CDAPP DATA DEFINTIONS
Revised, 2010

Headers	**Item Name and Possible Responses**	**Definition and Coding Instructions**
Site Information	Region 1, 2, 3, 4, 5, 6.1, 6.2, 7, 8, 9, 10, 11	Geographic area in which the affiliate is located. Select the appropriate region code. See Appendix A: List of Regional California Diabetes and Pregnancy Programs. **(Required field)**
	Affiliate 1-99	This is a two digit number assigned to each Sweet Success affiliate by the Regional CDAPP – contact Regional Coordinator if unknown. **(Required field)**
	Satellite 1-10	Some affiliates are associated with each other or coordinated through a "parent" program. The use of the satellite field allows the data for related affiliate sites to be aggregated in the report process
	Collector's initials	First, middle and last name initials of the person completing the paper form and/or doing data entry
Maternal Information Demographic Information	Is mother of Hispanic origin? Yes No Unknown	Indicate if mother is of Hispanic origin as stated by the mother. Mothers who identify themselves or indicate that they originated from Spain, the Spanish-speaking countries of Central or South America, the Dominican Republic or people identifying themselves generally as Mexican, Mexican-American, Spanish, Spanish-American, Hispanic, Hispano, Latino, and so on.
	Race/Ethnicity 1 White-Caucasian Asian African American Multiracial Unknown	Always report the ethnicity as stated by the patient. Indicate patient's stated primary race. If mother states only "Hispanic" report in above question only and leave question 7 blank unless patient reports additional information. If response is unlisted mark unknown. See Appendix B: List of Race/Ethnicity by Country of Origin
	Pre- Pregnancy Weight 75-500lbs	Indicate pre-pregnancy weight in pounds. If pre-pregnancy weight is not known see instructions for estimating pre-pregnancy weight.

For Pregestational Diabetes Only:	Date of Preconception A1C MM/DD/YYYY	Date of most recent Hemoglobin A1c (HbA1c) (3 month average blood sugar measured by the lab) from preconception visit or as reported by patient prior to conception.
	Results (value)	HbA1c value at any preconception visit on date listed above as reported by laboratory or patient.
	Date of first prenatal A1C MM/DD/YYYY	Record the hemoglobin A1c from first PRENATAL care visit.
	Results (value)	Record the hemoglobin A1c from first PRENATAL care visit
First Antepartum Sweet Success Visit	Date MM/DD/YYYY	Record date of first antepartum sweet success visit.
	Weight (lbs) 75-500	Record mothers weight in pounds at first antepartum sweet success visit.
	Measured Height (inches) 48-78	Indicate height in inches without shoes. See Appendix D: Height Conversion Table. **(Required field)**
	Estimated Delivery Date (EDD) MM/DD/YYYY	The predicted date of delivery determined in **the most accurate manner** or as given by the medical provider. Best estimated date of delivery use the following in order of accuracy: 1. In-vitro fertilization – Insemination Date + 38 weeks 2. Date by ultrasound before 22 weeks of gestation 3. Calculated from last regular menstrual period 4. Date of natural conception + 38 weeks
	Diabetes Diagnosis at first Sweet Success visit (check all that apply) Unknown Pre-Diabetes Prior to Pregnancy 1 abnormal value only History of GDM GDM - Date of Diagnosis: Type 1 (DM1) Type 2 (DM2) Diagnosis with A1C during pregnancy	Indicate the diabetes diagnosis at the time of entry into Sweet Success program. If response is GDM please indicate the date of diagnosis.

