

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)

NO2

REASON: _____.....(END)

A3. DATE OF CHART REVIEW:

___ / ___
___ / ___

(A
5)

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#

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)

WIHS ID#

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#

[Empty box for WIHS ID#]

SECTION B. INTRAPARTUM COMPLICATIONS

PROMPT:INTRAPARTUM IS DEFINED AS THE TIME FROM ONSET OF LABOR TO DELIVERY.

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / _</u> <u>NOT RECORDED</u>
B1. Preterm, premature rupture of membranes..	1	2	<-8>
B2. Maternal fever $\geq 38^{\circ}C$ or $100.4^{\circ}F$ (ORAL)	1	2	<-8>
B3. Clinical chorioamnionitis.....	1	2	<-8>
B4. Pre-eclampsia.....	1	2	<-8>
B5. Eclampsia.....	1	2	<-8>
B6. Hemorrhage with hemodynamic instability, BP<90/60 or HR>120 BPM.....	1	2	<-8>
B7. Hemorrhage requiring surgical procedure.....	1	2	<-8>
B8. Hemorrhage requiring transfusion.....	1	2	<-8>
B9. Genital herpes.....	1	2	<-8>
B10.Genital condyloma.....	1	2	<-8>
B11.Placenta previa.....	1	2	<-8>
B12.Abruptio placenta.....	1	2	<-8>
B13.Cord prolapse.....	1	2	<-8>
B14.Other clinically significant intrapartum problems.....	1	2 (C1)	<-8> (C1)

Don't know / Not recorded..... <-8>

C13.Episiotomy 1 2 <-8>

C14.Extension of episiotomy or laceration of perineum 1 2 (C15) <-8> (C15)

PROMPT: CLINICIANS SKIP TO C15. OB DESIGNEES ONLY COMPLETE C14a. IF RESPONSE TO C14 IS 2 OR -8, SKIP TO C15.

a. Specify degree of extension or laceration:

1st degree.....1

2nd degree.....2

3rd degree.....3

4th degree4

Not recorded..... <-8>

	<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>

WIHS ID#

[Empty box for WIHS ID#]

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

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

- Primary, planned1
- Primary, unplanned2
- Repeat, planned.....3
- Repeat, unplanned4
- 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)

WIHS ID#

SPECIFY: _____

C20. Type of Cesarean section (CIRCLE ONLY ONE CODE):

- Low vertical.....1
- Low transverse.....2
- Classical.....3
- Other.....4

SPECIFY: _____

Don't know / Not recorded.....<-8>

C21. Cesarean section began (approximate time of incision):

a. Date: ___ / ___ / ___

b. Time: ___ : ___ AM.....1
 PM.....2

C22. Cesarean section ended (approximate time of closure):

a. Date: ___ / ___ / ___

b. Time: ___ : ___ AM.....1
 PM.....2

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / _</u> <u>NOT RECORDED</u>
C23. Delivery anesthesia	1	2 (C24)	<-8> (C24)
a. General.....	1	2	<-8>

WIHS ID#

- b. Epidural 1 2 <-8>
- c. Pudendal 1 2 <-8>
- d. Spinal 1 2 <-8>
- e. Local (perineum) 1 2 <-8>
- f. Other 1 2 (C24) <-8> (C24)

SPECIFY: _____

C24. Other complications of labor and delivery.... 1 2 (D1) <-8> (D1)

SPECIFY: _____

WIHS ID#

[Empty box for WIHS ID#]

SECTION D. INTRAPARTUM LABS

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

D1. Admission (first) maternal hematocrit:

Done1
Not done.....2 (E1)

a. SPECIFY: | | . | | %

SECTION E. INTRAPARTUM MEDICATIONS

Table with 4 columns: Question, YES, NO, DON'T KNOW / NOT RECORDED. Rows include E1. Intrapartum antibiotics given, E2. Intrapartum glucocorticoids given, E3. Intrapartum antivirals given, and a. Intravenous zidovudine given.

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

b. Number of hours intravenous zidovudine was given prior to delivery:

| |

WIHS ID#

[Empty box for WIHS ID#]

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, 1 2 (F1) <-8> (F1)
given

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 /</u> <u>NOT RECORDED</u>	<u>NOT</u> <u>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>

WIHS ID#

[Empty box for WIHS ID#]

F11. Other infection 1 2 <-8> (F12)
(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 <-8> (F16)
(F16)

SPECIFY: _____

F16. Other postpartum maternal complications..... 1 2 (G1) <-8> (G1)

SPECIFY: _____

SECTION G. MEDICATIONS ON DISCHARGE

YES NO DON'T KNOW / NOT RECORDED

G1. Was the participant prescribed any medications (other than HIV-related) upon discharge..... 1 2 (END) <-8> (END)

SPECIFY:

a. _____

WIHS ID#

b. _____

c. _____

d. _____