcome_and_birth		text	Maternal CDC 2019-nCoV ID	
bv_detype_ces	pregnancy_outcome_and_birth	Delivery Information	radio	If cesarean, indication	1, Emergent 2, Non-emergent 88, Not reported
bv_detype_cesemer	pregnancy_outcome_and_birth		dropdown	If emergent, indication	1, Maternal condition 2, Fetal condition 3, Both 8, Other 88, Not reported
bv_detype_cesemer_sp	pregnancy_outcome_and_birth		text	If other, specify:	
bv_labor	pregnancy_outcome_and_birth		radio	Was labor induced?	1, Yes 0, No 88, Not reported
bv_desc_labor	pregnancy_outcome_and_birth		descriptive	If yes, reason for induction:	
bv_labor_post	pregnancy_outcome_and_birth		radio	Past due date/Post-dates	1, Yes 0, No 88, Not reported
bv_labor_maternal	pregnancy_outcome_and_birth		radio	Maternal condition	1, Yes 0, No 88, Not reported
bv_labor_fetal	pregnancy_outcome_and_birth		radio	Fetal condition	1, Yes 0, No 88, Not reported

bv_labor_rup	pregnancy_outcome_and_birth		radio	Premature rupture of membranes	1, Yes 0, No 88, Not reported
bv_labor_unknown	pregnancy_outcome_and_birth		radio	Unknown	1, Yes 0, No 88, Not reported
bv_labor_other	pregnancy_outcome_and_birth		radio	Other	1, Yes 0, No 88, Not reported
bv_labor_other_sp	pregnancy_outcome_and_birth		text	If other, specify:	
bv_roomin	pregnancy_outcome_and_birth		radio	Did the infant room-in with the mother during the birth admission?	1, Yes 0, No 88, Not reported
bv_bstfed	pregnancy_outcome_and_birth		radio	Was the infant ever breastfeed?	1, Yes 0, No 88, Not reported
bv_test	pregnancy_outcome_and_birth	Case Status	radio	Was the infant tested for COVID-19 during the birth admission?	1, Yes 0, No 88, Not reported
bv_case	pregnancy_outcome_and_birth		radio	What is the case status of the infant?	1, Lab-confirmed case 2, Probable case 0, Not a case 88, Not reported
bv_case_prob	pregnancy_outcome_and_birth		radio	If probable, select reason:	1, Meets clinical criteria AND epidemiologic evidence with no confirmatory lab testing 2, Meets presumptive lab evidence AND either clinical criteria OR epidemiologic evidence 3, Meets vital records criteria with no confirmatory lab testing
bv_sx	pregnancy_outcome_and_birth	Symptomology	radio	Symptoms present during the first two weeks of birth hospitalization:	1, Symptomatic 0, Asymptomatic 88, Not reported
bv_sx_dt	pregnancy_outcome_and_birth		text	If symptomatic, onset date:	
bv_sx_fever	pregnancy_outcome_and_birth		radio	Fever >100.4F (38C)	1, Yes 0, No 88, Not reported
bv_sx_runny_nose	pregnancy_outcome_and_birth		radio	Runny nose (rhinorrhea)	1, Yes 0, No 88, Not reported
bv_sx_cough	pregnancy_outcome_and_birth		radio	Cough	1, Yes 0, No 88, Not reported
bv_sx_wheezing	pregnancy_outcome_and_birth		radio	Wheezing	1, Yes 0, No 88, Not reported
bv_sx_difficult_breathing	pregnancy_outcome_and_birth		radio	Difficulty breathing	1, Yes 0, No 88, Not reported

