IDNUM |___|___|___|___|___|___|___|

FRAGILE FAMILIES AND CHILD HEALTH
DATA ABSTRACTION FORM

**CHABSID: _____ **CHABSDAT: |___|___|/|___|___|/|___|___|___|___|
Abstractor ID (Abstr. date) MONTH DAY YEAR

MOTHER'S INSURANCE INFORMATION AND DIAGNOSIS CODES

Mother's Primary Insurance Coverage:

1 ☐ Medicaid 2 ☐ Private Insurance 3 ☐ No Insurance
4 ☐ Other Government Program *(Specify)* _____

**CHICD9M1 - CHICD9M15: Mother's ICD 9 Codes (Diagnosis Description Codes)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

OBSTETRICAL PROFESSIONALS USED

CHA1. PRIMARY PROFESSIONAL (PRENATAL CARE):

1 ☐ Physician (MD)
2 ☐ Certified Nurse Midwife (CNM)
4 ☐ Doctor of Osteopathy (DO)
5 ☐ Other

CHA2. ATTENDING PROFESSIONAL (DELIVERY):

1 ☐ Physician (MD)
2 ☐ Certified Nurse Midwife (CNM)
5 ☐ Other

NOTE: Variables that are marked by (**) on this form are not available to data users.

MOTHER'S MEDICAL HISTORY/RISK FACTORS FOR THIS PREGNANCY

Medical Conditions	Yes (+)	No (-)
CHB1. Acute or Chronic Lung Disease	1 ☐	0 ☐
CHB2. Anemia (Hct. <30/Hgb. <10)	1 ☐	0 ☐
CHB3. Cardiac Disease	1 ☐	0 ☐
CHB4. Chronic Diabetes (Pre-existing; Not Preg. Associated)	1 ☐	0 ☐
CHB6. Hypertension (Pre-existing; Not Pregnancy Induced).	1 ☐	0 ☐
CHB8. Liver Disease	1 ☐	0 ☐
CHB10. Obesity	1 ☐	0 ☐
CHB11. Pelvic Inflammatory Disease (PID)	1 ☐	0 ☐
CHB12. Renal Disease	1 ☐	0 ☐
CHB13. Mother Has A Physical Disability	1 ☐	0 ☐
CHB13O. Specify disability _____		
CHB16. Other pre-existing condition	1 ☐	0 ☐
CHB16O. Specify other condition _____		
CHB17. No Pre-Existing Medical Conditions	1 ☐	0 ☐

Blood Test Results	Yes (+)	No (-)	Unknown
CHB18. Hemoglobinopathy (Sickle Cell Positive)	1 ☐	0 ☐	999 ☐
CHB19. Hepatitis B Positive (HbsAg)	1 ☐	0 ☐	999 ☐
CHB20. Hepatitis C Positive (HCV)	1 ☐	0 ☐	999 ☐
CHB21. Maternal Serum Alpha-Feto Protein (AFP) Positive	1 ☐	0 ☐	999 ☐
CHB22. HIV Positive	1 ☐	0 ☐	999 ☐
CHB23. Syphilis Serology Positive (e.g. RPR, FTA-ABS, VDRL)	1 ☐	0 ☐	999 ☐
CHB26. Immune for Rubella	1 ☐	0 ☐	999 ☐
CHB27. PPD Positive for Tuberculosis (TB)	1 ☐	0 ☐	999 ☐
Other Lab Test Results			
CHB28. Chlamydia positive	1 ☐	0 ☐	999 ☐
CHB29. Genital Herpes positive	1 ☐	0 ☐	999 ☐
CHB30. Gonorrhea positive	1 ☐	0 ☐	999 ☐
CHB31. Human Papilloma Virus (HPV) positive	1 ☐	0 ☐	999 ☐
CHB32. Urine Toxin Screen positive	1 ☐	0 ☐	999 ☐
CHB32O. If Urine toxin screen positive, specify substance _____			
CHB34. Other Test Results	1 ☐	0 ☐	
CHB34O. Specify other test results _____			

MOTHER'S SOCIAL/PSYCHOLOGICAL RISK FACTORS FOR THIS PREGNANCY

Psychosocial History (Any Mention)	Yes (+)	No (-)
CHC1. Depression/Other Mental Health Problem	1 ☐	0 ☐
CHC2. Family Dysfunction/Instability	1 ☐	0 ☐
CHC3. Suspected Parenting Inadequacy	1 ☐	0 ☐
CHC4. Unwanted Pregnancy (Ambivalent, Denying, or Rejecting of Pregnancy PRIOR TO DELIVERY)	1 ☐	0 ☐
CHC5. Domestic Violence/Abuse in Household	1 ☐	0 ☐
CHC6. Sexual Abuse/Molestation	1 ☐	0 ☐
CHC7. No Psychosocial Risk Factors Reported in Chart	1 ☐	0 ☐

