**Occupational Reproductive Consultations**

A picture containing text

Description automatically generatedThe Duke Reproductive Safety Program

* Employee Occupational Health and Wellness (EOHW) works with the Occupational and Environmental Safety Office (OESO) to ensure that work duties do not require unsafe occupational exposures to reproductive hazards. Duke safety professionals routinely review work areas to ensure that exposures are within permissible limits.
* Duke employees who are contemplating having children, who are pregnant, or who are breastfeeding may confidentially discuss reproductive health concerns arising from their workplace with EOHW and/or OESO.

Obtaining an Occupational Reproductive Health consultation from EOHW

* Employees are responsible for contacting EOHW if they would like to obtain a reproductive health consultation. To schedule a consultation, call the Duke South Clinic (919-684-3136, option 2).
* Employees with concerns are encouraged to contact EOHW before becoming pregnant or as soon as possible after a pregnancy is suspected or confirmed.

When should I contact Employee Occupational Health and Wellness?

Not every employee needs to contact EOHW. See your personal physician for non-occupational reproductive concerns. Contact EOHW if you are concerned about a possible reproductive health risk from something present in your work environment. Typically, this would include:

* Chemicals such as those found in a laboratory, pharmacy, or patient care area. *The risk of chemical exposures can often be mitigated by a variety of preventive measures (see below).*
* Biological agents such as those found in a laboratory or in certain patient care areas. If you have received recommended immunizations, are using universal precautions, and/or following approved standard operating procedures (SOPs), your risk of contracting an occupational infection with reproductive consequences is not increased. Pregnant healthcare workers who have been fully immunized and who use recommended personal protective equipment (PPE, which may include respirators) do not necessarily need to be excluded from caring for patients with known infectious disease, including common diseases such as flu, COVID, CMV, varicella, and TB. Consult with EOHW regarding the appropriate use of a respirator for your particular circumstances.
* Radiation: radiological protection surveys and reviews are performed for all radiation-producing sources and devices to minimize the dose to employees working in the area. Primary operators are routinely monitored with film badges to document radiation protection effectiveness. Historically, radiation exposure to primary operators has been much less than 10% of regulatory dose limits. The dose to ancillary and casually exposed individuals would be considerably less than for operators. Pregnant healthcare workers are encouraged to contact EOHW to declare their pregnancy, after which Radiation Safety will evaluate the radiation hazard, provide counseling to minimize fetus exposure, and issue a fetal dosimeter, if appropriate.

If work exposures are of concern, EOHW may ask OESO personnel to speak with you and/or your supervisor about engineering controls, work practices, and PPE. This can be conducted via phone or video conference. An in-person worksite visit may also be appropriate, depending on the situation. You can also contact the relevant OESO division directly: Laboratory Safety (for general and chemical exposure in laboratories), Occupational Hygiene and Safety (for general or chemical exposures in non-laboratory settings), Radiation Safety (for those exposed to radiation), or Biological Safety (for concern about biological agents).

Preventing Chemical Exposures in the Workplace

**Since most employees who contact EOHW have concerns about working with chemicals, below is information on preventing and reducing bodily exposure to chemical agents.**

