

	Response	Yes	No
1. How many weeks were you when the stillbirth (SB) occurred?			
2. Did you have any bleeding before the stillbirth? If yes, were you seen in a hospital?			
3. Did you have any episodes where the baby wasn't moving as frequently before the SB? If yes, was it days? weeks?			
4. Did you have a history of gestational diabetes (GDM) during the pregnancy? If yes, were you taking medication? If yes, did you have weekly NSTs?			
5. Did you have a history of hypertension? If yes, how many weeks were you when it was diagnosed? Did you require medication?			
6. Did you have preeclampsia? If yes, how many weeks were you when it was diagnosed?			
7. Did you have a history of Group B Strep during your pregnancy? If yes, when did you find out?			
8. Do you have Lupus?			
9. Does anyone in your family have Lupus? If yes, who?			
10. Where you treated for Bacterial Vaginosis? If yes, how many weeks were you?			
11. Were you treated for Chlamydia during that pregnancy? If yes, at how many weeks?			
12. Were you treated for Trichomonas during that pregnancy? If yes, at how many weeks?			
13. Were you given the diagnosis of Cholestasis? (a condition of the bile ducts and liver that causes significant itching, especially at night)			
14. How many ultrasounds did you have during that pregnancy?			
15. Based on the ultrasound, did anyone tell you that the baby was small or not growing?			
16. Did the ultrasound report comment on whether the umbilical cord was wrapped around the baby's neck?			
17. Was an autopsy done on the baby?			
18. Was genetic test on the baby?			
19. Was the placenta tested?			
20. Did you smoke cigarettes and if yes, how many?			
21. Did you have a thyroid condition?			
22. What is your blood type? If Rh Neg, did you receive RhoGham?			
23. What is the father of the baby's blood type?			
24. What was your weight during that pregnancy?			
25. What is your height?			