

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)

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)

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#

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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)

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

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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

vacuum.....4
 Breech, with or without use of forceps5
 Don't know / Not recorded.....<-8>

C13.Episiotomy 1 2 <-8>

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

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>

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)

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C23. Delivery anesthesia	1	2 (C24)	<-8> (C24)
a. General.....	1	2	<-8>
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: _____

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,

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 / 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>

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F10. Episiotomy infection 1 2 <-8> <-1>

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

	<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. _____

WIHS ID#

b. _____

c. _____

d. _____