* Some chemicals can be inhaled. This is not an issue for agents which are used in a chemical fume hood with the sash positioned correctly, agents which are used with an appropriate respirator, or agents which are not readily released into the air. The ability to smell or not smell a chemical is not a good indicator of whether a significant exposure is occurring.
  + If you are concerned about an agent that is not used under a hood, it may be important to perform environmental monitoring to determine whether only trace amounts are present in the air or whether significant amounts could be inhaled.
  + You may contact OESO to determine if environmental monitoring is needed in your workplace, especially if this is not addressed in your lab’s SOP or chemical hygiene plan or if a chemical is being used in a patient care area or other work environment.
  + Air currents can cause chemical powders to be released into the air. Therefore, we recommend that mixing or weighing of potentially toxic loose powders be performed in a hood or with another form of engineering control. *For more information on working safely with toxic powders, see* [*https://www.safety.duke.edu/sites/default/files/working\_safely\_with\_toxic\_powders.pdf*](https://www.safety.duke.edu/sites/default/files/working_safely_with_toxic_powders.pdf)*.*
* Exposures can occur through the skin or mucous membranes. This can be prevented by using appropriate gloves. Protective clothing such as a lab coat and eye protection is also recommended. Please note that dissolving chemicals in solvents (e.g. DMSO) can change the chemical’s absorption properties and increase the likelihood of absorption through skin contact. *OESO has more information on chemically resistant gloves at* [*https://www.safety.duke.edu/occupational-hygiene-safety/personal-protective-equipment/gloves-chemical-applications*](https://www.safety.duke.edu/occupational-hygiene-safety/personal-protective-equipment/gloves-chemical-applications)*.*
* Exposure can occur through ingestion. This generally occurs when a chemical gets on the hands and a person unknowingly either touches their mouth or eats without properly washing their hands. Always wear appropriate PPE when handling chemicals. When handling is completed, immediately dispose of gloves and wash your hands before they touch other objects. It is best practice to wash your hands immediately before eating or touching your hands to your face.
* Injection is a possible route of exposure in workplaces such as patient care areas, laboratories and animal care facilities. Review your workplace’s defined procedures for safe needle handling and disposal.

To prevent significant exposure to toxic chemicals, use best practices at work:

* Wear *appropriate* gloves and other PPE when handling chemicals.
* Do not store or consume food in areas where potentially toxic agents are stored.
* Use proper disposal techniques for solvents or other wastes. You can discuss this further with OESO.
* Remember to minimize your exposure at home to chemicals such as pesticides, solvents and lead.

Declaration of Pregnancy: A Special Form for Workers Concerned About Radiation

All pregnant employees are eligible to voluntarily declare their pregnancy and, if indicated, be monitored during their pregnancy to ensure that the embryo/fetus does not receive in excess of 500 millirem of ionizing radiation. Employees who wish to undergo fetal radiation monitoring should contact EOHW to complete the confidential pregnancy declaration form. The form will be sent to the Radiation Safety Division to determine if monitoring is indicated. Employees who do not work with radiation and are not concerned about radiation do not need to complete this form.

Form on Next Page…

**Occupational Health Reproductive Consultation**

Please complete this information as soon as possible and send it to the EOHW representative who scheduled your visit. This information is for your EOHW medical record and will simplify the interview with the doctor. This form is confidential and will not be shared with your manager/supervisor or any person outside of EOHW. ONLY the workplace exposure information on pages 3-5 will be shared with OESO (Occupational & Environmental Safety Office).

|  |  |
| --- | --- |
| Name: | Date: |
| Personal Phone: | DUID: |
| Best e-mail: | Age: |
| Job Title: | Bldg/Rm#: |
| Supervisor: | Dept: |

Agents Used at Work (Please do NOT use abbreviations)

List agents you are currently using or anticipate that you might use during the pre-conception period, pregnancy, or while breastfeeding. Continue on a separate page if needed. Include Chemical Abstracts Service (CAS) number or product identifier, if possible. *If you work with pure or near-pure chemicals (e.g. in pharmacy or a research lab), please complete and attach a copy of the GHS Lookup Tool, found at:*

[*https://www.safety.duke.edu/chemical-hygiene/particularly-hazardous-substances*](https://www.safety.duke.edu/chemical-hygiene/particularly-hazardous-substances)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agents** | **Frequency and Duration of use**  **(**e.g. daily/weekly/ monthly/rarely for \_\_ min/hr at a time) | **State of the agent**  (Solid, powder, liquid, gas, etc.) | **Quantity used per unit of time**  (e.g. 10 mcg per week) | **Protective Equipment** (Biosafety cabinet, hood, respirator, gloves, glove box, etc.) |
| **Chemical** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Radioactive** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Biological** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Work Exposures

