1. Multiple births?

Yes

No

Unknown

1. If yes to multiple births, status of twin(s):

Alive

Deceased

Unknown

1. Was there a history of any of the following during the prenatal period (i.e., during time mother pregnant), at the time of delivery, or soon after delivery?
   1. Oligohydramnios (too little fluid):

Yes

No

Unknown

* 1. Polydramnios (too much fluid):

Yes

No

Unknown

* 1. Decreased fetal movement:

Yes

No

Unknown

* 1. Absence of fetal movement:

Yes

No

Unknown

* 1. Second stage of labor more than two hours?

Yes

No

Unknown

* 1. Intervention(s) for neonate breathing problems during labor or while giving birth?

Yes

No

Unknown

* 1. Any interventions for breathing problems at birth?

Yes

No

Unknown

If Yes, type:

Oxygen by nose or mask

Nasal CPAP

Intubation/Ventilation (tube down to lungs /on ventilator)

Bag/mask ventilation

* 1. Any oxygen during neonatal period?

Yes

No

Unknown

* 1. Hypotonia (Floppiness)?

Yes

No

Unknown

If Yes, hypotonia is:

Mild

Moderate

Severe

Unknown

* 1. Brachial plexus birth palsy (BPBP)?

Yes

No

Unknown

* 1. Hypoxic episode?

Yes

No

Suspected

Unknown

1. Gestational Age (GA):

<35 weeks

35-37 weeks

38-41 weeks

>41 weeks

1. Mode of delivery of the neonate:

Spontaneous

Induced

Unknown

1. Route of delivery of the neonate:

Vaginal

Caesarean

If Caesarean, timing of the Caesarean:

Emergency

Elective

Unknown

1. Delivery modality type of the neonate:

Breech

Cephalic

Unknown

1. Instrument(s) used to assist with the delivery of the participant/subject?

None

Vacuum

Forceps

Vacuum and Forceps

Unknown

1. APGAR 1 minute score:

0

1

2

3

4

5

6

7

8

9

10

1. APGAR 5 minute score:

0

1

2

3

4

5

6

7

8

9

10

1. APGAR 10 minute score:

0

1

2

3

4

5

6

7

8

9

10

1. Any NICU stay?

Yes

No

Unknown

If Yes, length of NICU stay?

≤48 hours

> 48 hours and < 1 week

≥ 1 week

## General Instructions

This case report form (CRF) contains data elements related to birth history and general medical history. The elements on this CRF are considered Supplemental – Highly recommended for those who may have a birth-related spinal cord injury and need to be collected in those instances.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.