Health Risks and Substance Use	P. During Pregnancy Yes	P. During Pregnancy No	E. Ever Yes	E. Ever No
CHC9. Nutrition Inadequacy	1 ☐	0 ☐	1 ☐	0 ☐
CHC10. Tobacco Use	1 ☐	0 ☐	1 ☐	0 ☐
CHC11. Alcohol (Wine, Beer, Liquor) Use	1 ☐	0 ☐	1 ☐	0 ☐
CHC12. Amphetamines	1 ☐	0 ☐	1 ☐	0 ☐
CHC13. Cocaine/Crack	1 ☐	0 ☐	1 ☐	0 ☐
CHC14. Heroin	1 ☐	0 ☐	1 ☐	0 ☐
CHC15. Marijuana	1 ☐	0 ☐	1 ☐	0 ☐
CHC17. Other Non-prescribed Medications	1 ☐	0 ☐	1 ☐	0 ☐
CHC17O. Specify non-prescribed medications _____				
CHC18. No Health Risks or Substance Use Reported in Chart	1 ☐		0 ☐	

Situational History (Any Mention)	Yes (+)	No (-)
CHC19. Patient Has Some Responsibility for the Care of a Household Member with Chronic or Serious Acute Illness, Trauma, or Handicap	1 ☐	0 ☐
CHC20. Inadequate Financial Resources	1 ☐	0 ☐
CHC21. Homelessness or Threatened Eviction	1 ☐	0 ☐
CHC22. Inadequate Heat, Electricity, Running Water, Other Poor Housing/Living Condition	1 ☐	0 ☐
CHC23. Involvement of Patient/Household Member with Criminal Justice System	1 ☐	0 ☐
CHC24. No Situational Risks Reported in Chart	1 ☐	0 ☐

Mother's Special Services/Training	Yes	No	Can't Tell
CHC25. Mother referred to special services such as parenting, health education, psychological counseling, or family planning .	1 ☐	0 ☐	999 ☐
CHC25O. Specify services _____			

OBSTETRICAL HISTORY FOR THIS PREGNANCY

CHD1. Number of Prenatal Visits:	_____	999 ☐ Can't Tell
**CHD2. Week Prenatal Care Began (1st, 2nd, 3rd, ….40th, 41st):	_____ WEEK OF PREGNANCY	999 ☐ Can't Tell
**CHD3. Date Prenatal Care Began:	|___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR	CHD3T. Text: _____ 997 ☐ None 999 ☐ Can't Tell
Gravida/Parity Codes (G & P):	CHD4G. Gravida: _____ CHD4P. Parity: _____	
Numbers of **PREVIOUS** Term Deliveries (T), Preterm Deliveries (P), Abortions (A), Offspring Now Living (L):	CHD5T. ____ CHD5P. ____ CHD5A. ____ CHD5L. ____	
**CHD6. EDC (Estimated Date of Confinement/Due Date):	|___|___| / |___|___| / |___|___| MONTH DAY YEAR	CHD6T: Text: _____ 999 ☐ Can't Tell
**CHD7. LMP (Date of Last Menstrual Period):	|___|___| / |___|___| / |___|___| MONTH DAY YEAR	CHD7T: Text: _____ 999 ☐ Can't Tell
**CHD8. Date of Last Live Birth:	|___|___| / |___|___| / |___|___| MONTH DAY YEAR	CHD8T: Text: _____ 997 ☐ Not Applicable; Mother's First Birth 999 ☐ Can't Tell
Mother's Height:	CHD9FT: _____ FEET CHD9IN: _____ INCHES	
CHD10. Mother's Weight Gain During Pregnancy:	_____ lbs.	
CHD10A: Mother's weight gain was:	1 ☐ Inadequate 2 ☐ Adequate 3 ☐ Excessive	999 ☐ Can't Tell
CHD11. Mother's Pre-Pregnancy Weight:	_____ lbs.	999 ☐ Can't Tell
CHD12. Mother's Admission Weight:	_____ lbs.	999 ☐ Can't Tell
CHD13. Baby's Gestational Age At Delivery (Clinical Assessment):	_____ WEEKS	999 ☐ Can't Tell
CHD14. Number of Hospitalizations During Pregnancy (*Not including hospitalization for delivery)*:	0 ☐ 0 1 ☐ 1 2 ☐ 2 3 ☐ 3+	999 ☐ Can't Tell
CHD15. Mother Transferred From Another Hospital Prior to Delivery:	0 ☐ No 1 ☐ Yes	999☐ Can't Tell
**CHD16. Mother's Discharge Date:	|___|___| / |___|___| / |___|___| MONTH DAY YEAR	CHD16T: Text: _____

