

Form: DXW10001: IMPAACT 2010 Targeted Pregnancy Diagnoses**INSTRUCTIONS:**

At study entry: Record any pregnancy complications during the index pregnancy up to the time of enrollment.

At delivery: Record any new pregnancy complications that occur during the index pregnancy from the time of enrollment up to 14 days postpartum that have not been previously reported.

For subsequent pregnancies: Record any pregnancy complications identified during the subsequent pregnancy or up to 14 days postpartum.

Any pregnancy complications reported on this form that meet protocol-defined AE criteria per Protocol Section 7.2 must also be reported on the ADE10002: Adverse Event Log (Multi).

INSTRUCTIONS04

Are there any new targeted pregnancy diagnoses that are required to be reported? **PREGDIAGYN** Yes ☐ No ☐

Indicate what type of pregnancy the diagnoses are being reported for: **PREINDSUB** Index ☐ Subsequent ☐

Indicate if any of the following have been diagnosed: **HEADER**
Was maternal Zika virus infection suspected or confirmed during the current pregnancy? **ZIKAYN** Yes ☐ No ☐

Provide a narrative surrounding the condition [400]: **COVAL_ZIKA**

Diagnosis: **CETERM_DIAG** Abortion, spontaneous/miscarriage ☒

Diagnosed? **CETERMYN** ☐

Number of completed gestational weeks at time of onset [nn]. ¹ **FAORRES_GESTWKS**

Diagnosis: **CETERM_DIAG** Abortion, therapeutic ☒

Diagnosed? **CETERMYN** ☐

Number of completed gestational weeks at time of onset [nn]. ¹ **FAORRES_GESTWKS**

Diagnosis: **CETERM_DIAG** Bleeding, vaginal ☒

Diagnosed? **CETERMYN** ☐

Number of completed gestational weeks at time of onset [nn]. ¹ **FAORRES_GESTWKS**

Diagnosis: **CETERM_DIAG** Cord prolapse ☒

Diagnosed? **CETERMYN** ☐

Number of completed gestational weeks at time of onset [nn]. ¹ **FAORRES_GESTWKS**

Diagnosis: **CETERM_DIAG** Febrile morbidity ☒

Diagnosed? **CETERMYN** ☐

Number of completed gestational weeks at time of onset [nn]. ¹ **FAORRES_GESTWKS**

Diagnosis: **CETERM_DIAG** Eclampsia ☒

Diagnosed? **CETERMYN** ☐

Number of completed gestational weeks at time of onset [nn]. ¹ **FAORRES_GESTWKS**

Diagnosis: **CETERM_DIAG** Pre-eclampsia ☒

Diagnosed? **CETERMYN** ☐

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Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	HELLP syndrome <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hypertension, chronic, in pregnancy <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hypertension, pregnancy-induced <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hematoma, vaginal or vulvar <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hemorrhage with hemodynamic instability, intrapartum <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hemorrhage requiring surgical procedure, intrapartum <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hemorrhage requiring transfusion, intrapartum <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hemorrhage with hemodynamic instability, postpartum <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hemorrhage requiring surgical procedure, postpartum <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Hemorrhage requiring transfusion, postpartum <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Incompetent cervix, prophylactic cerclage <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>

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Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Incompetent cervix, emergent cerclage <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Incompetent cervix, no cerclage <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Intrauterine fetal demise <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Intrauterine growth restriction (IUGR) <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Significant growth lag <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Oligohydramnios <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Polyhydramnios <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Placenta, abruptio <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Placenta accreta <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Placenta increta <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Placenta percreta <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Placenta previa <input checked="" type="radio"/>

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Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Placenta, unspecified <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Pregnancy, ectopic <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Pregnancy, post-term <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Preterm labor <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Premature rupture of membranes, preterm <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Premature rupture of membranes, term <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Preterm delivery <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Uterine atony <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Uterine inversion <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Uterine rupture <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Uterine scar dehiscence <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	

