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**June 09**

# Finger Lakes Regional Perinatal Data System

## Answer Sheet

# CODERFax

**Twin B**

## Prenatal History

**Pregnancy History (Twin B)**

| Previous Live Births: Now Living (None or Number) | Previous Live Births: Now Dead (None or Number) | Previous Spontaneous Terminations: Less than 20 weeks (None or Number) | Previous Spontaneous Terminations: 20 weeks or more (None or Number) | Previous Induced Terminations: None or Number | Total Prior Pregnancies: None or Number |
|---|---|---|---|---|---|
| 1 | | | | | |

| First Live Birth: (MM/YYYY) | Last Live Birth: (MM/YYYY) | Last Other Pregnancy Outcome: (MM/YYYY) |
|---|---|---|
| 5 / 09 | 5 / 09 | / |

## Prenatal Care

**Risk Factors in this Pregnancy**

__ None __Unknown at this time

**Select all that apply**

__Prepregnancy Diabetes __Gestational Diabetes __Prepregnancy Hypertension __Gestational hypertension

X Other serious chronic illnesses __Previous Preterm Births __Abruptio Placenta __Eclampsia

__Other poor pregnancy outcomes __Prelabor Referred for High Risk Care __Other Vaginal Bleeding __Previous Low Birthweight Infant

X Pregnancy resulted from infertility treatment (if yes, check all that apply)

X Fertility-enhancing drugs, artificial or intrauterine insemination

__Assisted reproductive technology (e.g. IVF, GIFT) **Number of Embryos Implanted:** (if applicable) ☐

## Congenital Anomalies

☐ None of the listed ☐ Unknown at this time

**Select all that apply**

| Yes / No | Anomaly | Diagnosed Prenatally? Yes / No | If Yes, please indicate all methods used: |
|---|---|---|---|
| Yes ☐ No ☐ | Anencephaly | Yes ☐ No ☐ | ☐ Level II Ultrasound ☐ MSAFP / Triple Screen ☐ Amniocentesis ☐ Other ☐ Unknown |
| Yes ☒ No ☐ | Meningomyelocele/Spina Bifida | Yes ☒ No ☐ | ☐ Level II Ultrasound ☐ Other ☒ Unknown |
| Yes ☐ No ☐ | Cyanotic Congenital Heart Disease | Yes ☐ No ☐ | ☐ Level II Ultrasound ☐ Other ☐ Unknown |
| Yes ☐ No ☐ | Congenital Diaphragmatic Hernia | Yes ☐ No ☐ | ☐ Level II Ultrasound ☐ Other ☐ Unknown |
| Yes ☐ No ☐ | Omphalocele | Yes ☐ No ☐ | ☐ Level II Ultrasound ☐ Other ☐ Unknown |