Welcome to the "RESOLVED" Case data collection form. If this is an "ACTIVE" Case, please stop and go here:

https://redcap.ctsi.ufl.edu/redcap/surveys/?s=4LP43YDNW8

Case definitions of the mother/infant dyads

For inborn infants (born at your reporting institution) and outborn infants (born at a referring hospital and transferred to your institution):

A pregnant woman who had virologic testing positive for SARS-CoV-2 prior to delivery who is non-infectious by clinical criteria (at least 10 days since onset of COVID-19 symptoms) or by testing criteria (two negative tests for SARS-CoV-2 at least 24 hours apart); and her infant(s).

### MATERNAL

<table>
<thead>
<tr>
<th>Age of mother:</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gravidity:</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Race of mother:

- [ ] Black or African American
- [ ] White
- [ ] Asian
- [ ] American Indian or Alaska Native
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] Other

Ethnicity of mother:

- [ ] Hispanic
- [ ] Non-Hispanic
- [ ] Unknown
<table>
<thead>
<tr>
<th>Completed week of gestation of first positive SARS-CoV-2 test:</th>
<th>(* Enter 0 if unknown.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed week of gestation of last positive SARS-CoV-2 test:</td>
<td>(Enter -1 if the first diagnostic test was the only one done before delivery. Enter 0 if an additional last test was done before delivery but the completed weeks of gestation is unknown.)</td>
</tr>
<tr>
<td>Completed week of gestation of first negative SARS-CoV-2 test:</td>
<td>(*Enter -1 if there was not a negative test obtained before delivery. Enter 0 if it is unknown whether a negative test was obtained.)</td>
</tr>
</tbody>
</table>

### Final maternal disposition status:
- [ ] Discharged home
- [ ] Transferred to other facility
- [ ] Expired (provide reason below)
- [ ] Unknown

### Cause of maternal death:
- [ ] Related to COVID-19
- [ ] Not related to COVID-19
- [ ] Unknown

### What was the severity of the previously resolved COVID-19 infection:
- [ ] Asymptomatic
- [ ] Sick at home
- [ ] Required hospitalization for SARS-CoV-2 before delivery (anytime within 14 days prior to delivery)
- [ ] Unknown

### Treatment required during hospitalization for resolved SARS-CoV-2 infection (choose all that apply):
- [ ] IV fluids
- [ ] Supplemental O2
- [ ] CPAP
- [ ] Mechanical ventilation
- [ ] ECMO
- [ ] Unknown
- [ ] Other (provide treatment below)

### Other treatment required during hospitalization:

____________________________

### Total days of hospitalization for previously resolved COVID-19 infection (number):  
(*Enter 0 if unknown)
Labor (choose one):
- Spontaneous
- Augmented
- Induced
- None

Route of delivery:
- Vaginal
- C-section

If labor was augmented or induced OR delivery was by c-section, what was (were) the indication(s)? (choose all that apply):

Maternal indications for resolved case (choose all that apply):
- Post dates
- Preeclampsia
- Arrest of descent
- Abruption
- Chorioamnionitis
- Other (provide below)

Other maternal indications:
__________________________________

Fetal indications (choose all that apply):
- Severe intrauterine growth restriction
- Fetal distress
- Hydrops fetalis
- Malpresentation
- Other (provide below)

Other fetal indications:
__________________________________

Did mother receive specific treatment for SARS-CoV-2 earlier in pregnancy?
- Yes
- No
- Unknown

If yes, which medication(s) did mother receive (choose all that apply):
- Chloroquine
- Hydroxychloroquine
- Remdesivir
- Ritonavir
- Favipiravir
- Lopinavir
- Other (provide below)

Other medication(s) mother received:
__________________________________
## NEWBORN

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gestational age at birth (to nearest completed weeks):</td>
<td></td>
</tr>
<tr>
<td>Birth weight (g):</td>
<td></td>
</tr>
<tr>
<td>Birth length (cm):</td>
<td></td>
</tr>
<tr>
<td>Birth head circumference (cm):</td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td>Male</td>
</tr>
<tr>
<td>Apgar at 5 minutes:</td>
<td></td>
</tr>
<tr>
<td>Status at birth:</td>
<td>Liveborn</td>
</tr>
<tr>
<td>Birth multiplicity:</td>
<td>Single</td>
</tr>
<tr>
<td>What were the locations at which the infant was cared for at your hospital (choose all that apply):</td>
<td>Neonatal intensive care setting</td>
</tr>
<tr>
<td>Duration of neonatal hospitalization at your hospital (days):</td>
<td></td>
</tr>
<tr>
<td>Final disposition status (choose one):</td>
<td>Discharge home</td>
</tr>
</tbody>
</table>

(*Enter -1 if unknown.*)
Cause of newborn death:

- [ ] Related to COVID-19
- [ ] Not related to COVID-19 (provide reason below)
- [ ] Unknown

Other reason for newborn death:

__________________________________

Primary reason for neonatal transfer to your hospital:

(* Please enter "N/A" if child was Inborn)

Other diagnoses (choose all that apply):

- [ ] None
- [ ] Microcephaly
- [ ] Encephalopathy
- [ ] Congenital anomalies (provide below)
- [ ] Other diagnosis (provide below)

Congenital anomalies categories (choose all that apply):

- [ ] Central Nervous System Anomalies
- [ ] Congenital Heart Anomalies
- [ ] Gastro-Intestinal Anomalies
- [ ] Genito-Urinary Anomalies
- [ ] Chromosomal Anomalies
- [ ] Pulmonary Anomalies
- [ ] Other Congenital Anomalies
- [ ] Other - not listed (provide below)

Central Nervous System Anomalies (choose all that apply):

