PREGNANCY OUTCOME FORM

SPW Participant's Name: _____ Date of Interview: ____/____/_____

Date of Delivery: _____ /_____ /_____ Date of Discharge: _____ /_____ /_____

ABOUT MOTHER

☐ Ectopic Pregnancy ☐ Stillborn ☐ Induced Abortion ☐ Live Birth

Premature labor: ☐ yes ☐ no	Service Provider: _____

Delivery Location: _____ ☐ C-section ☐ Vaginal

Nursery Type: ☐ Intensive Care ☐ Regular ☐ Special	Gestational age (weeks): _____

Plurality: ☐ Singleton ☐ Twin ☐ Triplet ☐ Quad or higher ☐ N/A

Complications associated:

☐ Abruptio placentae	☐ Fetal distress	☐ Postpartum hemorrhage
☐ Other	☐ Placenta previa	☐ Premature membrane rupture
☐ Pre-eclampsia/Eclampsia	☐ Pre-term labor	☐ None of the above

Comments:

ABOUT INFANT

Child's name:_____
First Middle Last

DOB: _____ / _____ /_____	Gender: ☐ male ☐ female
Birth weight: _____ lbs. _____ oz.	Birth length: _____ inches