

9. Was an HbA1c measured at any time during the pregnancy? *

Yes

No

Unknown

If YES,

a. Record HbA1c:

%

Unknown

b. Date measured:

▼

10. Is the participant currently breastfeeding? *

Yes

No

Unknown

B. Infant Information

Questions about Baby #1

1. What was this baby's sex?

Male

Female

2. Gestation age?

wks

Unknown

3. Birth weight:

gm

Unknown

OR

lbs

oz

Unknown

4. One minute APGAR score:

Unknown

5. Five minute APGAR score:

Unknown

6. Was the infant born with any congenital malformations?

Yes

No

Unknown

7. Was the infant born with other complications?

Yes

No

Unknown

8. Was the infant admitted to the Neonatal Intensive Care Unit (NICU) at any time?

Yes

No

Unknown

9. Was the infant discharged from the hospital alive?

Yes

No

Unknown

Add

Please use ADD button if there is more than one baby