Treatment at First Sweet Success Visit	Treatment at first Sweet Success Visit Unknown Diet and Exercise Diet and Exercise plus Medication Oral Medications: Glyburide Metformin Other (please specify) Insulin: Multi-dose injection Pump	Indicate treatment patient was following at the time of the first Sweet Success visit. For treatment with oral medications or insulin please provide detailed of medication in Q23B – Treatment Details.
	Prenatal Edinburgh Score	Clinical Depression/ Anxiety Scale Scale 0-30
Last Sweet Success Visit Before Delivery	Date MM/DD/YYYY	The date the patient last saw any member of the Sweet Success team during the prenatal/antepartum period.
	Weight (lbs) 75-500	Patient's weight in pounds at last prenatal visit to Sweet Success program.
Treatment at Last Sweet Success Visit	Unknown Diet and Exercise Diet and Exercise plus medication Oral Medications Glyburide Metformin Other (please specify) Insulin: Multi-dose injection Pump	Indicate treatment patient was following at the time of the last Sweet Success visit. For treatment with oral medications or insulin please provide detailed of medication in Q26B – Treatment Details.
Total Number of Sweet Success Visits	Face to Face	Indicate number of face to face visits
	Fax	Indicate number of fax communications
	Phone	Indicate number of phone communications
	Email	Indicate number of email communications
	Comment	Include any comments pertaining to number of sweet success visits
Maternal Outcome	Unknown Preterm Delivery (less than 37 weeks) Term Delivery Ante-partum hospitalization needed Prolonged post-partum hospitalization due to complications of diabetes Maternal Readmission within 28 days of delivery Maternal death/cause of death: Other:	Indicate the general outcome of this pregnancy. If maternal death is reported, indicate cause of death if known. Select all that apply

Pregnancy Outcomes	Unknown Date of Delivery Mother's Age at Delivery Live Birth Elective Termination Spontaneous Abortion Fetal Death (20 weeks GA+) Other (please specify)	Indicate general neonatal outcome of this pregnancy.
	Multifetal No Yes Unknown Number 1 2 3 or more Unknown	Indicate whether pregnancy was multifetal. If yes indicate number of fetuses.
Method of Delivery	Vaginal Primary Cesarean VBAC Repeat Cesarean	Indicate method of delivery
Newborn Outcomes	Unknown	If newborn outcome information is unavailable please check unknown.
	Birth Weight (grams)	Indicate infant's birthweight in grams. See Appendix G: Conversion Table Pounds and Ounces to Grams
	Gender Male Female Unknown	Indicate gender of fetus. If unable to ascertain gender mark unknown.
	NICU Admission Yes No Congenital Malformations Unknown Yes No Describe	Indicate if newborn was admitted to NICU Indicate if and what congenital malformations occurred.
	Discharged with mom Yes No Unknown	Indicate if newborn was discharged at the same time as mother.
	Feeding on discharge Breast milk Formula Both breast milk and formula Unknown	Indicate what method of feeding was being used at time of discharge

For GDM Only Post-partum Follow-Up Diagnosis	Unknown No diabetes detected Impaired glucose tolerance (IGT) Impaired fasting glucose (IFG) Both IGT and IFG Type 2 (DM2) Not tested Other	Indicate Diagnosis at post-partum follow up.
	Postpartum Edinburgh Score	Clinical Depression/ Anxiety Scale Scale 0-30

Appendix A: List of Regional California Diabetes and Pregnancy Programs
Appendix B: List of Race/Ethnicity by Country of Origin
Appendix C: Estimating Pre-pregnancy Weight
Appendix D: Height Conversion Table
Appendix E: Conversion Table Pounds and Ounces to Grams

Appendix A
List of Regional California Diabetes and Pregnancy Programs

Region 01 and 03
Maribeth Inturrisi, RN, CNS, MS, CDE
Regional Center North Coast Regional Diabetes & Pregnancy Program, UCSF
2 Koret Way, Box 0606, San Francisco, CA 94143-0606
(415) 476-9877, (415) 476-6514, maribeth.inturrisi@nursing.ucsf.edu

Region 02
Kristi Gabel, RN
Regional Center Regional Administrative Office Sutter Memorial Hospital Sutter Women's & Children's Services
5151 F Street, SMH 2 South, Sacramento, CA 95819
(916) 733-1861, (916) 733-1728, gabelk@sutterhealth.org

Region 04
Leona Dang-Kilduf, RN, MSN, CDE
Regional Center Mid-Coastal California Perinatal Outreach Program (MCCPOP) Regional Administrative Offices
750 Welch Road, #224, Palo Alto, CA 94304
(650) 723-5763, (650) 723-2829, leonad@stanford.edu