OBSTETRICAL INFORMATION FOR THIS PREGNANCY

	Mother's Reproductive History (FOR EACH THAT APPLY, RECORD NUMBER AT RIGHT)	Yes (+)	No (-)	Number Needed
**CHE1.	Any Previous Induced Abortion(s)	1 ☐	0 ☐	CHE1A. _____
CHE2.	Any Previous Infant > 4000 Grams (8.8lbs)	1 ☐	0 ☐	CHE2A. _____
CHE3.	Any Previous Live Births Now Deceased	1 ☐	0 ☐	CHE3A. _____
CHE4.	Any Previous Live Births Now Still Living	1 ☐	0 ☐	CHE4A. _____
CHE5.	Any Previous Low Birth Weight (< 5.5 lbs. Or 2500 g), Preterm (≤ 36 weeks), or Small for Gestational Age Babies	1 ☐	0 ☐	CHE5A. _____
**CHE6.	Any Previous spontaneous abortions/miscarriages/ Stillbirths	1 ☐	0 ☐	CHE6A. _____
CHE7.	Other	1 ☐	0 ☐	
CHE7O.	Specify other _____			
CHE8.	None Reported in this Chart	1 ☐	0 ☐	
	Obstetrical Characteristics (This Pregnancy)			
CHE10.	In Vitro Fertilization	1 ☐	0 ☐	
CHE11.	Multiple Pregnancy (If yes, record number of fetuses at right)	1 ☐	0 ☐	CHE11A. _____
CHE12.	None Reported in this Chart	1 ☐	0 ☐	
	Obstetrical Conditions (This Pregnancy)			
CHE13.	Bacterial Vaginosis	1 ☐	0 ☐	
CHE14.	Other GU Infection (includes Yeast infections)	1 ☐	0 ☐	
CHE15.	Pre-Eclampsia/Toxemia	1 ☐	0 ☐	
CHE16.	Eclampsia	1 ☐	0 ☐	
CHE17.	Gestational (Not Chronic or Pre-existing) Diabetes	1 ☐	0 ☐	
CHE18.	Hydramnios (Polyhydramnios)	1 ☐	0 ☐	
CHE19.	Oligohydramnios	1 ☐	0 ☐	
CHE20.	Pregnancy-Associated Hypertension (Not Chronic or Pre-existing).	1 ☐	0 ☐	
CHE21.	Incompetent Cervix	1 ☐	0 ☐	
CHE22.	Preterm Labor (≤ 36 weeks)	1 ☐	0 ☐	
CHE23.	Rh Incompatibility/ABO Incompatibility	1 ☐	0 ☐	
CHE24.	Thrombophlebitis (Blood Clot)	1 ☐	0 ☐	
CHE25.	Uterine Bleeding	1 ☐	0 ☐	
CHE26.	Vomiting (Hyperemisis, Hyperemisis gravidum)	1 ☐	0 ☐	
CHE27.	Other	1 ☐	0 ☐	
CHE27O.	Specify other _____			
CHE28.	None Reported in this Chart	1 ☐	0 ☐	
	Tests and Procedures (This Pregnancy)			
CHE29.	Amniocentesis	1 ☐	0 ☐	
CHE30.	Antepartal test of Fetal Well-Being	1 ☐	0 ☐	
CHE31.	Fetal Stress Test	1 ☐	0 ☐	
CHE32.	Chorionic Villus Sampling (CVS)	1 ☐	0 ☐	
CHE34.	Electro-Fetal Monitoring, Internal	1 ☐	0 ☐	
CHE35.	Fetoscopy	1 ☐	0 ☐	

	Mother's Reproductive History (FOR EACH THAT APPLY, RECORD NUMBER AT RIGHT)	Yes (+)	No (-)	Number Needed
CHE36.	Fetal Blood Sampling	1 ☐	0 ☐	
CHE38.	Tocolysis	1 ☐	0 ☐	
CHE39.	Other tests and procedures	1 ☐	0 ☐	
CHE39O.	Specify other tests and procedures _____			
CHE40.	None Reported in this Chart	1 ☐	0 ☐	

