

**WOMEN'S INTERAGENCY HIV STUDY
POSTPARTUM FORM PR02**

PROMPT: CLINICIANS SHOULD REFER TO QxQs WHEN ADMINISTERING THIS FORM.

PARTICIPANT ID: |_| - |_|_| - |_|_|_|_| - |_|

VISIT: ___ ___ . ___

FORM VERSION: 0 4 / 0 1 / 9 9
 M D Y

FORM COMPLETED BY: ___ ___ ___

A1. PERSON COMPLETING FORM

CLINICIAN 1 **(A4)**
OB DESIGNEE 2 **(A2)**

PROMPT: QUESTIONS A2 & A3 SHOULD BE COMPLETED ONLY BY THE OB DESIGNEE.

A2. ABLE TO OBTAIN MEDICAL RECORD?

YES 1 **(A3)**
NO 2

REASON: _____ **(END)**

A3. DATE OF CHART REVIEW: ___ ___ / ___ ___ / ___ ___ **(A5)**

PROMPT: QUESTION A4 SHOULD BE COMPLETED ONLY BY THE CLINICIAN.

A4. DATE OF INTERVIEW (BY CLINICIAN): ___ ___ / ___ ___ / ___ ___

A5. DATE OF PREGNANCY TERMINATION/DELIVERY: ___ ___ / ___ ___ / ___ ___

A6. APPROXIMATE GESTATION IN WEEKS: |_|_|

A7. TOTAL NUMBER OF FETUSES: |_|_|

WIHS ID#

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A8. PREGNANCY OUTCOME (COMPLETE FOR EACH FETUS):

	<u>a. FETUS #1</u>	<u>b. FETUS #2</u>
Live	1	1
Stillbirth intrapartum	2	2
Stillbirth antepartum	3 (F1)	3 (F1)
Spontaneous abortion	4 (END)	4 (END)
Other abortion	5 (END)	5 (END)
Tubal/ectopic	6 (END)	6 (END)
Other	7	7
SPECIFY:	_____ (END)	_____ (END)

	<u>c. FETUS #3</u>	<u>d. FETUS #4</u>
Live	1	1
Stillbirth intrapartum	2	2
Stillbirth antepartum	3 (F1)	3 (F1)
Spontaneous abortion	4 (END)	4 (END)
Other abortion	5 (END)	5 (END)
Tubal/ectopic	6 (END)	6 (END)
Other	7	7
SPECIFY:	_____ (END)	_____ (END)

PROMPT: IN A8 (a–d), IF CODE 3 IS CIRCLED, SKIP TO SECTION F. IF CODE 4, 5, 6 OR 7 IS CIRCLED, END THE FORM.

WIHS ID#

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	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / NOT RECORDED</u>
C15. Lacerations (other)	1	2 (C16)	<-8> (C16)
a. Vaginal	1	2	<-8>
b. Other vulvar	1	2	<-8>
C16. Vaginal or vulvar hematoma	1	2	<-8>
C17. Information on placenta delivery available	1	2 (C23)	<-8> (C23)
a. Spontaneous/manual extraction	1	2	<-8>
b. Curettage	1	2	<-8>

PROMPT: IF C11=1 (TO INDICATE VAGINAL DELIVERY), SKIP TO C23.

C18. Cesarean delivery was (CIRCLE ONLY ONE CODE):

- Primary, planned 1
- Primary, unplanned 2
- Repeat, planned 3
- Repeat, unplanned 4
- Don't know / Not recorded <-8>

C19. Indications for Cesarean:

- a. Cephalopelvic disproportion 1 2 <-8>
- b. Failure to progress 1 2 <-8>
- c. Fetal distress 1 2 <-8>
- d. Breech or other abnormal lie 1 2 <-8>
- e. Active maternal herpes 1 2 <-8>
- f. Placenta previa 1 2 <-8>
- g. Multiple gestation 1 2 <-8>
- h. Maternal indication 1 2 (i) <-8> (i)
- SPECIFY: _____
- i. Fetal indication 1 2 (j) <-8> (j)
- SPECIFY: _____
- j. Other 1 2 (C20) <-8> (C20)
- SPECIFY: _____

SECTION D. INTRAPARTUM LABS

PROMPT: CLINICIANS SKIP TO SECTION E. OB DESIGNEES ONLY COMPLETE SECTION D.

D1. Admission (first) maternal hematocrit:

Done 1
 Not done 2 (E1)

a. SPECIFY: |_|_| . |_| %

SECTION E. INTRAPARTUM MEDICATIONS

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / NOT RECORDED</u>
E1. Intrapartum antibiotics given	1	2	<-8>
E2. Intrapartum glucocorticoids given	1	2	<-8>
E3. Intrapartum antivirals given	1	2 (F1)	<-8> (F1)
a. Intravenous zidovudine given	1	2 (E3e)	<-8> (E3e)

PROMPT: CLINICIANS SKIP TO E3e. OB DESIGNEES ONLY COMPLETE E3b-E3d.

- b. Number of hours intravenous zidovudine was given prior to delivery: |_|_|
- c. Total dosage of zidovudine given prior to delivery (in milligrams): |_|_|_|_|
- d. Cervical dilation at initiation of zidovudine (in centimeters): |_|_|

e. Other antivirals, including oral zidovudine, given 1 2 (F1) <-8> (F1)

SPECIFY: _____

SECTION F. POSTPARTUM HISTORY/COMPLICATIONS

PROMPT: INFORMATION COLLECTED IN SECTIONS F AND G PERTAINS TO THE POSTPARTUM PERIOD THAT OCCURS DURING THE DELIVERY HOSPITALIZATION ONLY. IF THE DELIVERY HOSPITALIZATION LASTS LONGER THAN SIX WEEKS, OB DESIGNEE SHOULD ABSTRACT ONLY FOR THE SIX-WEEK POSTPARTUM PERIOD FOLLOWING DELIVERY.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / NOT RECORDED</u>	<u>NOT APP.</u>
F1. Maternal hemorrhage requiring surgical procedure	1	2	<-8>	
F2. Maternal hemorrhage requiring transfusion	1	2	<-8>	
F3. Maternal hemorrhage with hemodynamic instability, BP<90/60 or HR>120 BPM	1	2	<-8>	
F4. Endometritis	1	2	<-8>	
F5. Mastitis requiring antibiotics	1	2	<-8>	
F6. Cystitis requiring treatment	1	2	<-8>	
F7. Pyelonephritis	1	2	<-8>	
F8. Febrile morbidity	1	2	<-8>	
F9. Infection of cesarean incision	1	2	<-8>	<-1>
F10. Episiotomy infection	1	2	<-8>	<-1>
F11. Other infection	1	2 (F12)	<-8> (F12)	
SPECIFY: _____				
F12. Postpartum tubal ligation	1	2	<-8>	
F13. Postpartum hysterectomy	1	2	<-8>	
F14. Postpartum D & C	1	2	<-8>	
F15. Other postpartum surgical procedure	1	2 (F16)	<-8> (F16)	
SPECIFY: _____				
F16. Other postpartum maternal complications	1	2 (G1)	<-8> (G1)	
SPECIFY: _____				

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SECTION G. MEDICATIONS ON DISCHARGE

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / NOT RECORDED</u>
G1. Was the participant prescribed any medications (other than HIV-related) upon discharge	1	2 (END)	<-8> (END)

SPECIFY:

a. _____

b. _____

c. _____

d. _____