

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

BREAST MILK AND FORMULA STUDY
NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Information from Medical Record of Mother

NAME _____

CODE #

ADDRESS _____

_____ ZIP _____

CHILD'S NAME _____

PHYSICIAN OR CLINIC THAT GAVE PRENATAL CARE:

Information From Medical Record of Mother

CODE #
1 2 3 4

CARD #
5 6

DATE OF CHILD'S BIRTH

mo/day/yr
7 8 9 10 11 12

DATE FORM COMPLETED

mo/day/yr
13 14 15 16 17 18

1. Is the prenatal record available for this pregnancy?

1=yes
2=no 19

2. If the record is available, are any of the following conditions noted?

a. diabetes

1=yes
2=no 20

b. hypertension

21

c. hyperthyroidism

22

d. hypothyroidism

23

e. anemia

24

sickle cell

25

Fe deficiency

26

other

27

lowest Hct reading

%
28 29

f. malnutrition

30

g. other chronic disease _____

1=yes
2=no 31

3. Is this pregnancy identified as a high risk pregnancy?

1=yes
2=no 32

If yes, because of - maternal age <18?

33

- maternal age > 40?

34

- previous premature births?

35

- spontaneous abortion

36

- caesarean section

37

- illness as noted above

38

- other (explain) _____

39

4. Are any drugs noted chronically,

Left Block: Prior to pregnancy:
1=yes
2=no

Right Block: Continued during pregnancy?
1=yes
2=no

a. tranquilizers or sleep medications*

40 41

b. insulin

42 43

c. oral hypoglycemics*

44 45

d. diuretics or other antihypertensive medications*

46 47

e. thyroid

48 49

f. any other hormone preparation
(include BCP)*

50 51

g. Dilantin^R

52 53

h. other (Specify and note if continued
through pregnancy)*

1=yes
2=no 54

(For drugs continued during pregnancy but
stopped before delivery, note name and
trimester stopped below)

*=enter name of starred medication

5. Are any drugs noted that were given specifically
during this pregnancy? If yes, enter the trimester
during which the drug was first given. If no,
leave blank.

a. antiemetics*

55

b. antibiotics*

56

c. vitamins

57

d. hormone preparations*

58

e. other (specify)

59

(note trimester stopped, if available)

*=enter name of starred medication

6. Are any infections noted during this pregnancy?
 If yes, enter trimester during which infection
 was first observed. If no, leave blank.

- a. influenza 1=yes
2=no 60
- b. rubella
61
- c. herpes genitalis
62
- d. pneumonia
63
- e. pyelonephritis
64
- f. suspected CMV or other systemic viral illness
65
- g. other (specify and note trimester)
66

- 7. Weight gained during this pregnancy? lbs.
67 68
- 8. Eclampsia noted? 1=yes
2=no 69
- 9. Preeclampsia noted? 1=yes
2=no 70
- 10. Last menstrual period mo/day/yr
71 72 73 74 75 76
- 11. VDRL 0=not noted
1=noted and -
2=noted and +
3=noted, +, and treated 77
- 12. Blood type of mother.
78 79

Left Block: 9=DK
 1=A
 2=B
 3=AB
 4=O

Right Block: Rh+=1
 Rh-=2

Repeat Code #
1 2 3 4

Card #
5 6

13. Previous pregnancies (start with earliest)

Live birth?	1=yes <input type="text"/>	2 <input type="text"/>	3 <input type="text"/>	4 <input type="text"/>	5 <input type="text"/>
	2=no 7	8	9	10	11
If yes: weight (grams)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	12 13 14 15	16 17 18 19	20 21 22 23	24 25 26 27	28 29 30 31
sex	1=female <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2=male 32	33	34	35	36
congenital anomalies?	1=yes <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2=no 37	38	39	40	41
code anomalies (enter 0 in unused boxes)	<input type="text"/> <input type="text"/>				
	42 43	44 45	46 47	48 49	50 51
	<input type="text"/> <input type="text"/>				
	52 53	54 55	56 57	58 59	60 61
	<input type="text"/> <input type="text"/>				
	62 63	64 65	66 67	68 69	70 71

Repeat Code #
1 2 3 4

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Rh incompatibility?	1=yes <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2=no 7	8	9	10	11
ABO incompatibility?	1=yes <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	2=no 12	13	14	15	16
Is this child still living?	0=DK <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	1=yes 17	18	19	20	21
	2=no				

If no, write cause of death and age

1. _____
2. _____
3. _____
4. _____
5. _____

If more than 5 pregnancies, record birth, weight, anomalies, blood group incompatibilities, and current status below.

Coding List For Congenital Anomalies

- 01 = anencephaly
- 02 = spina bifida
- 03 = hydrocephaly
- 04 = cleft lip
- 05 = cleft palate
- 06 = congenital heart disease, suspected
- 07 = congenital heart disease, confirmed
note: for confirmed congenital heart disease, list
precise diagnosis on "list" space on child's form
- 08 = Down's syndrome
- 09 = hypospadias, glandular
- 10 = hypospadias, penile
- 11 = hypospadias, scrotal
- 12 = dislocation of the hip
- 13 = reduction deformity of limb(s)
note: specify which limb(s) on child's form
- 14 = polydactyly, tags only
- 15 = polydactyly, formed digits
- 16 = talipes equinovarus, mild
- 17 = talipes equinovarus, moderate or severe
- 18 = pyloric stenosis
- 19 = heterochromia iridia
- 20 = low set ears
- 21 = simian crease
- 22 = preauricular tags
- 23 = mid-facial hypoplasia
- 24 = anteverted nares
- 25 = micrognathia
- 26 = hernia
- 27 = absent nails