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Diagnosis:	CETERM_DIAG	Group B streptococcal infection	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Cholestasis of pregnancy	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Pruritic urticarial papules and plaques of pregnancy (PUPPS)	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Uterine leiomyoma	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Pylonephritis	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Urinary tract infection (lower tract)	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Any sexually transmitted infection (other than HIV)	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Bacterial vaginosis	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Significant trauma	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Gestational diabetes	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Chorioamnionitis	<input checked="" type="radio"/>
Diagnosed?	CETERMYN		<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS		
Diagnosis:	CETERM_DIAG	Cervicitis	<input checked="" type="radio"/>

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Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Fatty liver <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Cesarean wound infection <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	
Diagnosis:	CETERM_DIAG	Endometritis <input checked="" type="radio"/>
Diagnosed?	CETERMYN	<input type="checkbox"/>
Number of completed gestational weeks at time of onset [nn]. ¹	FAORRES_GESTWKS	

¹ For example, if time of onset was at 23 weeks and 4 days, report 23 weeks. If diagnosed postpartum, leave this field blank.

Form: EVW10003: Pregnancy Record

1. - What is the estimated date of conception?	CESTDTC	
2. - How was the estimated date of conception determined?	FAORRES_DETR	Last menstrual period <input type="checkbox"/>
		Initial ultrasound <input type="checkbox"/>
		Physical examination <input type="checkbox"/>
		Assisted reproduction <input type="checkbox"/>
		Other <input type="checkbox"/>
a. - If Other, specify [100]:	FAORRES_DETROTH	

Form: EVW10012: IMPAACT 2010 Last Menstrual Period and Ultrasound Information
Last Menstrual Period Information:
HEADER06

Does the mother know the date of the first day of her last menstrual period?

LMPSTDATYN

Yes ☐

No ☐

What is the date of the first day of the mother's last menstrual period? [Dates are reported in the format dd/MMM/yyyy with a three-letter abbreviation for the month. For example, 15/JAN/2015. A complete date is preferred for the last menstrual period date. If the day of the event is unknown, report the month and year: un/MMM/yyyy.](#)

RPORRES_LMPSTDTC

Is the mother certain about this date?

LMPSTDAT_CERTAIN

Yes ☐

No ☐
Ultrasound Information: Complete this section using information from the earliest ultrasound available.

HEADER02

Date of scan:

PRDAT_ULTRA

Number of fetuses [n]:

FAORRES_FETUSNO

Gestational age on date of this scan (completed weeks) [nn]:

FAORRES_GESTAGEWK

Gestational age on date of this scan (completed days) [n]:

FAORRES_GESTAGEDY

Estimated date of delivery based on this scan:

FAORRES_ESTDELIVDAT

Fetus

FETUSABC

A ☐

B ☐

C ☐

Was fetal heart beat present?

FAORRES_HEARTTONES01

Present ☐

Absent ☐

Not evaluated ☐

Fetal weight (g) [nnnn]

FAORRES_FETALWEIGHT

Fixed Unit: g

Crown-rump length (cm) [nnn.nn]

FAORRES_CROWNRUMP01

Fixed Unit: cm

[This field is only required when gestational age is between 6-13 weeks.](#)

Femur length (mm) [nnn.n]

FAORRES_FEMURLTH01

Fixed Unit: mm

[This field is only required when gestational age is 14 or more weeks.](#)

Abdominal circumference (cm) [nnn.nn]

FAORRES_ABCIRC01

Fixed Unit: cm

[This field is only required when gestational age is 14 or more weeks.](#)

Biparietal diameter (mm) [nnn.n]

FAORRES_BIPARDIA01

Fixed Unit: mm

[This field is only required when gestational age is 14 or more weeks.](#)

Head circumference (cm) [nnn.nn]

FAORRES_HEADCIRC01

Fixed Unit: cm

[This field is only required when gestational age is 14 or more weeks.](#)

Were any fetal anomalies identified?