Region 05
Susan Yoshimura, RN
Regional Center Region 5 CDAPP Administrative Office - Fresno County San Joaquin Valley Regional Perinatal Program California Health Collaborative/CDAPP
1625 East Shaw Ave., Ste. 155, Fresno, CA 93710-8100
(559) 244-4546, (559) 221-6219

Region 6.1
Cathy Fagen, RD, MA
Miller Children's Hospital/ Long Beach Memorial Medical Center
Perinatal Outreach Education Department
2801 Atlantic Ave., P.O. Box 1428, Long Beach, Ca 90801-1428
(562) 595-6459, (562) 989-8679, Cfagen@memorialcare.org

Region 6.2
Denise M. Ossello, RNC, NP, CDE
Harbor/UCLA Medical Center South Bay Perinatal Access Project
1124 W. Carson Street, Building L-5, Torrance, Ca 90502
(310) 222-3656, (310) 618-6892, dossello@labiomed.org

Region 07
Suzanne Sparks, RN, CDE
Regional Center Loma Linda University Medical Center Regional CDAPP
11234 Anderson Street PO Box 2000 MVP Ste. 179, Loma Linda, CA 92354
(909) 558-3646, (909) 558-3935, susparks@llu.edu

Region 08
Lisa Bollman, RNC, MSN, CPHQ
Community Perintal Network - Sweet Success Program
13601 E. Whittier Blvd, Suite 208
Whittier, Ca 90605
(562) 945-6484, (562) 945-6489, Lisa@perinatalnetwork.org

Region 09
Sharmilla Chatterjee
Regional Center Administrative Office San Diego & Imperial Counties - Diabetes and Pregnancy Program
7835 Trade Street, Suite 100
San Diego, CA 92121
(858) 536-5090, (858) 536-5099 schatterjee@ucsd.edu

Region 10
Jenny Ching, RN
Kaiser Permenente Medical Center
19000 Homestead Rd., 2nd Floor, Cupertino, CA 95014
(408) 366-4101, (408) 366-4111, Jenny.Ching@kp.org

Region 11
Tracy Barnes, RN
Kasier Permanente System
10800 Magnolia Ave., Riverside, Ca 92505
(909) 353-3569, (909) 353-4563, debbi.cruzan@kp.org

Appendix B
List of Race/Ethnicity by Country of Origin

- Most government-type demographic surveys initially request that the patient state whether she is Hispanic or non-Hispanic, regardless of race.
- Please use the following categories to help you determine the appropriate check box. These categories may NOT be all inclusive. If the patient identifies with a group not listed here, please use the “OTHER” category and/or your best judgment.

Hispanic/Latina Groups			
Hispanic or Latino/a: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can also be used in addition to "Hispanic or Latino."			
SPANIARD	**MEXICAN**	**CENTRAL AM**	**SOUTH AM**
Andalusian	Chicana	Costa Rican	Argentinean
Asturian	La Raza	Guatemalan	Bolivian
Castillian	Mexican Indian	Honduran	Brazilian
Catalonian	**PUERTO RICAN**	Nicaraguan	Chilean
Gallegan	**DOMINICAN**	Panamanian	Colombian
Valencian	**CUBAN**	Salvadoran	Ecuadorian
Basque	**LATIN AMERICAN**	**OTHER**	Paraguayan
		Tejano	Peruvian
		Mestizo	Uruguayan
		Caribbean	Venezuelan

Black/African-American Groups			
Black or African American: A person having origins in any of the black racial groups of Africa or surrounding islands.			
African	Jamaican	Somalian	Zambian
Bahamian	Kenyan	Sudanese	
Barbadian	Liberian	Tanzanian	
Botswanan	Namibian	Tobagon	
Ethiopian	Nigerian	Trinidadian	
Haitian	Rwandan	Ugandan	

Native Hawaiian/Pacific Islander Groups		
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
POLYNESIAN	**MICRONESIAN**	**MICRONESIAN con't**
Hawaiian	Guamanian	Pohnpeian
Samoan	Chamorro	Saipanese
Tahitian	Mariana Islander	Kiribati
Tongan	Marshallese	Chuukese
Tokelauan	Palauan	Yapese
MELANESIAN	Carolinian	
Fijian	Kosraean	
Papua New Guinean		
Soloman Islander		
New Hebrides		