bv_sx_nauvom	pregnancy_outcome_and_birth		radio	Nausea or vomiting	1, Yes 0, No 88, Not reported
bv_sx_diarrhea	pregnancy_outcome_and_birth		radio	Diarrhea (>= 3 loose/looser than normal stools/24hr period)	1, Yes 0, No 88, Not reported
bv_sx_feed	pregnancy_outcome_and_birth		radio	Feeding intolerance/Decreased feeding	1, Yes 0, No 88, Not reported
bv_sx_leth	pregnancy_outcome_and_birth		radio	Lethargy	1, Yes 0, No 88, Not reported
bv_sx_apnea	pregnancy_outcome_and_birth		radio	Apnea/hypopnea	1, Yes 0, No 88, Not reported
bv_sx_oth	pregnancy_outcome_and_birth		radio	Other symptoms	1, Yes 0, No 88, Not reported
bv_sx_oth_sp	pregnancy_outcome_and_birth		text	If other, specify:	
bv_desc_comp	pregnancy_outcome_and_birth	Complications	descriptive	Did the infant have any of the following diagnoses or complications (regardless of testing/case status)?	
bv_comp_pna	pregnancy_outcome_and_birth		radio	Pneumonia?	1, Yes 0, No 88, Not reported
bv_comp_mv	pregnancy_outcome_and_birth		radio	Mechanical ventilation (MV)/intubation?	1, Yes 0, No 88, Not reported
bv_comp_oth	pregnancy_outcome_and_birth		radio	Other complications?	1, Yes 0, No 88, Not reported
bv_comp_oth_sp	pregnancy_outcome_and_birth		text	If other, specify:	
bv_tx_rem	pregnancy_outcome_and_birth	COVID-19 Treatment	radio	Remdesivir	1, Yes 0, No 88, Not reported
bv_tx_remdt	pregnancy_outcome_and_birth		text	If yes, date started:	
bv_tx_oth1	pregnancy_outcome_and_birth		radio	Other Medication 1	1, Yes 0, No 88, Not reported
bv_tx_oth_sp1	pregnancy_outcome_and_birth		text	If yes, specify medication 1:	
bv_tx_oth_dt1	pregnancy_outcome_and_birth		text	If yes, date started 1:	
bv_tx_oth2	pregnancy_outcome_and_birth		radio	Other Medication 2	1, Yes 0, No 88, Not reported

bv_tx_oth_s p2	pregnancy_outc ome_and_birth		text	If yes, specify medication 2:	
bv_tx_oth_d t2	pregnancy_outc ome_and_birth		text	If yes, date started 2:	
bv_tx_oth3	pregnancy_outc ome_and_birth		radio	Other Medication 3	1, Yes 0, No 88, Not reported
bv_tx_oth_s p3	pregnancy_outc ome_and_birth		text	If yes, specify medication 3:	
bv_tx_oth_d t3	pregnancy_outc ome_and_birth		text	If yes, date started 3:	

Infant Follow – up Form

Variable / Field Name	Form Name	Section Header	Field Type	Field Label	Choices, Calculations, OR Slider Labels
ig_idbaby	infant_follow_up_informati on		text	CDC Infant ID (e.g.,AZS123456B; LAC1000000C, LAC1000000D)	
ig_ltfu	infant_follow_up_informati on		radio	Infant no longer being monitored (i.e., lost to follow-up)	1, Yes 0, No
ig_ltfu_why	infant_follow_up_informati on		dropdown	If yes, what is the primary reason for no longer monitoring?	1, Moved out of area of surveillance 4, Laboratory results not found 5, Not selected for MRA 6, Unable to acquire medical records 7, No consent/public health authority 3, Other
ig_ltfu_why_sp	infant_follow_up_informati on		text	If other, specify:	
ig_jump	infant_follow_up_informati on		descriptive	Jump to COVID-19, Hepatitis C, or Syphilis modular variables.	
ig_death	infant_follow_up_informati on		radio	Is the infant/child deceased?	1, Yes 0, No
ig_death_dt	infant_follow_up_informati on		text	If yes, date of infant/child death:	
ig_death_dx	infant_follow_up_informati on		text	If yes, cause(s) of infant/child death:	
ig_visit_dt	infant_follow_up_informati on	Infant Visit	text	Date of visit:	
ig_agecal	infant_follow_up_informati on		calc	Calculated age at visit (months):	round(datediff ([bg_outcome_dt], [ig_visit_dt], "M", "mdy", true),2)

