

Table 7 Information sheet on births

Natural population cohort survey in southwest China

(birth cohort)

Birth Status Questionnaire

Child code:	<input type="text"/> -1-05	
The first two digits from the left are the survey city (state) code, with a value unit of 0-9; The 3rd and 4th digits are the code of the survey agency, with a value range of 0-9; The 5th to 9th digits are the serial number of pregnant women surveyed, with a range of 0-9; each institution is numbered from 00001; The 10th digit is the identification code of the research subject (1 for mother), 2 for the first child, 3 for the second child (and so on for multiple births); the questionnaire for multiple births should be filled out for each fetus. The 11th and 12th digits are the questionnaire number: baseline Table 01, early pregnancy Table 02, mid-pregnancy Table 03, late pregnancy Table 04, birth Table 05, postpartum and infant Table 06, six months Table 07, one year Table 08.		
Mother's Name: _____ Hospitalization number: _____ Mother's ID number: _____		
Child's Name: _____ Mother's mobile phone number: _____		
Name of the survey institution: _____		
Investigators signature:	date : _____ Year _____ On the 1st of this month	
QC Officer signature:	date : _____ Year _____ Month _____ Day	

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Start time of investigation (24-hour system): time component

Instructions for filling in the form: This form is filled out by doctors from relevant departments of participating institutions.	
Part I: Births	
A01	Pregnancy: __, Births: __, Gestational age: __, Number of live births: __ 1. Single birth 2. Twins 3. Triplets 4. Quadruplets
A02	Delivery method: __ 1. Natural delivery 2. C-section, Gender: __ 1. Male 2. Female, Date of birth: __
A03	(The birth length and head circumference are accurate to one decimal place. Fill in according to the contents of the birth certificate) birth weight : __ Kr, body length: __ cm, head circumference: __ cm
A04	Maternal pregnancy complications: (yes/no) __, History of premature rupture of membranes: (yes/no) __, History of uterine distress: (yes/no) __
A05	History of asphyxia at birth: (yes/no) __, Apgar score: 1-minute __ score, 5-minute __ score, 10-minute __ component
A06	Sheep water characteristics:, quantity: ml, umbilical cord: __, Whether there is birth defect: __
A07	placental expulsion : __ 1. Natural 2. Manual removal 3. Dilation and curettage
The second part is the status of high risk factor screening	
B01	Peak bilirubin: __ μmol/L bacterial meningitis: __ 1. Yes 2. No
B02	Cranioplasty: 1. Ear and external auditory canal 2. Maxilla 3. Palate 4. Others (specify)
B03	Mechanical feeding for more than 5 days: 1. Yes 2. No, meconium inhalation: __ 1. Yes 2. No
B04	21 Trisomy syndrome: __ 1. Yes 2. No, Turner syndrome: __ 1. Yes 2. No
B05	Usher syndrome: __ 1. Yes 2. No, Waardenburg syndrome: __ 1. Yes 2. No
Part 3 Neonatal hearing screening	
C01	Initial hearing screening time: after birth __ hour
C02	DPOAE Left ear: __ 1. Passed 2. Not passed, DPOAE Right ear: __ 1. Passed 2. Not passed
C03	AABR left ear: 1. Passed 2. Failed AABR right ear: 1. Passed 2. Failed
C04	AI Left ear (226 Hz): __ 1.A 2.As 3.Ad 4.B 5. C 6. Other unclassifiable
C05	AI right ear (226Hz): 1.A 2.As 3.Ad 4.B 5. C 6. Other unclassifiable
C06	AI Left ear (1k Hz): __ 1. Single peak 2. Flat, AI Right ear (1k Hz): __ 1. Single peak 2. Flat
Fourth part of pregnancy ultrasound measurement indicators	
D01	First ultrasound examination (11-13 weeks of gestation): __ Year __ Month __ sun Head and hip length: __, Cervical skin thickness: __, amniotic fluid :

D02	<p>Second ultrasound examination (22-24 weeks of gestation): _ Year _ month ___ sun</p> <p>biparietal diameter : _____, Posterior ventricular horns:_____, head circumference : _____, Femur diameter: _____, Abdominal circumference: _____</p> <p>Goat water: _____, Placenta and umbilical blood flow S/D:_____, RI: _____, Cross-road: Heart _____, thorax _Left atrium, Right atrium_、 left ventricle _、 right ventricle _、 pulmonary artery _、 aorta _____</p>
D03	<p>Third ultrasound examination (28-31 weeks of gestation): ___year ___moon ___ sun</p> <p>biparietal diameter : ___, head circumference : ___, Stock diameter:___, circumference of abdomen : ___, amniotic fluid : _____, Placenta and umbilical blood flow S / D:_____, RI: _____, Diameter: Heart _____、 thorax _____、 atria sinistrum _____、 atrium dextrum _____、 left ventricle _____、 right ventricle _____、 pulmonary artery _____、 aorta _____</p>
D04	<p>Fourth ultrasound examination (36-40 weeks of gestation): _ Year _ month ___ sun</p> <p>biparietal diameter : _____, Femur diameter: _____, Abdominal circumference: _____, amniotic fluid : _____, Placenta and umbilical blood flow S/D:_____, RI: _____, Cross-Width: Heart _____, Thorax _____、 atria sinistrum _____ right chamber, left chamber, right chamber_____、 pulmonary artery _____、 aorta _____</p>

End time of investigation (24-hour system): time component