

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 / _____

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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:

—
— / —
— / —
—
(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#

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)

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SPECIFY: _____

SECTION C. LABOR AND DELIVERY SUMMARY

C1. Rupture of membranes (CIRCLE ONLY ONE CODE):

- Artificial.....1
- Spontaneous.....2
- Don't know / Not recorded.....<-8> (C2)

a. Date: ___ / ___ / ___

b. Time: ___ : ___ AM.....1

PM.....2

C2. Character of amniotic fluid (CIRCLE ONLY ONE CODE):

- Clear.....1
- Meconium.....2
- Port-wine.....3
- Purulent.....4
- Don't know / Not recorded.....<-8>

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / _</u> <u>NOT RECORDED</u>
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C3. Onset of spontaneous or induced labor resulting in delivery

	1	2 (C4)	<-8> (C4)
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a. Date: ___ / ___ / ___

b. Time: ___ : ___ AM.....1

PM.....2

C4. Labor induced..... 1 2 (C6) <-8> (C6)

C5. Reason labor induced:

a. Premature rupture of membranes..... 1 2 <-8>

b. Chorioamnionitis 1 2 <-8>

c. Hypertension complications..... 1 2 <-8>

d. Maternal diabetes 1 2 <-8>

e. Other maternal indication..... 1 2 (A) <-8> (A)

SPECIFY: _____

f. Fetal indication, IUGR..... 1 2 <-8>

g. Fetal indication, postdate..... 1 2 <-8>

h. Other fetal indication..... 1 2 (C6) <-8> (C6)

SPECIFY: _____

C6. Fetal distress 1 2 <-8>

C7. Fetal scalp electrode used..... 1 2 (C8) <-8> (C8)

a. Date of first application: ___ / ___ / ___

b. Time of first application: ___ : ___ AM....1
 ___ PM....2

YES

NO

DON'T KNOW / _
 NOT RECORDED

C8. Intrauterine pressure catheter (IUPC)

internal monitoring..... 1 2 (C9) <-8> (C9)

a. Date of first application: ___ / ___ / ___

b. Time of first application: ___ : ___ AM

1

PM 2

C9. Fetal scalp blood sampling done 1 2 (C10) <-8> (C10)

a. Number of times: |__|

C10. Delivery information available 1 2 (D1) <-8> (D1)

a. Date of delivery: ___ / ___ / ___

b. Time of delivery: ___ : ___ AM 1

PM 2

C11. Type of delivery (CIRCLE ONLY ONE CODE):

Vaginal.....1

Cesarean2 (C18)

C12. Vaginal delivery was (CIRCLE ONLY ONE CODE):

Cephalic, spontaneous1

Cephalic, assisted with forceps2

Cephalic, assisted with vacuum.....3

Cephalic, assisted with forceps and vacuum.....4

Breech, with or without use of forceps5

WIHS ID#

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 degree1
- 2nd degree2
- 3rd degree.....3
- 4th degree.....4
- Not recorded.....<-8>

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW / _</u> <u>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#

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

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

- Primary, planned.....1
- 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

	YES	NO	DON'T KNOW / _ NOT RECORDED
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#

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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

	<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:

| |

WIHS ID#

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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 /</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#

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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. _____