ig_exm_yn	infant_follow_up_informati on	Physical Exam Findings	radio	Were physical exam findings reported?	1, Yes 0, No
ig_desc_exm	infant_follow_up_informati on		descriptive	If yes, provide findings of physical exam for each system. If findings not reported for a specific system, select "Not reported".	
ig_exm_gen	infant_follow_up_informati on		radio	General	0, Normal 1, Abnormal 88, Not reported
ig_exm_gen_sp	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_heent	infant_follow_up_informati on		radio	Head, eyes, ears, nose, throat (HEENT)	0, Normal 1, Abnormal 88, Not reported
ig_exm_heent_sp	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_cardio	infant_follow_up_informati on		radio	Cardiovascular	0, Normal 1, Abnormal 88, Not reported
ig_exm_cardio_sp	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_lung	infant_follow_up_informati on		radio	Pulmonary/lung/respiratory	0, Normal 1, Abnormal 88, Not reported
ig_exm_lung_exm_s p	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_abd	infant_follow_up_informati on		radio	Abdominal/gastrointestinal	0, Normal 1, Abnormal 88, Not reported
ig_exm_abd_sp	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_gu	infant_follow_up_informati on		radio	Genitourinary	0, Normal 1, Abnormal 88, Not reported
ig_exm_gu_sp	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_muske	infant_follow_up_informati on		radio	Musculoskeletal	0, Normal 1, Abnormal 88, Not reported
ig_exm_muske_sp	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_neuro	infant_follow_up_informati on		radio	Neurologic	0, Normal 1, Abnormal 88, Not reported

ig_exm_neuro_sp	infant_follow_up_informati on		text	If abnormal, describe:	
ig_exm_skin	infant_follow_up_informati on		radio	Skin/Integument	0, Normal 1, Abnormal 88, Not reported
ig_exm_skin_sp	infant_follow_up_informati on		notes	If abnormal, describe:	
ig_exm_sp	infant_follow_up_informati on		notes	Describe any additional abnormal findings not included in the previous questions.	
ig_lt	infant_follow_up_informati on		text	Infant/child length (cm):	
ig_wt	infant_follow_up_informati on		text	Infant/child weight (kg):	
ig_hc	infant_follow_up_informati on		text	Infant/child head circumference (cm):	
ig_desc_ref	infant_follow_up_informati on	Referrals	descriptive	Was the child referred to any of the following?	
ig_ref_ei	infant_follow_up_informati on		radio	Early Intervention	1, Yes 0, No 88, Not reported
ig_ref_pt	infant_follow_up_informati on		radio	Physical Therapy (PT)	1, Yes 0, No 88, Not reported
ig_ref_ot	infant_follow_up_informati on		radio	Occupational Therapy (OT)	1, Yes 0, No 88, Not reported
ig_ref_slp	infant_follow_up_informati on		radio	Speech Language Pathology (SLP)	1, Yes 0, No 88, Not reported
ig_ref_opth	infant_follow_up_informati on		radio	Ophthalmology	1, Yes 0, No 88, Not reported
ig_ref_audio	infant_follow_up_informati on		radio	Audiology	1, Yes 0, No 88, Not reported
ig_ref_dev	infant_follow_up_informati on		radio	Developmental specialist	1, Yes 0, No 88, Not reported
ig_ref_med	infant_follow_up_informati on		radio	Medical or surgical specialist	1, Yes 0, No 88, Not reported
ig_ref_oth	infant_follow_up_informati on		radio	Other	1, Yes 0, No 88, Not reported
ig_ref_med_sp	infant_follow_up_informati on		text	If medical or surgical specialist, specify:	

ig_ref_oth_sp	infant_follow_up_informati on		text	If other, specify:	
ig_icd	infant_follow_up_informati on		text	ICD-10 diagnosis codes associated with this visit:	
ig_ophth	infant_follow_up_informati on	Ophthalmology Evaluation	radio	Was an ophthalmology evaluation performed?	1, Yes 0, No 88, Not reported
ig_ophth_dt	infant_follow_up_informati on		text	Date of ophthalmology evaluation:	
ig_ophth_res	infant_follow_up_informati on		radio	Results of ophthalmology evaluation:	0, Normal findings 1, Abnormal findings 88, Not reported
ig_ophth_sp	infant_follow_up_informati on		text	If abnormal findings, describe:	
ig_audio	infant_follow_up_informati on	Audiology Evaluation	radio	Was an audiology evaluation performed?	1, Yes 0, No 88, Not reported
ig_audio_dt	infant_follow_up_informati on		text	Date of audiology evaluation:	
ig_audio_res	infant_follow_up_informati on		dropdown	Results of audiology evaluation:	0, Normal AU, Abnormal unilateral AB, Abnormal bilateral AS, Abnormal, laterality not specified 88, Not reported
ig_audio_abn	infant_follow_up_informati on		dropdown	If abnormal, select findings:	C, Conductive hearing loss (CHL) S, Sensorineural hearing loss (SNHL) M, Mixed hearing loss N, Auditory neuropathy spectrum disorder (ANS) H, Hearing loss, type unknown/not specified O, Other
ig_audio_abn_oth	infant_follow_up_informati on		text	If other, describe:	
ig_notes	infant_follow_up_informati on		notes	Abstractor notes	

