

Instructions are in *italics*

[Notes about skip patterns or question format in brackets]

DELIVERY DATA

1. Study Assigned Maternal Patient ID (PTID) (*assign PTID and record facility-assigned medical record number on link log per site SOPs*): _____
2. Number of infants resulting from this delivery: 1 2 3
3. Date of delivery (*only women delivering at the designated facility or admitted to the facility for postpartum care within 7 days of delivery should be included*): _____
4. Maternal Age: _____ or not documented
5. Gravidity: _____ or not documented
6. Parity: _____ or not documented
7. Did this patient attend antenatal care? yes no not documented
7a. If yes, number of ANC visits attended:
1 2 3 4 or more not documented
8. Maternal HIV status:
negative positive documented as unknown not documented
9. Was the patient transferred **to this hospital** for delivery from a different facility?
yes no
10. Was this patient transferred **from this hospital** to a different facility after delivery?
yes no
11. Was maternal death documented in chart: yes no

PREGNANCY COMPLICATIONS

Hypertensive disorders

12. Hypertension: yes no

12a. If yes, specify [[drop down menu](#)] (*Choose one - the most severe diagnosis*):

Chronic, gestational, Pre-eclampsia WITHOUT severe features, Pre-eclampsia WITH severe features, Eclampsia, not specified

12b. [[If Chronic, gestationalⁱ, Pre-eclampsia WITHOUT severe featuresⁱⁱ, Pre-eclampsia WITH severe features, Eclampsia are specified, the item below would be required](#)]:

diagnosis term recorded in chart

diagnosis term not recorded in chart but presumed based on chart review (*please specify rationale*): _____

Hemorrhage

13. Post partum hemorrhage: yes no

13a. If yes, specify:

diagnosis term recorded in chart

diagnosis term not recorded in chart but presumed based on chart review (*please specify rationale*) _____

Infection

14. Fever of unclear etiology yes no

14a. If yes, specify:

diagnosis term recorded in chart

diagnosis term not recorded in chart but presumed based on chart review (temp >38.5°C) (*please specify rationale*) _____

15. Chorioamnionitis yes no

15a. If yes, specify:

diagnosis term recorded in chart

diagnosis term not recorded in chart but presumed based on chart review (*please specify rationale*)ⁱⁱⁱ _____

16. Post partum endometritis yes no

16a. If yes, specify:

diagnosis term recorded in chart

diagnosis term not recorded in chart but presumed based on chart review (*please specify rationale*)^{iv} _____

Items 17-23 will be repeated if there is more than one infant. If completing in paper (backup), please print more Infant forms for additional infants.

INFANT number: 1 2 3

17. Place of infant delivery:

- current health facility
- at a different health facility
- at a home (private residence)
- not documented

18. Pregnancy primary outcome (*check one*):

- full term live birth (≥ 37 weeks)
- premature live birth (< 37 weeks)
- still born/intrauterine fetal demise (≥ 20 weeks)
 - macerated
 - fresh
 - unknown
- not documented

19. Mode of delivery (*check one*):

- vaginal delivery
 - assisted delivery (forceps, vacuum)
 - normal, unassisted delivery
- cesarean delivery
- other (*specify*) _____
- not documented

INFANT DATA

20. Birthweight recorded: yes no

20a. If yes, enter birthweight in grams: _____

21. Neonatal death (*infant died AFTER delivery within 7 days of life*): yes no

22. Neonatal ICU admission within 7 days of life or transferred to a higher care facility: yes no

23. Congenital Malformations identified at delivery:

- none recorded
- yes (*if yes, select as many as appropriate*):
 - Cleft Lip and/or Palate
 - Neural tube defects and/or Hydrocephalus
 - Cardiovascular
 - Polydactyly
 - Musculoskeletal including clubfoot
 - Umbilical Hernia
 - Esophageal, gastrointestinal, or anorectal
 - Genitourinary
 - Trisomies
 - Natal Tooth
 - Other (*describe*): _____

Form Status: complete?

- Incomplete
- Unverified
- Complete

[Definitions below will be provided on reference sheet along with other form instructions:]

ⁱ Pregnancy >20 weeks and NEW diagnosis of hypertension (≥ 140 mmHg systolic and/or ≥ 90 mmHg) WITHOUT severe features of pre-eclampsia or proteinuria

ⁱⁱ Pregnancy >20 weeks and NEW diagnosis of hypertension (≥ 140 mmHg systolic and/or ≥ 90 mmHg) AND proteinuria BUT no severe features which include

- ◦ Severely elevated blood pressures, with systolic blood pressure ≥ 160 mmHg and/or diastolic blood pressure ≥ 110 mmHg, which is confirmed after only minutes (to facilitate timely antihypertensive treatment)
- ◦ Development of a severe headache (which can be diffuse, frontal, temporal or occipital) that generally does not improve with over the counter pain medications (such as acetaminophen/paracetamol)
- ◦ Development of visual changes (including photopsia, scotomata, cortical blindness)
- ◦ Eclampsia, or new-onset grand mal seizures in a patient with preeclampsia, without other provoking factors (such as evidence of cerebral malaria or preexisting seizure disorder). Seizures are often preceded by headaches, visual changes or altered mental status
- ◦ New onset thrombocytopenia, with platelet count $< 100,000/\mu\text{L}$
- ◦ New onset of nausea, vomiting, epigastric pain
- ◦ Transaminitis (AST and ALT elevated to twice the upper limit of normal)
- ◦ Liver capsular hemorrhage or liver rupture
- ◦ Worsening renal function, as evidenced by serum creatinine level greater than 1.1 mg/dL or a doubling of the serum creatinine (absent other renal disease)
- ◦ Oliguria (urine output < 500 mL/24 h)
- ◦ Pulmonary edema (confirmed on clinical exam or imaging)

ⁱⁱⁱ Mother with temp > 38 degrees Celsius and treated with antibiotics during labor

^{iv} Mother with temp > 38 degrees Celsius after delivery and treated with antibiotics