1. Do you have health or safety concerns about a specific aspect of your work? If so, please describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Environment

1. Which of the following pertain to your work environment?

|  |  |  |  |
| --- | --- | --- | --- |
| Work with animals | 🞎 No 🞎 Yes | Use of sharps/ needles/ glass | 🞎 No 🞎 Yes |
| Injection of animals with hazardous materials | 🞎 No 🞎 Yes | Use of uncoated lead shielding (for radiation protection) | 🞎 No 🞎 Yes |
| Aerosolization of hazardous materials | 🞎 No 🞎 Yes |  |  |

1. Do you prepare stock or primary chemical solutions? 🞎 No 🞎 Yes

If so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where is your balance located? 🞎 Hood 🞎 Bench top

1. Do you wear PPE? If yes, what kind:

|  |  |  |  |
| --- | --- | --- | --- |
| Gloves | 🞎 No 🞎 Yes | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Protective  Clothes | 🞎 No 🞎 Yes | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Respirator  or Mask | 🞎 No 🞎 Yes | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Other | 🞎 No 🞎 Yes | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. Where is your office relative to where agents of concern are being used? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has OESO previously inspected your worksite? 🞎 No 🞎 Yes If so, which division (Lab Safety, Radiation Safety, Biosafety, OHS) and when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What type of ventilation system (e.g. natural, mechanical) does your work environment use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Describe your work area’s hazardous materials handling and storage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If You Work In a Laboratory:**

1. Who is your PI or laboratory director? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the name and location of your lab? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Have you had any spills or laboratory accidents? If so, when? Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How much of your time do you spend doing: “Bench” work \_\_\_\_\_\_\_\_\_% Office work \_\_\_\_\_\_\_\_\_%
2. Does your lab perform high-performance liquid chromatography? 🞎 No 🞎 Yes

If so, where: 🞎 On the bench 🞎 In a hood

1. Do you work with any biological materials for which a BSL2 or BSL3 SOP is required? 🞎 No 🞎 Yes

If so, please submit a copy of the SOP with this questionnaire.

1. Are others handling agent(s) concerning to you in the same work area? 🞎 No 🞎 Yes

If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe your waste disposal set-up (inside BSC/chemical fume hood vs outside, covered vs open container, sink, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Information

1. Current pregnancy: Weeks of gestation: \_\_\_\_\_\_\_\_\_\_\_\_ Due date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Information concerning your personal health care worker who is helping to manage this pregnancy:

Name & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you begun your pre-birth visits? 🞎 No 🞎 Yes; When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has there been any problem with this pregnancy? 🞎 No 🞎 Yes

Has a doctor/obstetrician recommended any work or activity restrictions? 🞎 No 🞎 Yes

1. Prior pregnancy history:

Number of prior pregnancies: \_\_\_\_\_\_\_\_\_ Number of live births: \_\_\_\_\_\_\_\_\_

Any miscarriages? 🞎 No 🞎 Yes; Which trimester? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any stillbirths? 🞎 No 🞎 Yes

Therapeutic abortions? 🞎 No 🞎 Yes

1. Have you had pre-eclampsia or eclampsia in a prior pregnancy? 🞎 No 🞎 Yes
2. Have you previously given birth to a baby before 36 weeks gestation or with a birth weight less than 4 lbs.? 🞎 No 🞎 Yes
3. Do you have any personal medical history of:

|  |  |  |  |
| --- | --- | --- | --- |
| High Blood Pressure | 🞎 No 🞎 Yes | Heart Disease | 🞎 No 🞎 Yes |
| Lung Disease | 🞎 No 🞎 Yes | Seizures or epilepsy | 🞎 No 🞎 Yes |
| Sexually transmitted disease | 🞎 No 🞎 Yes | Recent infections | 🞎 No 🞎 Yes |
| Diabetes | 🞎 No 🞎 Yes | Kidney Disease | 🞎 No 🞎 Yes |
| Other reproductive health condition not listed elsewhere on this form 🞎 No 🞎 Yes | | | |