American Indian/Alaskan Native Groups			
American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.			
AMERICAN INDIAN			
Apache	Crow	Paiute	Yaqui
Blackfeet	Delaware	Pima	Yuman
Cherokee	Houma	Potawatomi	Others
Cheyenne	Iroquois	Pueblo	
Chickasaw	Kiowa	Puget Sound Salish	**ALASKAN NAT**
Chippewa	Mayan, Aztec	Seminole	Athabasken
Choctaw	Lumbee	Shoshone	Aleut
Colville	Menominee	Sioux	Eskimo
Comanche	Navajo	Tohomo O'Odham	Tlingit-Haida
Cree	Osage	Ute	Others
Creek	Ottawa	Yakama	

Asian Groups			
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)			
ASIAN (FAR EAST)	**SOUTHEAST ASIAN**	**SOUTH ASIAN**	**ASIAN INDIAN**
Chinese (inc. Hong Kong)	Burmese	Bangladeshi	Asian Indian or Indian
Japanese	Brunei	Bhutanese	
Korean (North & South)	Cambodian	Maldivian	
Mongolian	Filipino	Nepalese	
Okinawan	Indonesian	Pakistani	
Taiwanese	Laotian	Sri Lankan	
	Malaysian		
	SIngaporean		
	Thai		
	Vietnamese		

White/Caucasian Groups			
White or Caucasian: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.			
EUROPEAN/RUSSIAN ORIGIN			**MIDDLE EASTERN**
Albanian	Hungarian	Scottish	Algerian
Australian	Icelandic	Slovakian	Afghanistan
Austrian	Irish	Slovenian	Arab or Arabic
Belarusian	Italian	Swedish	Armenian
Bosnian	Latvian	Swiss	Azerbaijani
Bulgarian	Liechtensteinian	Turkish	Bahraini
Canadian	Lithuanian	Ukrainian	Egyptian
Czech	Luxembourgeois	Welsh	Georgian
Croatian	Macedonian	Yugoslavian	Iranian
Danish	Maltese		Iraqi

Dutch	Moldavian		Israeli
English/British	New Zealander		Jordanese
Estonian	Norwegian		Kuwaiti
Finnish	Polish		Lebanese
French	Portuguese		Libyan
German	Romanian		Moroccan
Greek	Russian		Omani
			Palestinian
			Syrian
			Tunisian
			Turkish
			Yemen

Appendix C
Estimating Pre-pregnancy Weight

For a standardized method of collecting prepregnant weight, please use the following guidelines:

1. **CHECK FOR PREPREGNANT WEIGHT, WHICH IS KNOWN TO BE MEASURED.**
   - **Check weight record.** For women who were followed in your organization during preconception, check preconception weight records. (In this situation, the reviewer has strong reason to believe that the recorded weight has been measured). Use the measured prepregnant recorded weight that is closest to the woman's last menstrual period. See "Other Considerations" for use of ultrasound dating.

2. **CHECK FOR OTHER PREPREGNANT WEIGHT IN MEDICAL CHARTS.**
   - **Use prepregnant recorded weight that was obtained elsewhere (or you are not sure of how it was obtained).** Use the recorded weight from medical records with a prepregnant weight that is closest to the woman's last menstrual period, but no later than two weeks after the last menstrual period.

3. **HAVE PATIENT RECALL PREPREGNANT WEIGHT.**
   - **Interview the woman.** Some women are keenly aware of their weight at all times. Interview the woman about her weight status using wording such as "just before getting pregnant with this most current pregnancy." Be aware that some women will quote a prepregnant weight from a previous pregnancy, so it is important to use specific wording for this question. If the woman had regular periods, ask, "What was your weight at your last menstrual period?"

4. **ESTIMATE WEIGHT.**
   - **Review ante-partum records.** For women with gestational diabetes, evaluate ante-partum records.

