|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy** | SWISS HIV COHORTSTUDY (MoCHiV) | Page 1/5V4 [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** |  | **Gravida:** (including current pregnancy)**Para:** |
|  | **Date of last menstrual period:** |  |
|  |

**A. Obstetrical history**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Completed weeks of gestation**  | **Date of birth or date of termination of pregnancy** | **Outcome of pregnancy:** |
| **Born alive** | **Induced****abortion** | **Stillbirth, miscarriage** |
| 1st pregnancy |  |  |  |  |  |  |  |  |  |
| 2nd pregnancy |  |  |  |  |  |  |  |  |  |
| 3rd pregnancy |  |  |  |  |  |  |  |  |  |
| 4th pregnancy |  |  |  |  |  |  |  |  |  |
| 5th pregnancy |  |  |  |  |  |  |  |  |  |

**B. Conception**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Spontaneously** |  |  | **Assisted Reproductive Techniques (IVF[[1]](#footnote-1)/ICSI[[2]](#footnote-2))** |  |  |
|  |  |  |  |  |  |
| **Artificial insemination** |  |  | **Self insemination** |  |  |

**C. First visit**

|  |  |
| --- | --- |
|  | NoYes |
| **At first visit: intact intrauterine pregnancy:**  |  |  |  |
|  |
| **If no, please specify:** | **Ectopic** |  |  |
|  | **Miscarriage** |  |  |
|  | **Death in utero** |  |  |
| **In case of miscarriage or death in utero, could the reason be identified by histological investigation?** |
| No |  | Yes |  |  **specify:** |  |

|  |  |  |
| --- | --- | --- |
| **Last PAP smear before or during current pregnancy:** | **Date:** |  |
|  |
|  |  |
|  |  **Normal** |  | **HSIL**  |
|  |  **ASCUS, AGUS** |  | **Carcinoma in situ** |  | **Not interpretable** |
|  |  **LSIL** |  | **Invasive Cancer**  |  | **Unknown** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy** | SWISS HIV COHORTSTUDY (MoCHiV) | Page 2/5V4 [05/17] | SHCS number mother |

|  |
| --- |
| **D. First trimester assessment** |
|  |
| * **Ultrasound**
 | **Date** |  |  |  | not done |
|  **NT: \_\_\_\_\_\_\_\_\_\_ (mm)** | **Gestationnel age** |  | weeks and days |
|  | **Estimated date of delivery** |  |  |
| **Findings** |  | **normal** |  |
|  |  |  |  | **abnormal**, please specify  |  |
|  |  |  |  |  |
| * **Biochemical tests**
 |  | done |  **Results:** |  |  **PAPP A (MoM)** |  |  | not done |
|  |  |  |  |  |  **B-HCG (MoM)** |  |  |
|  |  |  |  |
| * **Risk assessment of Down Syndrome**
 |  | done **Risk** |  **1:** |  |  | not done |

|  |
| --- |
| **E. Second trimester assessment** |
|  |
| * **Ultrasound**
 |  **Date** |  |  |  | not done |
|  **Findings** |  | **normal** |
|  |  |  |  | **abnormal**, please specify |  |
|  |  **Results:** |
| * **Biochemical tests**
 |  | done |  |  **FAP (MoM)** |  | not done |
|  |  |  |  |  **B-HCG (MoM)** |  |  |
|  |  |  |
|  |  |  |
| * **Risk assessment of Down Syndrome**
 |  | done  **Risk** |  **1:** |  |  |  |  not done |

|  |  |  |
| --- | --- | --- |
|  **For multiple pregnancies, please specify:**  |  | **monochorionic** |
|  |  | **dichorionic** |
|  |  |  |
| **F. Invasive procedure****no** |  |
|  |
|  |  | No |  |
|  |  | Yes, please specify |  |  **chorionic villus sampling (CVS)** |
|  |  |  |  |  **cordocentesis** |
|  |  |  |  |  **amniocentesis** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Karyotype** |  | **Not done** |  | **Normal** |  | **Abnormal, specify** |  |
|  |  |  |  |  |
|  **Cerclage** |  | No  |  |  |
|  |  | Yes  | **Date :** |  |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy** | SWISS HIV COHORTSTUDY (MoCHiV) | Page 3/5V4 [05/17] | SHCS number mother |