If yes to any of the above, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other significant medical history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Do any members of your immediate family have a history of:

|  |  |  |  |
| --- | --- | --- | --- |
| Pre-eclampsia /eclampsia | 🞎 No 🞎 Yes |  |  |
| An inherited medical problem | 🞎 No 🞎 Yes |  |  |
| Child with birth defect | 🞎 No 🞎 Yes |  |  |

1. How would you describe your diet before pregnancy? 🞎 Excellent 🞎 Good 🞎 Fair 🞎 Poor
2. How did you and your partner previously prevent pregnancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. How long ago did you stop this method? \_\_\_\_\_\_\_\_\_\_\_ months
4. How much do you exercise now?

🞎 Intensively 🞎 Regularly 🞎 Some 🞎 Not Very Much

1. 🞎 No 🞎 Yes Did you smoke or vape immediately before becoming pregnant?
2. 🞎 No 🞎 Yes Do you smoke or vape now?
3. 🞎 No 🞎 Yes Do you currently drink alcoholic beverages? Average amount per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 🞎 No 🞎 Yes At any time, have you used marijuana, cocaine, Ecstasy, opiates (including heroin), amphetamines, or any other drugs *not* prescribed to you?
5. 🞎 No 🞎 Yes Did you take prenatal vitamins immediately before becoming pregnant?
6. 🞎 No 🞎 Yes Do you often use a hot tub or sauna?
7. How much coffee or other drinks with caffeine do you drink per day? \_\_\_\_\_\_\_\_\_\_ drink(s) per day
8. 🞎 No 🞎 Yes Do you take prescription medications?

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Dose** | **How Often** | **Health Condition Being Treated** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. 🞎 No 🞎 Yes Do you take over-the-counter medications?

|  |  |  |  |
| --- | --- | --- | --- |
| **Medication** | **Dose** | **How Often** | **Health Condition Being Treated** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Biological Father’s/Donor’s Exposures and Risks

1. Occupation of Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[Occupation of Biological Father/Donor, if different from Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

1. 🞎 No 🞎 Yes Did the biological father/donor smoke in the 3 months before you got pregnant?
2. 🞎 No 🞎 Yes Has the biological father/donor been smoking during your pregnancy?
3. 🞎 No 🞎 Yes Did the biological father/donor drink alcoholic beverages in the 3 months before you got pregnant?
4. 🞎 No 🞎 Yes Has your partner or any household member consumed more than 2 alcoholic beverages per day during your pregnancy?
5. 🞎 No 🞎 Yes Has the biological father/donor fathered previous pregnancies (other than yours, which are listed earlier)?

Number of prior pregnancies: \_\_\_\_\_\_\_\_\_ Number of live births: \_\_\_\_\_\_\_\_\_

Any miscarriages? 🞎 No 🞎 Yes; Which trimester? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any stillbirths? 🞎 No 🞎 Yes

Therapeutic abortions? 🞎 No 🞎 Yes

Any children with birth defects or congenital health conditions? 🞎 No 🞎 Yes

Potential Home Exposures

1. How old is your home? 🞎 Year Built, if known \_\_\_\_\_\_\_\_\_\_\_
2. 🞎 No 🞎 Yes Do you plan any remodeling or painting projects?
3. Does your house store any of these?

|  |  |  |  |
| --- | --- | --- | --- |
| Lead-Based Paints | 🞎 No 🞎 Yes | Pesticides | 🞎 No 🞎 Yes |
| Solvents | 🞎 No 🞎 Yes | Furniture Finishing Agents | 🞎 No 🞎 Yes |

1. Please list your hobbies and those of your partner and other household members (e.g., arts and crafts, working with power tools, gardening): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. In your home, do you regularly lift more than 50 pounds (including chores, children)? 🞎 No 🞎 Yes

If yes, how many pounds? \_\_\_\_\_\_\_\_ How often? \_\_\_\_\_\_\_\_\_\_\_\_\_