   - **Check records at first prenatal visit.** If the recorded weight is from the early half of the trimester, the weight may be close to the actual prepregnant weight.

   - **Discuss weight changes in pregnancy.** Changes in weight perceived by the women before the prenatal appointment can be discussed and documented during the initial Sweet Success interview. Another question to help elicit a response is, "Did your clothes size change between now and when you first got pregnant?"

   - **Adjust for perceived weight changes.** The woman's perceived weight change can be noted and used to adjust the current weight to approximate the prepregnant weight. Ask the woman if she gained any weight after getting pregnant "this time," and ask if she gained weight before her first prenatal appointment. For example. In the first trimester, if the woman states that she lost 5 pounds after becoming pregnant, add 5 pounds to the current weight to approximate the prepregnant weight.

   - **Interview patient about any discrepancies.** Interviewing the patient may help resolve the weight status discrepancy. Has the woman reported inaccurately or has she really gained 50 pounds in the first 18 weeks? Eating habits will need to be evaluated and the reliability of the woman's reporting needs to be assessed. Consider the discrepancy between "reported" prepregnant weight and "estimated" prepregnant weight. Use weight data from the first prenatal visit and evaluate if the pounds gained could be possible, given the pregnancy weight of gestation, and the eating and exercise habits of the woman.

   - **Use professional judgment.** Establishing prepregnant weight may require a professional judgment made by the interviewer. For example, if the woman states that she weighed 130 pounds just prior

to getting pregnant this time, yet her actual weight at her first prenatal visit, at 18 weeks gestation, is 180 pounds, there will be some question about the accuracy of the prepregnant weight.

Appendix D
Height Conversion Table

Measured Height of Maternal Client
Conversion Table ~ Centimeters to Inches

* Please use the inches column to complete the data form.
* Formula: centimeters x .39 = inches

CM	Inches	Height	CM	Inches	Height	CM	Inches	Height
110	43	3'7"	140	55	4'7"	170	67	5'7"
111	44	3'8"	141	56	4'8"	171	67	5'7"
112	44	3'8"	142	56	4'8"	172	68	5'8"
113	44	3'8"	143	56	4'8"	173	68	5'8"
114	45	3'9"	144	57	4'9"	174	69	5'9"
115	45	3'9"	145	57	4'9"	175	69	5'9"
116	46	3'10"	146	57	4'9"	176	69	5'9"
117	46	3'10"	147	58	4'10"	177	70	5'10"
118	46	3'10"	148	58	4'10"	178	70	5'10"
119	47	3'11"	149	59	4'11"	179	70	5'10"
120	47	3'11"	150	59	4'11"	180	71	5'11"
121	48	4'	151	59	4'11"	181	71	5'11"
122	48	4'	152	60	5'	182	72	6'
123	48	4'	153	60	5'	183	72	6'
124	49	4'1"	154	61	5'1"	184	72	6'
125	49	4'1"	155	61	5'1"	185	73	6'1"
126	50	4'2"	156	61	5'1"	186	73	6'1"
127	50	4'2"	157	62	5'2"	187	74	6'2"
128	50	4'2"	158	62	5'2"	188	74	6'2"
129	51	4'3"	159	63	5'3"	189	74	6'2"
130	51	4'3"	160	63	5'3"	190	75	6'3"
131	52	4'4"	161	63	5'3"	191	75	6'3"
132	52	4'4"	162	64	5'4"	192	76	6'4"
133	52	4'4"	163	64	5'4"	193	76	6'4"
134	53	4'5"	164	65	5'5"	194	76	6'4"
135	53	4'5"	165	65	5'5"	195	77	6'5"
136	54	4'6"	166	65	5'5"	196	77	6'5"
137	54	4'6"	167	66	5'6"	197	78	6'6"
138	54	4'6"	168	66	5'6"	198	78	6'6"
139	55	4'7"	169	67	5'7"	199	78	6'6"

Appendix E
Conversion Table Pounds and Ounces to Grams
Kilograms to Pounds

Conversion Chart from Kilograms to Pounds

* Please use the pounds (lb) column to complete the data form.
* Formula: kilograms x 2.2 = pounds

