|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delivery** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 1/4  V4 [05/17] |  | SHCS number mother |

Please complete this questionnaire and send it back to local data manager after patient’s discharge from hospital  
**Keep a copy of this form in the patient chart.**

|  |  |
| --- | --- |
|  | **Stamp of reporting physician** |
|  |

A. Delivery

Note: if twins, please fill-out section A of this form for each child separately.

|  |  |  |
| --- | --- | --- |
| Onset of labor |  | Spontaneous |
|  |  | Induced |
|  |  | No labor (C - section) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **no** | **yes** |  |
| **Interventions during delivery** | **Fetal blood sampling** |  |  |  |
|  | **Internal electrodes** |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rupture of membranes |  |  |  |  |  |  |  |  |  |  |  | h |  |  | min |
|  | day | | month | | year | | | time | | | | | |
| Delivery: |  |  |  |  |  |  |  |  |  |  |  | h |  |  | min |
|  | day | | month | | year | | | time | | | | | |

Mode of Delivery:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | | | |  | |  |  | | |
|  |  |  | | | |  | |  |  | |
|  | * Vaginally | spontaneous | | | |  | |  |  | |
|  |  | forceps | | | |  | |  |  | |
|  |  | vacuum | | | |  | |  |  | |
|  | | | | | | | | | | |
| Duration of labor: | | |  | | hours (from cervical dilatation ≥ 3 cm until delivery) | | | | | |
|  | | | No | | Yes | | | | |  |
| Episiotomy/ tear: | | |  |  |  | |  | | | |
|  | | |  |  |  | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delivery** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 2/4  V4 [05/17] |  | SHCS number mother |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * Cesarean section | primary/elective |  |  | (before onset of labour and rupture of membranes) | |
|  | secondary |  |  | Main reason for secondary CS: |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **1** | **Fetal distress** |
|  |  | **2** | **Failure to progress in labour** |
|  |  | **3** | **Premature rupture of membranes** |
|  |  | **4** | **Contractions and planned CS** |
|  |  | **5** | **Prematurity** |
|  |  | **6** | **Vaginal bleeding** |
|  |  | **0** | **Other, please specify:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Estimated blood loss during delivery: |  | ml |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Status at birth: | Alive |  | Stillborn |  | Reason : |  |

**B. Histological investigation of placenta**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Done |  | Not done |  | Unknown |

**C. Drug treatment during delivery or around C-section**

|  |  |  |
| --- | --- | --- |
| **Did the patient continue the usual antiretroviral therapy?** |  | **Yes, at the foreseen time points** |
|  |  | **Yes, but not at foreseen time points** |
|  |  | **No, treatment has been interrupted** |
|  |  | **Unknown** |

|  |  |  |
| --- | --- | --- |
| Additional antiretroviral drugs |  | No |
|  |  | Yes |

**If yes:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Startdate (dd/mm/yy) | Starttime | Stopdate (dd/mm/yy) | Stoptime | Dosage |
| AZT (infusion) |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delivery** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 3/4  V4 [05/17] |  | SHCS number mother |

|  |  |  |
| --- | --- | --- |
| Other drug | Date and time of intake | **Dosage in mg [[1]](#footnote-1)** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Antibiotics |  | No |
|  |  | Yes |

**If yes :**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  | | |
| Drug | Dosage | Date of initiation | Duration | Application mode |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

D. Post partum: from delivery till discharge from hospital

|  |  |
| --- | --- |
| Date of discharge from hospital |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Minor complications** |  | **None** | | | | | |
|  |  |  |  | **No** | **yes** |  | |
|  |  | **Yes:** | **Anemia (<10g/l)** |  |  |  | |
|  |  |  | **Fever (> 38°C and ≥ 1 day)** |  |  |  | |
|  |  |  | **Urinary tract infection** |  |  |  | |
|  |  |  | **Hematoma** |  |  |  | |
|  |  |  | **Endometritis** |  |  |  | |
|  |  |  | **Wound infection** |  |  |  | |
|  |  |  | **Other** |  |  | **Specify:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delivery** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 4/4  V4 [05/17] |  | SHCS number mother |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Major complications** |  | **None** | | | | | |
|  |  |  |  | **No** | **yes** |  | |
|  |  | **Yes:** | **Peritonitis** |  |  |  | |
|  |  |  | **Pneumonia** |  |  |  | |
|  |  |  | **Sepsis**  ***(fever and positive blood culture)*** |  |  |  | |
|  |  |  | **Thromboembolism** |  |  |  | |
|  |  |  | **Disseminated intravascular coagulation** |  |  |  | |
|  |  |  | **Subileus/ ileus** |  |  |  | |
|  |  |  | **Hemorrhage** |  |  |  | |
|  |  |  | **Psychosis** |  |  |  | |
|  |  |  | **Preeclampsia/eclampsia** |  |  |  | |
|  |  |  | **Severe anemia requiring**  **blood transfusion** |  |  |  | |
|  |  |  | **Other** |  |  | **Specify:** |  |

Comments:

|  |
| --- |
|  |

1. for fixed-dose combinations: indicate number of pills [↑](#footnote-ref-1)