**G. Infections**

*NOTE: also perform tests for hepatitis B/ C, toxoplasmosis and syphilis if not already done by the infectiologist and report the results in the form of the SHCS.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Date** | **pos** | **neg** |  | **not done** |
| **Chlamydia**[[3]](#footnote-3) PCR  |  |  |  |  |  |  |
| **Gonorrhoe** 3 PCR  |  |  |  |  |  |  |
| **Rubella** 3  **IgG** serology |  |  |  |  |  |  |  |
| **Bacterial vaginosis** 3< 24weeks |  |  |  |  |  |  |
|  |  |  |  |
| **Was pregnancy terminated within 24 weeks?** |  | No *If* ***no****, please continue with section* ***H*** |
|  |  |  |
|  |  |  |
|  |  | Yes | If **yes**, date: |  |  |
|  |  |  |  |  |
| spontaneous |  |  |
|  |  |  |
| induced |  | medicamentous |
|  |  | surgical |
|  |  |  |
| reason  |  | fetus with malformation |
|  |  | death fetus |
|  |  | unwanted pregnancy |
|  |  |  *Please go to section* ***K*** |
|  |  |  |
| **H. Complete only if pregnancy ongoing beyond 24 weeks!!** |
|  |  |  |
|  **Obstetrical problems after 24 weeks?** |  | **No** |  | **Yes** |
|  |  |  | **No** | **Yes** | **Date** |
| If **yes :** |  | **Preterm labor** |  |  |  |  |
|  |  | **Sonographic shortened cervix**  |  |  | **If yes:** \_\_\_\_\_ (**mm)** |
|  |  | **Fibronectin-Test** |  |  | **Positive: 🞏** | **Negative: 🞏** |
|  |  | **Premature rupture of membranes** |  |  |  |  |
|  |  | **IUGR < 10 Percentile or****AC[[4]](#footnote-4) < 5 Percentile**  |  |  |  |  |
|  |  | **Antepartum bleeding** |  |  |  |  |
|  |  | **Mild or moderate preeclampsia** |  |  |  |  |
|  |  | **Severe preeclampsia/ HELLP** |  |  |  |  |
|  |  | **Pregnancy induced hypertension (BD > 140/90)** |  |  |  |  |
|  |  | **Gestational diabetes** |  |  | If **yes**,  **Diet** |  |  |
|  |  |  | No | Yes | **Insulin** |  |  |
|  |  | **Others**  |  |  |
|  |  | If **yes**, specify : |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy** | SWISS HIV COHORTSTUDY (MoCHiV) | Page 4/5V4 [05/17] | SHCS number mother |

|  |
| --- |
| 1. **Third trimester assessment**
 |
| * **Ultrasound**
 | Date |  |  |  | not done |
| **Findings** |  | **normal** |  |
|  |  |  |  | **abnormal**, please specify  |  |
|  |  |  |  |  |  |
| * **Fetal Doppler**
 | Date |  |  |  | not done |
| **Findings** |  | **normal** |  |
|  |  |  |  | **abnormal**, please specify  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Date | pos | neg |  | not done |
| **Screening for Streptococcus, group B** |  |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Treatments during pregnancy**  | **No** | **Yes** | **If yes :** **Name of Drug** | **Initiation date** | **Stop date** |
| **Antibiotics** |  |  |  |  |  |  |
| **Corticosteroids** |  |  |  |  |  |  |
| **Antihypertensive medication** |  |  |  |  |  |  |
| **Tocolysis** |  |  |  |  |  |  |
| **Others** |  |  |  |  |  |  |

J. Intended mode of Delivery:

Which mode of delivery was intended based on the discussion with the patient prior to labour?

|  |
| --- |
|   |

Vaginally

|  |
| --- |
|  |

Cesarean section

Reason (multiple answers accepted):

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | **Detectable viral load** |
|  |  |  | **Unknown viral load** |
|  |  |  | **Previous CS** |
|  |  |  | **IUGR** |
|  |  |  | **Breech presentation** |
|  |  |  | **Macrosomia** |
|  |  |  | **Twins** |
|  |  |  | **Preeclampsia** |
|  |  |  | **Placenta praevia** |
|  |  |  | **Maternal request** |
|  |  |  | **Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy** | SWISS HIV COHORTSTUDY (MoCHiV) | Page 5/5V4 [05/17] | SHCS number mother |

**K. Psychological factors**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes | Specify | No | Unknown  |
| Substance abuse |   |   |   |   |
| Depression or psychotic disorders |   |   |   |   |
| Anxiety disorders |   |   |   |   |
| Post Traumatic Stress Disorder |   |   |   |   |
| Eating disorders |  |  |  |  |
|  Physical Abuse by spouse/other  |   |   |   |   |
|  Others |   |   |   |   |

**Comments:**

|  |
| --- |
|  |

1. **IVF:** in vitro fertilisation [↑](#footnote-ref-1)
2. **ICSI:** intracytoplasmic sperm injection [↑](#footnote-ref-2)
3. mandatory [↑](#footnote-ref-3)
4. AC : abdominal circumference [↑](#footnote-ref-4)