

TODAY2 Form PREG, Pregnancy Outcome

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Release Participant ID

1. Infant number

 of

Total number of infants from this pregnancy

Instructions: This form is completed by trained study staff with data extracted from obstetric and pediatric medical records. One form should be completed per child per participant. The forms are completed as necessary based when a pregnancy is noted.

Initial Data Collection

2. Closest visit before pregnancy

3. Days from randomization to date participant learned of pregnancy

 days

4. Days from randomization to estimated term delivery due date or EDC (estimated date of confinement)

 days

5. Before becoming pregnant, did the participant see a healthcare provider about pregnancy and about how diabetes might affect pregnancy?

₁ Yes ₀ No

6. Was the participant taking or practicing a method of contraception when she became pregnant?

₁ Yes ₀ No

Post-Pregnancy Data Collection

7. Days from randomization to date of pregnancy outcome

 days

8. Gestational age at date of pregnancy outcome

 weeks

9. Prenatal care?

₁ Yes ₀ No

a. Gestational age when prenatal care started

 weeks

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10. Use of prescription medications during pregnancy

- a. Metformin ₁ Yes ₀ No
- b. Insulin ₁ Yes ₀ No
- c. Statin ₁ Yes ₀ No
- d. ACE inhibitor ₁ Yes ₀ No
- e. Sulfonylurea ₁ Yes ₀ No
- f. Other diabetes medications ₁ Yes ₀ No
- g. Other antihypertensive medications ₁ Yes ₀ No
- h. Acetylsalicylic acid ₁ Yes ₀ No

11. Use of prenatal vitamins during pregnancy?

₁ Yes ₀ No

12. Complications during pregnancy *prior* to pregnancy outcome

- a. Maternal hospitalization ₁ Yes ₀ No
- b. Toxemia ₁ Yes ₀ No
- c. Maternal hypertension ₁ Yes ₀ No
- d. Macroalbuminuria/proteinuria \geq 300 mg/g (albumin/creatinine ratio on a spot urine) ₁ Yes ₀ No
- e. Microalbuminuria 30-299 mg/g (albumin/creatinine ratio on a spot urine) ₁ Yes ₀ No
- f. HbA1c > 8.0% ₁ Yes ₀ No
- g. Other ₁ Yes ₀ No

METDURING

INSULDURING

STATDURING

ACEDURING

SULF

OTHERDM

OTHERHTN

ASA

VITAMIN

MATERNHOSP

TOXEMIA

MATERNHYPER

MACRO

MICRO

HBA1C

COMPOTH

Delivery Data and Perinatal Complications

13. Type of pregnancy outcome
- ₁ Voluntary or elective termination
 - ₂ Miscarriage or fetal death (stillbirth)
 - ₃ Pre-term delivery
 - ₄ Full-term delivery

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14. If LIVE DELIVERY

a. Infant delivered in a hospital	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	LIVE
b. C-section	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	CSECT
c. Pediatrician estimate of gestational age	<input type="text"/> <input type="text"/> weeks		GESTATIONAL
d. Infant sex	<input type="checkbox"/> ₁ Female	<input type="checkbox"/> ₂ Male	INFANTSEX
e. Birth weight	<input type="checkbox"/> ₁ ≤ 2100g	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> grams	WEIGHT
f. Large for gestational age (> 90 th percentile by Alexander)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	LGA_90TH
g. Small for gestational age (< 10 th percentile by Alexander)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	SGA_10TH
h. Small for gestational age (< 5 th percentile by Alexander)	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	SGA_5TH
i. Birth weight Z-score	<input type="checkbox"/> ₁ ≤ -3.00	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	WEIGHTZ
j. Birth weight percentile	<input type="checkbox"/> ₁ ≤ 0.15%	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> %	WEIGHTPCT
k. Prolonged hospitalization (beyond what is usually expected) after delivery (select one)	<input type="checkbox"/> ₁ Mother only		LONGHOSP
	<input type="checkbox"/> ₂ Baby only		
	<input type="checkbox"/> ₃ Both mother & baby		
	<input type="checkbox"/> ₄ Neither mother nor baby		
l. Neonatal hypoglycemia	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	HYPOGLY
m. Infant respiratory distress requiring surfactant or ventilation	<input type="checkbox"/> ₁ Yes	<input type="checkbox"/> ₀ No	RESPIRATORY