

WOMEN'S INTERAGENCY HIV STUDY

POSTPARTUM FORM: PR02

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|-|_|_|-|_|_|_|_|-|_|

A2. FORM VERSION:

0 4 / 0 1 / 9 9
M D Y

A3. PERSON COMPLETING FORM

OB DESIGNEE.....1 (A4)

CLINICIAN.....2 (A7)

***OB DESIGNEE PROMPT: REVIEW MEDICAL RECORD AND COMPLETE FORM PR02 AFTER PARTICIPANT HAS BEEN SEEN FOR A CORE WIHS VISIT AND AT LEAST ONE MONTH HAS ELAPSED SINCE HER DELIVERY OR PREGNANCY TERMINATION.**

A4. OB DESIGNEE INITIALS

____ _

A5. ABLE TO OBTAIN MEDICAL RECORD?

YES 1
NO 2 (END)

A6. DATE OF CHART REVIEW (BY OB DESIGNEE):

____ / ____ / ____
M D Y

A7. CLINICIAN'S INITIALS:

____ _

A8. DATE OF INTERVIEW (BY CLINICIAN):

____ / ____ / ____
M D Y

A9. DATE OF PREGNANCY TERMINATION/ DELIVERY:

____ / ____ / ____
M D Y

A10. PREGNANCY OUTCOME (COMPLETE FOR EACH FETUS):

a. #1 OF |__| FETUS(ES)

- Live Birth..... 1
- Stillbirth, Intrapartum ...2
- Stillbirth, Antepartum...3 (Sect F)
- Spontaneous Abortion ..4 (END)
- Other Abortion.....5 (END)
- Tubal/Ectopic6 (END)
- Other:.....7

SPECIFY: (END)

b. #2 OF |__| FETUS(ES)

- Live Birth..... 1
- Stillbirth, Intrapartum ...2
- Stillbirth, Antepartum...3 (Sect F)
- Spontaneous Abortion . 4 (END)
- Other Abortion..... 5 (END)
- Tubal/Ectopic 6 (END)
- Other:..... 7

SPECIFY: (END)

c. #3 OF |__| FETUS(ES)

- Live Birth..... 1
- Stillbirth, Intrapartum ...2
- Stillbirth, Antepartum...3 (Sect F)
- Spontaneous Abortion . 4 (END)
- Other Abortion..... 5 (END)
- Tubal/Ectopic..... 6 (END)
- Other:..... 7

SPECIFY: (END)

PROMPT: IN A10 (a-c), IF CODE 3 IS CIRCLED, SKIP TO SECTION F.

SECTION B. INTRAPARTUM COMPLICATIONS

(INTRAPARTUM IS DEFINED AS THE TIME FROM ONSET OF LABOR TO DELIVERY)

	I			II		
	<u>CLINICIAN</u>			<u>OB DESIGNEE</u>		
	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>YES</u>	<u>NO</u>	<u>NOT RECORDED</u>
B1. Preterm, premature rupture of membranes	1	2	<-8>	1	2	3
B2. Maternal fever ≥ 38°C (ORAL) or 100.4°F (ORAL).....	1	2	<-8>	1	2	3
B3. Clinical chorioamnionitis.....	1	2	<-8>	1	2	3
B4. Pre-eclampsia.....	1	2	<-8>	1	2	3
B5. Eclampsia.....	1	2	<-8>	1	2	3
B6. Hemorrhage with hemodynamic instability, BP<90/60 HR>120 BPM	1	2	<-8>	1	2	3
B7. Hemorrhage requiring surgical procedure	1	2	<-8>	1	2	3
B8. Hemorrhage requiring transfusion.....	1	2	<-8>	1	2	3
B9. Genital herpes	1	2	<-8>	1	2	3
B10. Genital condyloma.....	1	2	<-8>	1	2	3
B11. Placenta previa.....	1	2	<-8>	1	2	3
B12. Abruptio placenta.....	1	2	<-8>	1	2	3
B13. Cord prolapse.....	1	2	<-8>	1	2	3
B14. Other clinically-significant intrapartum problems.....	1	2 (C1)	<-8>(C1)	1	2 (c1)	3 (c1)
(SPECIFY) _____						

**I
CLINICIAN**

**II
OB DESIGNEE**

	<u>I CLINICIAN</u>			<u>II OB DESIGNEE</u>		
	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>YES</u>	<u>NO</u>	<u>NOT RECORDED</u>
C11. Episiotomy	1	2 (C13)	<-8> (C13)	1	2 (C13)	3 (C13)
C12. Extension of Episiotomy or Laceration of Perineum	1	2	<-8>	1	2	3

(OB DESIGNEE SPECIFY DEGREE)

- 1st Degree..... 1
- 2nd Degree..... 2
- 3rd Degree 3
- 4th Degree 4
- Not Recorded 5