LABOR/DELIVERY COMPLICATIONS

	Complications	Yes (+)	No (-)
CHF1.	Cephalopelvic Disproportion	1 ☐	0 ☐
CHF2.	Febrile (Mother's Temperature >100 °F or 38° C)	1 ☐	0 ☐
CHF3.	Premature Rupture of Membrane (>12 hrs. prior to delivery)	1 ☐	0 ☐
CHF4.	Excessive Bleeding	1 ☐	0 ☐
	Placenta		
CHF5.	Abruptio Placenta	1 ☐	0 ☐
CHF6.	Placenta Previa	1 ☐	0 ☐
	Labor		
CHF7.	Precipitous Labor (<3 hrs.)	1 ☐	0 ☐
CHF8.	Prolonged labor (>20hrs.)	1 ☐	0 ☐
CHF9.	Dysfunctional Labor (Emergency C-Section Required)	1 ☐	0 ☐
CHF10.	Seizure During Labor	1 ☐	0 ☐
	Delivery		
CHF11.	Breech/Malpresentation	1 ☐	0 ☐
CHF12.	Cord Prolapse	1 ☐	0 ☐
CHF13.	Fetal Distress (Tachycardia, Brachycardia, Irregular Heart rate)	1 ☐	0 ☐
CHF14.	Anesthetic Complications	1 ☐	0 ☐
CHF15.	Other Complications	1 ☐	0 ☐
CHF15O.	Specify other complications _____		
CHF16.	**No Labor/Delivery Complications**	1 ☐	0 ☐

METHOD OF DELIVERY

	CHECK ALL THAT APPLY	Yes (+)	No (-)
CHG1.	Forceps	1 ☐	0 ☐
CHG2.	Hysterectomy	1 ☐	0 ☐
CHG3.	Primary C-section	1 ☐	0 ☐
CHG4.	Repeat C-section	1 ☐	0 ☐
CHG5.	Vacuum	1 ☐	0 ☐
CHG6.	Vaginal	1 ☐	0 ☐
CHG7.	Vaginal Birth after Previous C-section	1 ☐	0 ☐
CHG8.	Induction of Labor (e.g., Oxytocin, Pitocin/Pitossin/Pertossin)	1 ☐	0 ☐
CHG9.	Stimulation of Labor (Manually Burst Amniotic Bag)	1 ☐	0 ☐
CHG10.	Episiotomy	1 ☐	0 ☐
CHG11.	Other	1 ☐	0 ☐
CHG11O.	Specify other _____		

NEWBORN INFORMATION

CHH1. Number of Children Born Alive This Delivery:	_____		
CHH2. Number of Children Stillborn This Delivery:	_____		
CHH3. Gestational Age (Pediatric Assessment):	_____	WEEKS	999 ☐ Can't Tell

(Only record the following data for children born alive. Put oldest child 1st; for multiple births use insert to provide information on younger children born alive.)

**CHH4. Baby's First Name:	_____		999 ☐ Can't Tell
CHH5. Baby's Gender:	1 ☐ Male	2 ☐ Female	
Baby's Birthweight (lbs./ozs OR grams):	CHH6A1 _____ lbs.	CHH6A2 _____ oz.	CHH6B _____ grams
CHH7. Baby's Length:	_____	CHH7U: 0 ☐ cm 1 ☐ inches	999 ☐ Can't Tell
CHH8. Baby's Head Circumference (FOC):	_____	CHH8U: 0 ☐ cm 1 ☐ inches	999 ☐ Can't Tell
CHH9. Baby's Chest Circumference:	_____	CHH9U: 0 ☐ cm 1 ☐ inches	999 ☐ Can't Tell
CHH10. Baby's Abdomen Circumference:	_____	CHH10U: 0 ☐ cm 1 ☐ inches	999 ☐ Can't Tell
Baby's APGAR (1 min./5 min.):	CHH11A: 1 min _____	CHH11B: 5 min _____	
**CHH12. Baby Discharge Date:	|___|___|/|___|___|/|___|___|___|___| MONTH DAY YEAR		
CHH13. Feeding Plan Upon Discharge:	1 ☐ Breast 2 ☐ Bottle	3 ☐ Both 4 ☐ IV	999 ☐Can't Tell

**CHICD9B1 - CHICD9B10. Baby's ICD 9 Codes (Diagnosis Description Codes):
Only record data for the oldest child born alive

