### Infant Information

1. **Date of Birth:** __/__/____
   - **Time of birth:** __:__ __:__
     - **Unknown:** (1)
2. **Did this birth occur outside of the hospital?**
   - Yes (1)
   - No (0)
   - Unknown (9)
     - **If Yes,** please check one:
       - Home Birth (1)
       - Birthing Center (2)
       - En route to hospital (3)
       - Other (4)
       - Unknown (9)
3. **Gestational age in completed weeks:** __
   - **(do not round up)**
4. **Birthweight:** ___ lbs ___oz OR ___ ___ grams
5. **Date & time of newborn discharge after birth:** __/__/____
   - **Unknown:** (1)
6. **Outcome:**
   - Survived (1)
   - Died (2)
   - Unknown (9)
7. **Readmitted to the same hospital:**
   - Yes (1)
   - No (0)
   - **If Yes,** date & time of readmission:
     - __/__/____
8. **Admitted from home to different hospital:**
   - Yes (1)
   - No (0)
   - **If Yes,** hospital id: ___ ___ ___ ___ ___ AND date & time admission:
     - __/__/____
9. **Infant discharge diagnosis:**
   - ICD9-1 ___ ___ ___
   - ICD9-2 ___ ___ ___
   - ICD9-3 ___ ___ ___
10. **Did the baby receive breast milk from the mother?**
    - (for late-onset cases only)
    - Yes (1)
    - No (0)
    - Unknown (9)
    - **If Yes,** did the baby receive breast milk before onset of GBS infection (eg, date of first positive neonatal culture):
      - Yes (1)
      - No (0)
      - Unknown (9)

### Maternal Information

11. **Maternal admission date & time:** __/__/____
    - **Unknown:** (1)
    - **Maternal age at delivery (years):** __
    - **Maternal blood type:** A (1) B (2) AB (3) O (4)
12. **Did mother have a prior history of penicillin allergy?**
    - Yes (1)
    - No (0)
    - **If Yes,** was a previous maternal history of anaphylaxis noted?
      - Yes (1)
      - No (0)
13. **Date & time membrane rupture:** __/__/____
    - **Unknown:** (1)
14. **Was duration of membrane rupture ≥18 hours?**
    - Yes (1)
    - No (0)
    - Unknown (9)
15. **If membranes ruptured at <37 weeks, did membranes rupture before onset of labor?**
    - Yes (1)
    - No (0)
    - Unknown (9)
16. **Type of rupture:**
    - Spontaneous (1)
    - Artificial (2)
17. Type of delivery: (Check all that apply)
- Vaginal (1)
- Vaginal after previous C-section (1)
- Primary C-section (1)
- Repeat C-section (1)
- Forceps (1)
- Vacuum (1)
- Unknown (1)

If delivery was by C-section: Did labor or contractions begin before C-section? [Yes (1) No (0) Unknown (9)]
Did membrane rupture happen before C-section? [Yes (1) No (0) Unknown (9)]

18. Intrapartum fever (T ≥ 100.4 F or 38.0 C): [Yes (1) No (0) Unknown (9)]

IF YES, 1st recorded T ≥ 100.4 F or 38.0 C at: __ __ / __ __ / __ __ __ __  __ __ __ __

19. Did mother receive prenatal care? [Yes (1) No (0) Unknown (9)]

20. Was prenatal record (even partial information) in labor and delivery chart? [Yes (1) No (0) Unknown (9)]

IF YES: No. of visits: ___  First visit: __ __ / __ __ / __ __ __ __  Last visit: __ __ / __ __ / __ __ __ __

21. Estimated gestational age (EGA) at last documented prenatal visit: ___ ___ . ___ ___ (weeks)

22. GBS bacteriuria during this pregnancy? [Yes (1) No (0)]

IF YES, what order of magnitude was the colony count?
- 0 (1)
- <10,000 (2)
- 10k–<25,000 (3)
- 25k–<50,000 (4)
- 50k–<75,000 (5)
- 75k–<100,000 (6)
- ≥100,000 (7)
- Unknown (9)

23. Previous infant with invasive GBS disease? [Yes (1) No (0)]

24. Previous pregnancy with GBS colonization? [Yes (1) No (0)]

25a. Was maternal group B strep colonization screened for BEFORE admission (in prenatal care)? [Yes (1) No (0) Unknown (9)]

