

WOMEN'S INTERAGENCY HIV STUDY
POSTPARTUM FORM PR02

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

FORM VERSION: 0 4 / 0 1 /
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FORM COMPLETED BY:

A1. PERSON COMPLETING FORM

CLINICIAN1 (A4)

OB DESIGNEE2 (A2)

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

A2. ABLE TO OBTAIN MEDICAL RECORD?

YES1 (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: |__| |__|

A8. PREGNANCY OUTCOME (COMPLETE FOR EACH FETUS):

	a FETUS #1	b FETUS #2	c FETUS #3
Live	1	1	1
Stillbirth	2	2	2
Stillbirth autonecrotum	3 (E1)	3 (E1)	3 (E1)
Spontaneous abortion	4 (END)	4 (END)	4 (END)
Other abortion	5 (END)	5 (END)	5 (END)
Tubal/ectopic	6 (END)	6 (END)	6 (END)
Other	7	7	7
SPECIFY:	_____ (END)	_____ (END)	_____ (END)

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

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 / NOT RECORDED</u>
B1. Preterm, premature rupture of membranes.	1	2	<-8>
B2. Maternal fever $\geq 38^{\circ}\text{C}$ or 100.4°F (ORAL).....	1	2	<-8>

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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



WIHS ID#

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)

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>



WIHS ID#

- b. Chorioamnionitis 1 2 <-8>
- c. Hypertension complications..... 1 2 <-8>
- d. Maternal diabetes 1 2 <-8>
- e. Other maternal indication..... 1 2 (f) <-8> (f)

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: ___ ___ / ___ ___ / ___

WIHS ID#

—
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 (C17)

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

WIHS ID#

forceps5
Don't know / Not recorded.....<-8>

C13.Episiotomy 1 2 (C15) <-8> (C15)

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 extention 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>

PROMPT: IF C11=1 (TO INDICATE VAGINAL DELIVERY), SKIP TO C22.

WIHS ID#

C17. Cesarean delivery was (CIRCLE ONLY ONE CODE):

- Primary, planned.....1
- Primary, unplanned2
- Repeat, planned.....3
- Repeat, unplanned4
- Don't know / Not recorded.....<-8>

C18. 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: _____



WIHS ID#

j. Other..... 1 2 (C19) <-8> (C19)

SPECIFY: _____

C19. 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>

C20. Cesarean section began (approximate time of incision):

a. Date: ___ / ___ / ___

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

PM.....2

C21. Cesarean section ended (approximate time of closure):

a. Date: ___ / ___ / ___

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

PM.....2

YES NO DON'T KNOW / NOT RECORDED

WIHS ID#

- C22. Delivery anesthesia 1 2 (C23) <-8> (C23)
 - 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 (C23) <-8> (C23)

SPECIFY: _____

- C23. Information on placenta delivery available .. 1 2 (C24) <-8> (C24)
 - a. Spontaneous/manual extraction 1 2 <-8>
 - b. Curettage 1 2 <-8>

- 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.

WIHS ID#

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	<-8>

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):

|

WIHS ID#

d. Cervical dilation at initiation of zidovudine (in centimeters): |_|_|

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

SPECIFY: _____

WIHS ID#

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 1 2 (G1) <-8> (G1)
complications.....

SPECIFY: _____

SECTION G. MEDICATIONS ON DISCHARGE

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

WIHS ID#

SPECIFY:

a. _____

b. _____

c. _____

d. _____