

WOMEN'S INTERAGENCY HIV STUDY
POSTPARTUM FORM PR02

PROMPT: REFER TO QxQs WHEN COMPLETING THIS FORM.

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

VISIT: ____ ____

FORM VERSION: 1 0 / 0 1 / 0 4
 M D Y

FORM COMPLETED BY: ____ ____ ____

A2. ABLE TO OBTAIN MEDICAL RECORD?

YES.....1 (A3)
NO.....2

REASON: _____ (END)

A3. DATE OF CHART REVIEW: ____ / ____ / ____

A5. DATE OF PREGNANCY TERMINATION/DELIVERY: ____ / ____ / ____

A6. APPROXIMATE GESTATION IN WEEKS: |__| |__|

A7. TOTAL NUMBER OF FETUSES: |__| |__|

WIHS ID#

[Empty box for 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)

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>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>
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 (C4)	<-8> (C4)
SPECIFY: _____			

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, planned3
- Repeat, unplanned4
- Don't know / Not recorded.....<-8>

<u>YES</u>	<u>NO</u>	<u>NOT RECORDED</u>
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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. Prevention of HIV transmission | 1 | 2 | <-8> |
| i. Maternal indication..... | 1 | 2 (j) | <-8> (j) |
| SPECIFY: _____ | | | |
| j. Fetal indication | 1 | 2 (k) | <-8> (k) |
| SPECIFY: _____ | | | |
| k. Other | 1 | 2 (C20) | <-8> (C20) |
| SPECIFY: _____ | | | |

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

- Low vertical1
- Low transverse2
- Classical3
- Other4

SPECIFY: _____

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

WIHS ID#

	<u>YES</u>	<u>NO</u>	<u>NOT RECORDED</u>
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

D1. Admission (first) maternal hematocrit:

 Done.....1

 Not done.....2 (E1)

a. SPECIFY: |__| |__| . |__| %

SECTION E. INTRAPARTUM MEDICATIONS

	<u>YES</u>	<u>NO</u>	<u>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>
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>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>
F10. Episiotomy infection.....	1	2	<-8>	<-1>
F11. Other infection	1	2 (F12)	<-8> (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 (F16)	<-8> (F16)	
SPECIFY: _____				
F16. Other postpartum maternal complications	1	2 (G1)	<-8> (G1)	
SPECIFY: _____				

WIHS ID#

SECTION G. MEDICATIONS ON DISCHARGE

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

SPECIFY:

a. _____

b. _____

c. _____

d. _____