

SUPPLEMENTAL MATERIALS

CLINICAL PROFILE AND OUTCOME OF BABIES BORN TO MOTHERS WITH DIABETES PRESENTING AT THE BROOKLYN HOSPITAL CENTER

<p>The Brooklyn Hospital Center Institutional Review Board Protocol # <u>319655</u> Approval Date: April 13, 2012 Expiration Date: April 13, 2013</p>

DEMOGRAPHIC PROFILE/BIODATA:

1. Age: -- 2. Sex

3. Ethnicity/Race: (1 = Caucasian; 2 = Hispanic; 3 = Asian; 4 = African American; 4 = Others)

MATERNAL HISTORY:

4. Maternal age at delivery (1 = ≤ 20yrs; 2 = 21- 25yrs; 3 = 26- 30yrs; 4 = 31- 35yrs; 5 ≥ 36yrs)

5. Maternal history of diabetes in pregnancy (1= Yes; 2 = No)

6. If yes to no 5 above, type of Diabetes (1 = Pre-gestational diabetes type I; 2 = Pre-gestational diabetes type II; 3 = Gestational diabetes)

7. What is the White’s Classification of the maternal diabetes?

8. Treatment modality for diabetes during pregnancy (1=Insulin; 2=Oral hypoglycemic agent; 3=None)

9. Prior pregnancies with history of diabetes (1 = Yes; 2 = No)

10. Maternal weight at time of delivery

11. Maternal BMI at time of delivery

12. Latest maternal blood glucose level prior to delivery (mg/dl)

13. Latest maternal HbA₁C prior to delivery. %

BIRTH AND NEONATAL HISTORY

14. Gestational age at Birth (wks)

15. Type of delivery: (1 = NSVD; 2 = Assisted Vaginal Delivery; 3 = Caesarian Section)

16. 1-Minute APGAR Score at birth: (1 = ≥ 7; 2 = 4 - 6; 3 = <4)

17. 5-Minute APGAR Score at birth: (1 = ≥ 7; 2 = 4 - 6; 3 = <4)

18. Birth weight (grams)

19. Birth Weight category (1 < 2500g; 2 = 2500 to ≤ 4000g; 3 ≥ 4000g)

20. Birth Length (cm)

21. Ponderal Index (Wt in kg/Ht³ in m)

22. Immediate postnatal disposition (1 = Newborn nursery; 2 = NICU)

23. Blood glucose level at delivery (mg/dl)

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24. Blood glucose within 1hour post-delivery (in NBN/NICU)

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25. Baby’s hematocrit at birth and/or at discharge

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26. Serum calcium level at admission/discharge

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27. If admitted to NICU indication for admission

i. _____

ii. _____

iii. _____

28. Any identified/documentated birth defects (1 = Yes; 2 = No)

29. If yes to above, type of defect:

i. _____

ii. _____

iii. _____

COMORBIDITIES/MANAGEMENT/OUTCOME:

30. Which of the following additional clinical conditions did patient develop? (1 = Yes, 2 = No)

i. Respiratory distress

ii. Polycythemia

iii. Jaundice

iv. Hypoglycemia in the first 24 hrs of life

v. Feeding difficulty

31. Did patient require respiratory support in the course of hospitalization? (1 = Yes, 2 = No)

32. If yes to above, what type of support (1 = NCO2; 2 = NCPAP; 3 = Mechanical Ventilator)

33. Did patient require treatment for jaundice? (1 = Yes, 2 = No)

34. If jaundice was treated, type of treatment provided? (1 = Phototherapy; 2 = IVIG infusion; 3 = Exchange Blood Transfusion)

35. Was there any suspected/clinical/proven sepsis? (1 = Yes, 2 = No)

36. Total duration of hospitalization (days)

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