

NEONATAL SEPSIS MATERNAL FORM

Infant's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ (Last, First, M.I.)  
Hospital Name: \_\_\_\_\_

Infant's Chart No.: \_\_\_\_\_  
Mother's Chart No.: \_\_\_\_\_



\* Patient identifier information is NOT transmitted to CDC

ACTIVE BACTERIAL CORE SURVEILLANCE (ABCs)  
NEONATAL SEPSIS MATERNAL FORM



SECTION I

STATEID \_\_\_\_\_

HOSPITAL ID (of birth; if home birth leave blank) \_\_\_\_\_

Infant Information

Were labor & delivery records available?  Yes (1)  No (0)

1. Transferred or admitted to different hospital:  Yes (1)  No (2)

IF YES, hospital id of non-birth hospital: \_\_\_\_\_ AND

date of admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
month day year (4 digits)

2. Gestational age of infant in completed weeks: \_\_\_\_ (do not round up)

Maternal Information

3. Maternal admission date & time: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_  Unknown (1)  
month day year (4 digits) time

4. Maternal age at delivery (years): \_\_\_\_ years

5. Did mother have a prior history of penicillin allergy?  Yes (1)  No (2)

IF YES, was a previous maternal history of anaphylaxis noted?  Yes (1)  No (2)

6. Date & time membrane rupture: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_  Unknown (1)  
month day year (4 digits) time

7. Was duration of membrane rupture ≥18 hours?  Yes (1)  No (2)  Unknown (9)

8. Did mother have rupture of membranes with or without labor before 37 weeks?  Yes (1)  No (2)  Unknown (9)

9. If membranes ruptured at <37 weeks, did membranes rupture before onset of labor?  Yes (1)  No (2)  Unknown (9)

10. Type of rupture:  Spontaneous (1)  Artificial (2)

11. Type of delivery:  Vaginal (1)  Vaginal after previous C-section (1)  Primary C-section (1)  Repeat C-section (1)  
(Check all that apply)  Forceps (1)  Vacuum (1)  Unknown (1)

If delivery was by C-section: Did labor or contractions begin before C-section?  Yes (1)  No (2)  Unknown (9)

Did membrane rupture happen before C-section?  Yes (1)  No (2)  Unknown (9)

12. Intrapartum fever (T ≥ 100.4 F or 38.0 C):  Yes (1)  No (2)  Unknown (9)

IF YES, 1<sup>st</sup> recorded T ≥ 100.4 F or 38.0 C at: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_  
month day year (4 digits) time