- [ ] Anencephaly
- [ ] Meningomyelocele
- [ ] Hydranencephaly
- [ ] Congenital Hydrocephalus
- [ ] Holoprosencephaly
- [ ] Encephalocele
Congenital Heart Anomalies (choose all that apply):

- Truncus Arteriosus
- Transposition of the Great Vessels
- Tetralogy of Fallot with or without Pulmonary Atresia
- Single Ventricle
- Double Outlet Right Ventricle
- Complete Atrio-Ventricular Canal
- Pulmonary Atresia with Intact Ventricular Septum
- Tricuspid Atresia
- Hypoplastic Left Heart Syndrome
- Interrupted Aortic Arch
- Total Anomalous Pulmonary Venous Return
- Pentalogy of Cantrell or Thoraco-Abdominal Ectopia Cordis
- Coarctation of the Aorta requiring surgical or medical intervention
- Atrial Septal Defect requiring surgical or medical intervention
- Ventricular Septal Defect requiring surgical or medical intervention
- Atrial Septal Defect requiring surgical or medical intervention
- Ebstein's Anomaly requiring surgical or medical intervention
- Pulmonary Valvular Stenosis requiring surgical or medical intervention

Gastro-Intestinal Anomalies (choose all that apply):

- Cleft Palate
- Tracheo-Esophageal Fistula
- Esophageal Atresia
- Duodenal Atresia
- Jejunal Atresia
- Ileal Atresia
- Atresia of Large Bowel or Rectum
- Imperforate Anus
- Omphalocele
- Gastrochisis
- Biliary Atresia
- Malrotation
- Hirschsprung's Disease requiring surgical or medical intervention
- Sacrococcygeal teratoma requiring surgical or medical intervention

Genito-Urinary Anomalies (choose all that apply):

- Bilateral Renal Agenesis
- Bilateral Polycystic, Multicystic, or Dysplastic Kidneys
- Obstructive Uropathy with Congenital Hydronephrosis
- Exstrophy of the Urinary Bladder

Chromosomal Anomalies (choose all that apply):

- Trisomy 13
- Trisomy 18
- Trisomy 21
- Other chromosomal anomaly not listed above
- Triploidy

Pulmonary Anomalies (choose all that apply):

- Congenital Cystic Adenomatoid Malformation of the Lung
Other Congenital Anomalies (choose all that apply):

- [ ] Skeletal Dysplasia
- [ ] Congenital Diaphragmatic Hernia
- [ ] Hydrops Fetalis with anasarca
- [ ] Oligohydramnios Sequence
- [ ] Inborn Error of Metabolism
- [ ] Myotonic Dystrophy requiring endotracheal intubation and assisted ventilation
- [ ] Conjoined Twins
- [ ] Tracheal Agenesis or Atresia
- [ ] Thanatophoric Dysplasia Types 1 and 2
- [ ] Hemoglobin Barts

Other Congenital Anomalies:

Please provide the other diagnosis: __________________________________________

Laboratory findings from birth to day 7 (choose all recorded):

- [ ] Lowest white count
- [ ] Lowest neutrophil count
- [ ] Lowest lymphocyte count
- [ ] Lowest hemoglobin
- [ ] Highest AST
- [ ] Highest ALT
- [ ] Highest CRP

Table - SHZ - Lab - Lowest White Count

| Lowest White Count Value | __________________________ |
| _________________________ | __________________________ |

| Lowest White Count Day | __________________________ |
| _________________________ | __________________________ |

Table - SHZ - Lab - Lowest Neutrophil Count

| Lowest Neutrophil Count Value | __________________________ |
| _________________________ | __________________________ |

| Lowest Neutrophil Day | __________________________ |
| _________________________ | __________________________ |

Table - SHZ - Lab - Lowest Lymphocyte Count

| Lowest Lymphocyte Count Value | __________________________ |
| _________________________ | __________________________ |

| Lowest Lymphocyte Day | __________________________ |
| _________________________ | __________________________ |
### Table - SHZ - Lab - Lowest Hemoglobin

<table>
<thead>
<tr>
<th>Lowest Hemoglobin Count Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lowest Hemoglobin Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Table - SHZ - Lab - Highest AST Count

<table>
<thead>
<tr>
<th>Highest AST Count Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest AST Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Table - SHZ - Lab - Highest ALT

<table>
<thead>
<tr>
<th>Highest ALT Count Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest ALT Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Table - SHZ - Lab - Highest CRP

<table>
<thead>
<tr>
<th>Highest CRP Count Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Highest CRP Day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

---

**Did newborn have SARS-CoV-2 testing during hospitalization?**

- [ ] Yes
- [ ] No

**Amniotic fluid PCR or culture:**

- [ ] Not Completed
- [ ] Negative
- [ ] Positive

**Placenta PCR or culture:**

- [ ] Not Completed
- [ ] Negative
- [ ] Positive

**Gastric aspirate PCR or culture:**

- [ ] Not Completed
- [ ] Negative
- [ ] Positive

**NP swab PCR:**

- [ ] Not Completed
- [ ] Negative
- [ ] Positive

**Rectal swab PCR:**

- [ ] Not Completed
- [ ] Negative
- [ ] Positive
Antibody test result: ○ Not Completed ○ Positive ○ Negative
(If tested, please identify method, IGG, IGM, and manufacturer)

Please describe antibody testing method: ______________________________________

IgG Level: ______________________________________

IgM Level: ______________________________________

Manufacturer of antibody test: ______________________________________

Was newborn admitted to a higher level of care (e.g., NICU) than a newborn nursery or general hospital ward (for boarding care)?
○ Yes ○ No

Discharge medications:
○ None ○ Yes

Discharge medications list:

Email address of the member of the study team submitting these data: ______________________________________

Assign sequenced tracking number (e.g., 1, 2, 3, 4 etc. in order of submission): ______________________________________