1. Mother’s pregnancy history: prior pregnancy (both term and not to term)?

Yes

No (Go to Q#2)

Unknown (Go to Q#2)

Number of prior pregnancies:

Year of last delivery /miscarriage/ medical termination:

Number of miscarriages:

Number of medical terminations:

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 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)

* 1. Any oxygen during neonatal period?

Yes

No

Unknown

* 1. iHypotonia (Floppiness)?

Yes

No

Unknown

If Yes, hypotonia is:

Mild

Moderate

Severe

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 yes, 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 prenatal and perinatal history and general medical history.

The General Medical History section of the form should focus on significant medical history of all problems or conditions other than those related to the focus of the study and are presented in the order typically used during a patient visit. If the participant/ subject reports more than one medical condition per system, record each condition on a separate line.

## Specific Instructions

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

* Prior pregnancy - Yes = History reported and/or confirmed in medical record; No = History reported as negative and/or confirmed as negative in medical record; Unknown = History reported as unknown or medical record unclear about history