IF YES, list dates, test type, and test results below:

<table>
<thead>
<tr>
<th>Test date (list most recent first):</th>
<th>Test type:</th>
<th>Positive culture (Do not include urine here!)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. __ __ / __ __ / __ __ __ __</td>
<td>Culture (1) Rapid pcr (2) Rapid antigen (3)</td>
<td>Yes (1) No (0) Unknown (9)</td>
</tr>
<tr>
<td></td>
<td>Other (4)  Unknown (9)</td>
<td></td>
</tr>
<tr>
<td>2. __ __ / __ __ / __ __ __ __</td>
<td>Culture (1) Rapid pcr (2) Rapid antigen (3)</td>
<td>Yes (1) No (0) Unknown (9)</td>
</tr>
<tr>
<td></td>
<td>Other (4)  Unknown (9)</td>
<td></td>
</tr>
</tbody>
</table>

25b. If the most recent test was GBS positive, was antimicrobial susceptibility performed? [Yes (1) No (0) Unknown (9)]

IF YES, Was the isolate resistant to clindamycin? [Yes (1) No (0) Unknown (9)]
Was the isolate resistant to erythromycin? [Yes (1) No (0) Unknown (9)]

26a. Was maternal group B strep colonization screened for AFTER admission (before delivery)? [Yes (1) No (0) Unknown (9)]

IF YES, list date of most recent test, test type and test results below:

<table>
<thead>
<tr>
<th>Test date (list most recent first):</th>
<th>Test type:</th>
<th>Positive culture (Do not include urine here!)</th>
</tr>
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<tr>
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<td></td>
</tr>
</tbody>
</table>
### Maternal Information (continued)

26b. If the most recent test was GBS positive, was antimicrobial susceptibility performed?  
- Yes (1)  
- No (0)  
- Unknown (9)

**IF YES,** Was the isolate resistant to clindamycin?  
- Yes (1)  
- No (0)  
- Unknown (9)

Was the isolate resistant to erythromycin?  
- Yes (1)  
- No (0)  
- Unknown (9)

27. Were GBS test results available to care givers at the time of delivery?  
- Yes (1)  
- No (0)  
- Unknown (9)

### Intrapartum Antibiotics

28. Were antibiotics given to the mother intrapartum?  
- Yes (1)  
- No (0)  
- Unknown (9)

**IF YES,** answer a-b and Question 29-30

a) Date & time antibiotics 1st administered: (before delivery)  
- month / day / year (4 digits) / time

b) Antibiotic 1: ___________________________  
- IV (1)  
- IM (2)  
- PO (3)  
- # doses given before delivery: ______

Start date: ___ / ___ / ___  
Stop date (if applicable): ___ / ___ / ___

Antibiotic 2: ___________________________  
- IV (1)  
- IM (2)  
- PO (3)  
- # doses given before delivery: ______

Start date: ___ / ___ / ___  
Stop date (if applicable): ___ / ___ / ___

Antibiotic 3: ___________________________  
- IV (1)  
- IM (2)  
- PO (3)  
- # doses given before delivery: ______

Start date: ___ / ___ / ___  
Stop date (if applicable): ___ / ___ / ___

Antibiotic 4: ___________________________  
- IV (1)  
- IM (2)  
- PO (3)  
- # doses given before delivery: ______

Start date: ___ / ___ / ___  
Stop date (if applicable): ___ / ___ / ___

Antibiotic 5: ___________________________  
- IV (1)  
- IM (2)  
- PO (3)  
- # doses given before delivery: ______

Start date: ___ / ___ / ___  
Stop date (if applicable): ___ / ___ / ___

Antibiotic 6: ___________________________  
- IV (1)  
- IM (2)  
- PO (3)  
- # doses given before delivery: ______

Start date: ___ / ___ / ___  
Stop date (if applicable): ___ / ___ / ___

29. Interval between receipt of 1st antibiotic and delivery: ___ ___ ___ (hours) ___ ___ (minutes)

30. What was the reason for administration of intrapartum antibiotics? *(Check all that apply)*

- GBS prophylaxis (1)
- C-section prophylaxis (1)
- Mitral valve prolapse prophylaxis (1)
- Suspected amnionitis (1)
- Other (1)
- Unknown (1)

Comments:________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________