|  |  |  |  |
| --- | --- | --- | --- |
| **Pregnancy** | SWISS HIV COHORT  STUDY (MoCHiV) | Page 1/5  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** |  | **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** | | |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 COHORT  STUDY (MoCHiV) | Page 3/5  V4 [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.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | **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 : | | | | | | | | | | | | |  | | |  | |  | | | | | | | | | | | |

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 COHORT  STUDY (MoCHiV) | Page 5/5  V4 [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)