_____ _____ _____
_____ _____ _____
_____ _____ _____
_____

**CHNOTES1: Other notes:

_____

_____

_____

_____

ABNORMAL CONDITIONS OF NEWBORN

(IF MULTIPLE BIRTH, RECORD INFORMATION ONLY FOR THE OLDEST CHILD BORN ALIVE)

		Yes (+)	No (-)
	Respiratory System		
CHI1.	Apnea Problems During Nursery Stay	1 ☐	0 ☐
CHI2.	Assist. ventilation <30 Min.	1 ☐	0 ☐
CHI3.	Assist. ventilation >30 Min.	1 ☐	0 ☐
CHI4.	Hyaline Membrane Dis./RDS	1 ☐	0 ☐
CHI5.	Meconium Aspiration Syndrome	1 ☐	0 ☐
CHI6.	Other respiratory condition	1 ☐	0 ☐
CHI6O.	Specify other respiratory condition _____		
	Central Nervous System		
CHI9.	Hydrocephalus	1 ☐	0 ☐
CHI10.	Microcephalus	1 ☐	0 ☐
CHI11.	Seizures	1 ☐	0 ☐
CHI12.	Spina bifida/Meningocele	1 ☐	0 ☐
CHI13.	Other Central Nervous System	1 ☐	0 ☐
CHI13O.	Specify other _____		
	Gastrointestinal System		
CHI14.	Hyperbilirubinemia During Nursery Stay (Jaundice)	1 ☐	0 ☐
CHI15.	Hernia (Hiatal, Abdominal, Inguinal)	1 ☐	0 ☐
CHI20.	Other gastrointestinal	1 ☐	0 ☐
CHI20O.	Specify other _____		
	Circulatory System		
CHI21.	Cardiac Problems	1 ☐	0 ☐
CHI22.	Heart malformations	1 ☐	0 ☐
CHI23.	Other circulatory	1 ☐	0 ☐
CHI23O.	Specify other_____		
	Renal/Genital/Urinary System		
CHI24.	Malformed genitalia	1 ☐	0 ☐
CHI25.	Renal agenesis	1 ☐	0 ☐
CHI26.	Other genital urinary tract	1 ☐	0 ☐
CHI26O.	Specify other _____		
	Musculoskeletal/Integumental		
CHI27.	Cleft lip/palate	1 ☐	0 ☐
CHI28.	Hip Dysplasia	1 ☐	0 ☐
CHI30.	Club foot	1 ☐	0 ☐
CHI31.	Other musculoskeletal/integumental	1 ☐	0 ☐
CHI31O.	Specify other _____		
	Chromosomal		
CHI32.	Down syndrome (TRI SOMY 21)	1 ☐	0 ☐
CHI33.	Other	1 ☐	0 ☐
CHI33O.	Specify other _____		
CHI34.	**No Abnormal Conditions**	1 ☐	0 ☐

NEWBORN MISCELLANEOUS

		Yes (+)	No (-)
CHJ1.	Anemia	1 ☐	0 ☐
CHJ2.	Birth Injury	1 ☐	0 ☐
CHJ3.	Fetal Alcohol Syndrome (FAS)	1 ☐	0 ☐
CHJ4.	Drug Withdrawal	1 ☐	0 ☐
CHJ5.	Hypoglycemia During Nursery Stay	1 ☐	0 ☐
CHJ6.	Sepsis During Nursery Stay (Fever)	1 ☐	0 ☐
CHJ7.	Non-Routine Thermoregulation Required (Such as Incubator or Isolette)	1 ☐	0 ☐
CHJ8.	Infant Transferred to Another Hospital After Delivery	1 ☐	0 ☐
CHJ9.	Newborn Screen Test(s) Abnormal	1 ☐	0 ☐
CHJ10.	If Newborn Screen Test Abnormal, is abnormality specified?	1 ☐	0 ☐
CHJ10O.	Specify _____		
CHJ11A.	Bonding/Attachment Problems Between Mother and Child Referenced in Chart	1 ☐	0 ☐
CHJ11B.	Feeding problems	1 ☐	0 ☐
CHJ12.	No infant abnormalities	1 ☐	0 ☐
	Nursery(ies) In Which Infant Received Care After Delivery		
CHJ13.	Intermediate/Stepdown	1 ☐	0 ☐
CHJ14.	Special care (NICU)	1 ☐	0 ☐
CHJ15.	Well Baby	1 ☐	0 ☐

**CHNOTES2: Other notes not collected elsewhere:

_____

_____

_____

_____

_____

_____

_____