KG	LB	KG	LB	KG	LB	KG	LB	KG	LB	KG	LB	KG	LB
20	44	48	106	76	168	104	229	132	291	160	353	188	414
21	46	49	108	77	170	105	231	133	293	161	355	189	417
22	49	50	110	78	172	106	234	134	295	162	357	190	419
23	51	51	112	79	174	107	236	135	298	163	359	191	421
24	53	52	115	80	176	108	238	136	300	164	362	192	423
25	55	53	117	81	179	109	240	137	302	165	364	193	425
26	57	54	119	82	181	110	243	138	304	166	366	194	428
27	60	55	121	83	183	111	245	139	306	167	368	195	430
28	62	56	123	84	185	112	247	140	309	168	370	196	432
29	64	57	126	85	187	113	249	141	311	169	373	197	434
30	66	58	128	86	190	114	251	142	313	170	375	198	437
31	68	59	130	87	192	115	254	143	315	171	377	199	439
32	71	60	132	88	194	116	256	144	317	172	379	200	441
33	73	61	134	89	196	117	258	145	320	173	381	201	443
34	75	62	137	90	198	118	260	146	322	174	384	202	445
35	77	63	139	91	201	119	262	147	324	175	386	203	448
36	79	64	141	92	203	120	265	148	326	176	388	204	450
37	82	65	143	93	205	121	267	149	328	177	390	205	452
38	84	66	146	94	207	122	269	150	331	178	392	206	454
39	86	67	148	95	209	123	271	151	333	179	395	207	456
40	88	68	150	96	212	124	273	152	335	180	397	208	459
41	90	69	152	97	214	125	276	153	337	181	399	209	461
42	93	70	154	98	216	126	278	154	340	182	401	210	463
43	95	71	157	99	218	127	280	155	342	183	403	211	465
44	97	72	159	100	220	128	282	156	344	184	406	212	467
45	99	73	161	101	223	129	284	157	346	185	408	213	470
46	101	74	163	102	225	130	287	158	348	186	410	214	472
47	104	75	165	103	227	131	289	159	351	187	412	215	474

Appendix E con't
Conversion Table Pounds and Ounces to Grams
Kilograms to Pounds

	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
0		28	57	85	113	142	170	198	227	255	283	312	340	369	397	425
1	454	482	510	539	567	595	624	652	680	709	737	765	794	822	850	879
2	907	936	964	992	1021	1049	1077	1106	1134	1162	1191	1219	1247	1276	1304	1332
3	1361	1389	1417	1446	1474	1503	1531	1559	1588	1616	1644	1673	1701	1729	1758	1786
4	1814	1843	1871	1899	1928	1956	1984	2013	2041	2070	2098	2126	2155	2183	2211	2240
5	2268	2296	2325	2353	2381	2410	2438	2466	2495	2523	2551	2580	2608	2637	2665	2693
6	2722	2750	2778	2807	2835	2863	2892	2920	2948	2977	3005	3033	3062	3090	3118	3147
7	3175	3203	3232	3260	3289	3317	3345	3374	3402	3430	3459	3487	3515	3544	3572	3600
8	3629	3657	3685	3714	3742	3770	3799	3827	3856	3884	3912	3941	3969	3997	4026	4054
9	4082	4111	4139	4167	4196	4224	4252	4281	4309	4337	4366	4394	4423	4451	4479	4508
10	4536	4564	4593	4621	4649	4678	4706	4734	4763	4791	4819	4848	4876	4904	4933	4961
11	4990	5018	5046	5075	5103	5131	5160	5188	5216	5245	5273	5301	5330	5358	5386	5415
12	5443	5471	5500	5528	5557	5585	5613	5642	5670	5698	5727	5755	5783	5812	5840	5868
13	5897	5925	5953	5982	6010	6038	6067	6095	6123	6152	6180	6209	6237	6265	6294	6322
14	6350	6379	6407	6435	6464	6492	6520	6549	6557	6605	6634	6662	6690	6719	6747	6776
15	6804	6832	6860	6889	6917	6945	6973	7002	7030	7059	7087	7115	7144	7172	7201	7229