HRSA – Prenatal Rescreen- Pregnancy Ends Form
updated 2021

Date: **populated (editable)** __ /__ /____
Client Name: **populated**_____
HSID: **populated** _ _ _ _ - _ _ _ _ - 00   Staff: **populated (editable)**_____

Name of Primary Participant: **populated** _____
Primary Participant Date of Birth: **populated**_____

Note: Other Linked Primary Participant will **populate** *if associated in data system before entry of this form.*
Otherwise enter information.
Other Linked PP are Adults Only.

Name of Other Linked Primary Participant _____
Date of Birth of Other Linked Primary   _____

Name of Other Linked Primary Participant _____
Date of Birth of Other Linked Primary   _____

Please select reason for update. "Pregnancy Ends" **populated**

G5: This Form has been updated following its initial completion based on (Select below as applicable)
☐ Pregnancy Ends Date Post Pregnancy Follow-Up Completed _____

G1: This Primary Participant's Unique Id#: **populated** _____
*Note this # will start with 051PP and end with assigned HS ID number. Ex (051PPGR21222200)

P1: Have you ever had any of the following?
  ☐ Live birth
      Indicate how many live births from this pregnancy _____number
  ☐ Ectopic or tubal pregnancy
  ☐ Miscarriage (pregnancy ended spontaneously before 20 weeks)
  ☐ Stillbirth or fetal death (pregnancy ended at 20 weeks or more)
      Indicate how many fetal deaths occurred with this pregnancy _____ number
  ☐ Termination of pregnancy. _____ number
  ☐ Outcome Unknown
    Describe methods used to track pregnancy outcome_____

P2: UID's For Enrolled Child(ren) as a result of this pregnancy now enrolled in HS
(05EC + Child's Unique HS ID). _____
05EC + Child's Unique HS ID). _____
05EC + Child's Unique HS ID). _____

P3: Staff- Among the babies who were born alive from this pregnancy, did any end with a neonatal death (that is, baby is born alive but dies within 0-27 days of life?)
☐ Yes,

      Indicate how many neonatal deaths from this pregnancy _____number

      Describe methods used to track neonatal death:_____

☐ No
☐ Unable to determine.

P4: Staff- Please indicate if this delivery resulted in a maternal death
☐ Yes, describe methods used to track maternal mortality_____
☐ No
☐ Outcome unknown

P5: Source of information for pregnancy outcomes reported in this section. (Select all that apply)
☐ Hospital Records
☐ Vital Records
☐ Primary Participant
☐ Other family member
☐ Other Source, specify_____