

Hospital ID#: _____

Case #: _____

MOD Big 5 ACT Data Collection Form

Please complete a form for ALL live-born Infants at or between 23^{0/7} weeks and 33^{6/7} weeks gestational age at delivery. If a multiple delivery, please complete only 1 form for the first live-born baby delivered.

1. What is the race/ethnicity of the mother? (Check only one)

- Hispanic or Latino
- Non-Hispanic White
- Non-Hispanic Black
- Other _____
- Cannot determine

2. What is the primary payment source for delivery listed in the medical record? (Check only one best answer)

- Private insurance/HMO
- Medicaid
- Self Pay
- Other _____

3. What date/time did the mother arrive at delivering hospital?

Date _____ (mm/dd/yyyy)
Time ____:____ (HH:MM) (24 hr. clock)

4. What date and time was the baby born?

Date _____ (mm/dd/yyyy)
Time ____:____ (HH:MM) (24 hr. clock)

5. What was the mother's parity prior to giving birth?

_____ Term (number of term births)
_____ Preterm (number of preterm births)
_____ Spontaneous and induced abortion (number)

6. Gestational age at delivery: _____ weeks _____ days

7. How was gestational age determined/confirmed? (Check only one)

- Ultrasound <= 20 weeks
- LMP
- All other dating: _____
- Cannot determine

8. What was the reason for preterm birth? (Check only one best answer)

- Preterm labor
- ~~Prolonged~~ Premature rupture of membranes--PROM
- Maternal complications (hypertension, bleeding, etc.)
- Fetal complications (growth restriction, distress, etc.)
- Other: _____

ACT Administration

9. Did the mother receive any ACT medication **before this delivery admission**? (Check only one)

- Yes, ACT medication given prior to admission
- No or cannot tell that any ACT medication given

10. Did the mother receive any ACT medication prior to delivery **during this delivery admission**? (Check only one)

- Yes, ACT medication given this admission [*skip to Q13*]
- No, ACT medication not given this admission

11. Was the mother seen by a health provider just prior to this Delivery Hospital admission and referred for delivery admission? (Check all that apply)

- No Referral
- Delivery hospital emergency department
- Delivery hospital clinic, triage, or observation
- Referring hospital (came by ambulance or car)
- Clinic or doctor's office sends or refers for admission
- Cannot determine

12. Why was ACT not given during the delivery admission? (Check all that apply)

- Already started or received ACT course [*skip to Q13*]
- Imminent delivery (delivery within 2 hour)
- Active systemic infection
- Prior adverse reaction to steroids
- Fetal distress
- Lethal fetal anomalies
- Other _____
- Not available

END SURVEY IF ACT NOT GIVEN AT ANY TIME

1st COURSE: Questions 13-15 ask about the first ACT course ever given during this pregnancy

13. Where was the 1st ACT **injection** given for the **1st ACT course**? (Check only one)

- Referring or other hospital
- Delivery hospital
- Outside clinic or doctor's office
- Emergency department
- Cannot determine

14. When did the mother receive her 1st ACT **injection**?

Date _____ (mm/dd/yyyy)
Time ____:____ (HH:MM) (24 hr. clock)

- Can't determine date
- Can't determine time

15. Was a complete 1st ACT course given? This requires multiple **injections**. A complete course of Betamethasone equals two **injections**. A complete course of Dexamethasone equals four **injections**. (Check only one)

- Yes
- No
- Cannot determine

2nd COURSE: Questions 16-18 ask about the second ACT course ever given during this pregnancy

16. Was a 2nd partial or full ACT course given? (Check one)

- Yes [*Complete back side of form*]
- No [*survey end*]
- Cannot determine [*survey end*]

17. Where was the first ACT **injection** given for the **2nd ACT course**? (Check only one)

- Referring or other hospital
- Delivery hospital
- Outside clinic or doctor's office
- Emergency department
- Cannot determine

18. When did the mother receive her first ACT **injection** for the **2nd course**?

Date _____ (mm/dd/yyyy)

- Can't determine date

Time ____:____ (HH:MM) (24 hr. clock)

- Can't determine time

Other ACT Injections: Question 17 asks about any additional ACT injections after the 2nd course.

19. Were any additional ACT injections given after completing the second course? (Check only one)

- Yes
- No
- Cannot determine

OPTIONAL JOINT COMMISSION DATA ELEMENTS

A. What is the mother's age (years)? (Check only one)

- < 8 years
- 8 to 64 years
- 65 or more years
- Cannot determine

B. Was the mother's length of stay in the hospital > 120 days? (Check only one)

- Yes
- No
- Cannot determine

C. Was the mother enrolled in a research clinical trial? (Check only one)

- Yes
- No
- Cannot determine

MOD Big 5 ACT Data Collection Form

Frequently Asked Questions

1. What is the race/ethnicity of the mother? (Check only one)

2. What is the primary payment source for delivery listed in the medical record? (Check only one best answer)

Private insurance/HMO includes all private plans even those that are partially funded by government funding through ACA or other programs

Medicaid refers to any state Medicaid program such as MediCal.

3. What date/time did the mother arrive at delivering hospital?

4. What date and time was the baby born?

5. What was the mother's parity prior to giving birth?

6. Gestational age at delivery: _____weeks _____days

7. How was gestational age determined/confirmed? (Check only one)

If some other dating method other than ultrasound <=20 weeks or LMP, mark "all other methods."

8. What was the reason for preterm birth? (Check only one best answer)

Sometimes it is hard to distinguish maternal and fetal reasons. If delivery is related to fetal growth and placental/cord sufficiency, these should be considered fetal complications. If there are both maternal and fetal complications, select the underlying or predominant complication.

ACT Administration

9. Did the mother receive any ACT medication **before this delivery admission**? (Check only one)

10. Did the mother receive any ACT medication prior to delivery **during this delivery admission**? (Check only one)

11. Was the mother seen by a health provider just prior to the Delivery Hospital admission and referred for delivery admission? (Check all that apply)

Referral refers to any patient that you find reported with a referral even those stated as so in the doctor's or nurse's admission note. This referral can be from a hospital, ER or doctors' office.

Referrals include being seen in a doctor's or midwife's office and sent to the hospital for admission.

If you do not have a suspicion that they were a referral and they came through the normal admissions process, you should mark a not referred.

12. Why was ACT not given during the delivery admission? (Check all that apply)

END SURVEY IF ACT NOT GIVEN AT ANY TIME

1st COURSE: Questions 13-15 ask about the first ACT course ever given during this pregnancy

13. Where was the 1st ACT **injection** given for the **1st ACT course**? (Check only one)

14. When did the mother receive her 1st ACT **injection**?

15. Was a complete 1st ACT course given? This requires multiple **injections**. A complete course of Betamethasone equals two **injections**. A complete course of Dexamethasone equals four **injections**. (Check only one)

2nd COURSE: Questions 16-18 ask about the second ACT course ever given during this pregnancy

16. Was a 2nd partial or full ACT course given? (Check only one)

As the scientific literature still debates whether a second partial or full ACT course is needed, the answer to this question is yes whether a full or partial course is actually given.

17. Where was the first ACT injection given for the 2nd ACT course? (Check only one)

18. When did the mother receive her first ACT injection for the 2nd course?

Other ACT Injections: Question 17 asks about any additional ACT injections after the 2nd course.

19. Were any additional ACT injections given after completing the second course? (Check only one)