iv_desc	infant_follow_up_informati on	<p style="text-align:center;font-weight:bold;font-size:14px;line-height:0.3">Pathogen-specific Modules	descriptive	Infant Follow-up Form: COVID-19 Module	
iv_visitnb	infant_follow_up_informati on		radio	How was the newborn visit conducted?	0, In-person visit 1, Telehealth visit 88, Not reported
iv_bfed	infant_follow_up_informati on		radio	Is the infant receiving breastmilk?	1, Yes 0, No 88, Not reported
iv_jaundice	infant_follow_up_informati on		radio	Did the infant have jaundice requiring phototherapy after birth hospitalization?	1, Yes 0, No 88, Not reported
iv_hosp	infant_follow_up_informati on		radio	Was the infant hospitalized after birth hospitalization?	1, Yes 0, No 88, Not reported
iv_hosp_adm_dt	infant_follow_up_informati on		text	If yes, date of admission:	
iv_hosp_why	infant_follow_up_informati on		notes	If yes, admission diagnosis codes:	

Laboratory Form

Variable / Field Name	Form Name	Section Header	Field Type	Field Label	Choices, Calculations, OR Slider Labels
l_idlab	laboratory_testing		text	CDC Maternal or Infant ID (e.g.,AZS123456A, AZS123456B):	
l_time	laboratory_testing		dropdown	Time period:	PP, Pre-pregnancy PD, Pregnancy/Delivery AD, After Delivery BI, Birth FU, Infant Follow-up
l_pathtest	laboratory_testing		dropdown	Pathogen and test type:	A1, Albumin A2, Alkaline phosphatase (ALP, Alk phos) A3, ALT/SGPT A4, AST/SGOT B1, Bilirubin - direct B2, Bilirubin - total C1, Chlamydia C2, CSF protein C3, CSF WBC count CMV, Cytomegalovirus GGT, Gamma-glutamyl transferase (GGT) G4, Genetic - cell-free DNA G2, Genetic - FISH G1, Genetic - Karyotype G3, Genetic - Microarray G5, Gonorrhea HB1, Hepatitis B - Antibody (HBsAg) HB2, Hepatitis B - PCR HC1, Hepatitis C - Antibody HC2, Hepatitis C - PCR H1, Herpes HIV, HIV INF, Influenza O, Other INR, PT/INR PTT, PTT R, Rubella S2, Syphilis - Non-treponemal S1, Syphilis - Treponemal S6, SARS-CoV-2 - Antigen S5, SARS-CoV-2 - IgG S4, SARS-CoV-2 - IgM S7, SARS-CoV-2 - Other S3, SARS-CoV-2 - PCR T1, Toxoplasmosis
l_pathtest_oth	laboratory_testing		text	Other pathogen and/or test type:	
l_specimen	laboratory_testing		dropdown	Specimen:	1, Blood 2, Cerebrospinal Fluid (CSF) 3, Nasal/NP swab 4, Throat/OP swab 5, Combined nasal/NP+throat/OP swab 6, Sputum 7, Bronchoalveolar lavage (BAL) 8, Endotracheal Aspirate (ETA) 9, Feces/rectal swab 10, Other
l_specimen_oth	laboratory_testing		text	If other, specify:	
l_dt	laboratory_testing		text	Collection date:	

l_resinterp	laboratory_testing		radio	Result interpretation:	11, Reactive 10, Non-reactive 21, Positive 20, Negative 31, Detected 30, Not detected 41, Abnormal 40, Normal 77, Indeterminate/Equivocal 66, Inconclusive 88, Not reported
l_resno	laboratory_testing		text	Numeric result:	
l_resno_unit	laboratory_testing		text	Result units:	e.g.,IU/L for PCR, x10 ³ /uL
l_resno_low	laboratory_testing		text	Reference interval, lower bound:	
l_resno_upp	laboratory_testing		text	Reference interval, upper bound:	
l_notes	laboratory_testing		notes	Abstractor notes:	