

Studies on Pregnancy Exposures and Lactation



The Pregnancy Risk Line (PRL) is collaborating with the CDC and the Organization of Teratology Information Specialists (OTIS) to collect information regarding pregnant women who are exposed to certain medications or have certain medical conditions listed below and collecting information on breastfeeding women, regardless of medications taken. In these studies, enrolled women will be contacted by phone during pregnancy and after pregnancy regarding their health and the status of their baby. Health care providers can help by sharing this information with their clients, completing the information below, then faxing or emailing the form to Julia Robertson **(801) 584-8488** or **jrobertson@utah.gov**. Women may enroll themselves by calling 1-(800) 822-2229.

Client/Woman's Name: _____

Client/Woman's phone number: _____

Preferred contact time of day (morning, afternoon, evening, time): _____

May we leave a message? Yes _____ No _____

Estimated Due Date: _____ (or child's birth date for breastfeeding): _____

Please mark any that apply:

<p>Condition:</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Ankylosing spondylitis</p> <p><input type="checkbox"/> Chron's disease</p> <p><input type="checkbox"/> Psoriatic arthritis</p> <p><input type="checkbox"/> Rheumatoid arthritis</p> <p>Vaccines:</p> <p><input type="checkbox"/> Influenza (flu) vaccine</p> <p><input type="checkbox"/> HPV vaccine (Gardasil, Cervarix)</p> <p><input type="checkbox"/> Meningococcal vaccine (Menvo)</p> <p>Pregnant Comparison Group:</p> <p><input type="checkbox"/> Pregnant women without any of these listed conditions, vaccines, or medications during pregnancy may qualify (details will be provided)</p>	<p>Medications:</p> <p><input type="checkbox"/> Abatacept (Orencia)</p> <p><input type="checkbox"/> Adalimumab (Humira)</p> <p><input type="checkbox"/> Anti-viral medications (Tamiflu, Relenza)</p> <p><input type="checkbox"/> Etanercept (Enbrel)</p> <p><input type="checkbox"/> Fomoterol</p> <p><input type="checkbox"/> Leflunomide</p> <p><input type="checkbox"/> Methotrexate</p> <p><input type="checkbox"/> Salmeterol</p> <p><input type="checkbox"/> Short-acting Beta-agonists (including albuterol, bitolterol, levalbuterol, metaproterenol, pirbuterol, terbutaline)</p> <p><input type="checkbox"/> Tocilizimab (Acterma)</p> <p>Breastfeeding/Lactation Group:</p> <p><input type="checkbox"/> Women breastfeeding children may qualify, regardless of conditions and medications (details will be provided)</p>
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Referred by: _____ (Self: _____)

Date referred: _____

Verbal consent (client/woman agrees to be contacted by the Pregnancy Risk Line or the Coordinating Center for OTIS Studies, depending on the specific study). IRB approval documents are available upon request.

Thank you for helping find answers to women's questions about exposures during pregnancy and breastfeeding.