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, gestational, Pre-eclampsia WITHOUT severe features, 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)*: ________________________________

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)*: ________________________________
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):* ____________________________

   ______
MTN-042B Data Collection Form - For IRB Submission

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/μL
  - 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