C13. Lacerations (Other).....	1	2 (C14)	<-8> (C14)	1	2 (C14)	3 (C14)
a. Vaginal	1	2	<-8>	1	2	3
b. Other Vulvar	1	2	<-8>	1	2	3
C14. Vaginal or Vulvar Hematoma.....	1	2	<-8>	1	2	3
C15. Delivery Anesthesia.....	1	2 (C16)	<-8> (C16)	1	2 (C16)	3 (C16)

a.	General	1	2	<-8>	1	2	3
b.	Epidural.....	1	2	<-8>	1	2	3
c.	Pudendal	1	2	<-8>	1	2	3
d.	Spinal	1	2	<-8>	1	2	3
e.	Local (Perineum)	1	2	<-8>	1	2	3
f.	Other	1	2 (C16)	<-8> (C16)	1	2 (C16)	3 (C16)
	(SPECIFY) _____				(SPECIFY) _____		
C16.	Placenta Delivery	1	2	<-8>	1	2	3
a.	Spontaneous/Manual Extraction.....	1	2 (C17)	<-8> (C17)	1	2 (C17)	3 (C17)
b.	Curettage.....	1	2	<-8>	1	2	3
C17.	Other Complications of Labor and Delivery	1	2 (E1)	<-8> (E1)	1	2 (D1)	3 (D1)
	(SPECIFY) _____				(SPECIFY) _____		
	_____				_____		
	_____				_____		

SECTION D. INTRAPARTUM LABS

OB DESIGNEE ONLY	
D1.	Admission (First) Maternal Hematocrit
	Done 1
	(SPECIFY) __ __ . __ __ %
	Not Done..... 2

SECTION E. INTRAPARTUM MEDICATIONS

		<u>I</u>			<u>II</u>		
		<u>CLINICIAN</u>			<u>OB DESIGNEE</u>		
		<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>YES</u>	<u>NO</u>	<u>NOT RECORDED</u>
E1.	Intrapartum Antibiotics Taken?	1	2	<-8>	1	2	3
E2.	Intrapartum Glucocorticoids Given?	1	2	<-8>	1	2	3
E3.	Intrapartum Antivirals Given?	1	2 (SectF)	<-8> (SectF)	1	2 (SectF)	3 (SectF)
a.	Was Intravenous Zidovudine Given?.....	1	2 (SectF)	<-8> (SectF)	1	2 (SectF)	3 (SectF)

OB DESIGNEE ONLY	
b.	Note Number of Hours Zidovudine was Given Prior to Delivery

HOURS

c. Note Total Dosage of Zidovudine in
Milligrams Given Prior to Delivery |__|__||__| |__|

MILLIGRAMS

d. Note Cervical Dilatation at Initiation of
Zidovudine |__|__|

CENTIMETERS

I

CLINICIAN

DON'T

YES NO KNOW

II

OB DESIGNEE

NOT

YES NO RECORDED

e. Other Antivirals Including Oral

Zidovudine Given1 2 (SectF) <-8>(SectF)

1 2 (SectF) 3 (SectF)

(SPECIFY) _____

(SPECIFY) _____

SECTION F. POSTPARTUM HISTORY/COMPLICATIONS

SECTIONS F AND G INFORMATION PERTAINS TO THE POSTPARTUM PERIOD THAT OCCURS DURING THE DELIVERY HOSPITALIZATION ONLY. IF THE DELIVERY HOSPITALIZATION LASTS LONGER THAN SIX WEEKS, ABSTRACT ONLY FOR THE SIX WEEK POSTPARTUM PERIOD FOLLOWING DELIVERY.

I

CLINICIAN

DON'T NOT

YES NO KNOW APP.

II

OB DESIGNEE

NOT

YES NO RECORDED

F1.	Maternal Hemorrhage Requiring Surgical Procedure ...	1	2	<-8>		1	2	3
F2.	Maternal Hemorrhage Requiring Transfusion.....	1	2	<-8>		1	2	3
F3.	Maternal Hemorrhage with Hemodynamic Instability <90/60 or HR >120 BPM	1	2	<-8>		1	2	3
F4.	Endometritis.....	1	2	<-8>		1	2	3
F5.	Mastitis Requiring Antibiotics.....	1	2	<-8>		1	2	3
F6.	Cystitis Requiring Treatment.....	1	2	<-8>		1	2	3
F7.	Pyelonephritis	1	2	<-8>		1	2	3
F8.	Febrile Morbidity.....	1	2	<-8>		1	2	3
F9.	Infection of Cesarean Incision	1	2	<-8>	3	1	2	3
F10.	Episiotomy Infection.....	1	2	<-8>	3	1	2	3
F11.	Other Infection	1	2(F12)	<-8>(F12)		1	2(F12)	3(F12)

(SPECIFY) _____

F12.	Postpartum Tubal Ligation	1	2	<-8>	1	2	3
F13.	Postpartum Hysterectomy	1	2	<-8>	1	2	3
F14.	Postpartum D & C.....	1	2	<-8>	1	2	3
F15.	Other Postpartum Surgical Procedure	1	2	(F16)<-8>(F16)	1	2(F16)	3(F16)
	(SPECIFY)_____						
F16.	Other Postpartum Maternal Complications	1	2	(G1)<-8>(G1)	1	2(G1)	3(G1)
	(SPECIFY)_____						

SECTION G. MEDICATIONS ON DISCHARGE

G1. Was participant prescribed any medications upon discharge other than HIV related? 1 2(END) <-8>(END) 1 2 (END) 3 (END)
(SPECIFY)

- a. _____
- b. _____
- c. _____
- d. _____

<p>(SPECIFY)</p> <ul style="list-style-type: none"> a. _____ b. _____ c. _____ d. _____
