

## PREGNANCY OUTCOME (web)

We maintain complete records of pregnancy outcomes that include not only births, but also miscarriages, stillbirths, and therapeutic abortions. This helps us maintain a donor's family limit, track health information for donors, recipients, and the children, and provide ongoing services to families after children are born.

This report concerns your most recent pregnancy with TSBC samples. If you are unsure about a question, just leave it blank. We guarantee complete confidentiality. No identifying information will be released. Thank you for your time.

Recipient's full name: \_\_\_\_\_

Partner's full name (if applicable): \_\_\_\_\_

Have you moved? If yes, please give us your new address & phone number:

Donor #: \_\_\_\_\_

TSBC Pregnancy #: \_\_\_\_\_

**Outcome:**

Live birth: *Single*      *Twins*      *Triplets*      Date of delivery: \_\_\_\_\_      At \_\_\_\_\_ weeks

Miscarriage, at \_\_\_\_\_ weeks      Miscarriage #: \_\_\_\_\_      Other: \_\_\_\_\_

Pregnancy Normal?      *Yes*      *No (please identify the primary problems)*

*Abnormal fetus position*      *Bleeding*      *Placenta problem*      *High Blood Pressure*      *Diabetes*  
*Pre-eclampsia*      *Toxemia*      *Other: \_\_\_\_\_*

Delivery Normal?      *Yes*      *No (please identify the primary problems)*

*Breech*      *Hemorrhage*      *Pitocin induction/augmentation*      *Fetal Distress*      *Other: \_\_\_\_\_*

**Delivery Setting:**

*Home*      *Birthing ctr*      *Hospital birthing ctr/rm*      *Labor/delivery room*      *OR*      *Other: \_\_\_\_\_*

**Type of delivery:**

*Spontaneous vaginal*      *Induced vaginal*      *Suction*      *Forceps*      *C-section*      *Other: \_\_\_\_\_*

Child #1      Name: \_\_\_\_\_      Sex: *female*      *male*      APGAR score #1: \_\_\_\_      score #2: \_\_\_\_

Infant Health: *excellent*      *good*      *fair*      *poor*      Weight: \_\_\_\_\_      Length: \_\_\_\_\_

Birth/Genetic Defects: \_\_\_\_\_

Child #2      Name: \_\_\_\_\_      Sex: *female*      *male*      APGAR score #1: \_\_\_\_      score #2: \_\_\_\_

Infant Health: *excellent*      *good*      *fair*      *poor*      Weight: \_\_\_\_\_      Length: \_\_\_\_\_

Birth/Genetic Defects: \_\_\_\_\_

Interested in purchasing sibling inventory?      *Yes*      *No*      (Buy ASAP to guarantee availability)

Thank you very much for your time!

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Internal use only:

Reviewed outcome follow-up list