FETALANOMYN01

Yes ☐

No ☐

If Yes, specify [200]:

FAORRES_FETALANOM01

Are there any comments regarding this obstetrical ultrasound?

ULTRACOMYN01

Yes ☐

No ☐

If Yes, specify [200]:

COVAL_ULTRA01

Form: EVW10013: IMPAACT 2010 Pregnancy Outcome Log

INSTRUCTIONS:

• When reporting a subsequent pregnancy, leave the Infant PID number field blank and indicate which fetus/infant this is being completed for.

HEADER1

• In the case of multiple births, add a new log line for each fetus/infant.

Number of fetuses/infants:	PREGOUT_MULTI	0	<input type="radio"/>
		1	<input type="radio"/>
		2	<input type="radio"/>
		3	<input type="radio"/>

NOTE: If molar pregnancy or false positive, select '0'.

Infant PID Number: <i>If completing this log line for a subsequent pregnancy, leave "Infant PID" field blank.</i>	INFUSUBJID	
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Indicate which fetus/infant this is being completed for:	A	<input type="radio"/>
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NOTE: If molar pregnancy or false positive, select 'Not Applicable'.	APDM_APID_NA	B	<input type="radio"/>
		C	<input type="radio"/>
		Not applicable	<input type="radio"/>

Indicate outcome:	Live birth	<input type="radio"/>
	Stillbirth/Intrauterine fetal demise (IUFD)	<input type="radio"/>
	≥ 20 weeks)	<input type="radio"/>
	Spontaneous abortion (< 20 weeks)	<input type="radio"/>
	Induced abortion (therapeutic or elective)	<input type="radio"/>
	Ectopic pregnancy	<input type="radio"/>
	Molar pregnancy	<input type="radio"/>
	False positive/No pregnancy	<input type="radio"/>

Provide date of delivery/outcome:	CEENDAT	
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Provide a brief narrative of circumstances [200]:	COVAL_PREGOUT	
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Estimated gestational age at time of pregnancy outcome (completed weeks) [nn]:	FAORRES_SUBGESTWK	
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Estimated gestational age at time of pregnancy outcome (completed days) [n]:	FAORRES_SUBGESTDY	
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When was stillbirth diagnosed?	FASTRPTPT_STILLBORN	Prior to labor	<input type="radio"/>
		During labor	<input type="radio"/>
		At delivery	<input type="radio"/>
		Unknown	<input type="radio"/>

If stillborn, were macerated skin changes noted?	FAORRES_MACERATED	Yes	<input type="radio"/>
		No	<input type="radio"/>
		Unknown	<input type="radio"/>

Form: EVW10015: IMPAACT 2010 Labor Record

1. - Number of fetuses:	1 <input type="checkbox"/>	
	2 <input type="checkbox"/>	
	3 <input type="checkbox"/>	
2. - Was the mother in labor prior to delivery?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
	Unknown <input type="checkbox"/>	
a. - Enter the date labor began:	FAORRES_LABORSTDAT	
b. - Enter the time labor began: Record times using the 24-hour clock	FAORRES_LABORSTTIM	
3. - How long prior to delivery did labor begin?	0-<4 hours <input type="checkbox"/>	
	4-<6 hours <input type="checkbox"/>	
	6-<12 hours <input type="checkbox"/>	
	12-24 hours <input type="checkbox"/>	
	>24 hours <input type="checkbox"/>	
	Unknown <input type="checkbox"/>	
4. - Did the membranes rupture prior to active labor?	Yes <input type="checkbox"/>	
	No <input type="checkbox"/>	
5. - Was labor spontaneous or induced?	Spontaneous <input type="checkbox"/>	
	Induced <input type="checkbox"/>	
a. - If Induced, what is the primary indication for induction?	Gestational hypertension (e.g., pre-eclampsia, eclampsia, HELLP) <input type="checkbox"/>	
	Worsening maternal chronic hypertension <input type="checkbox"/>	
	Chorioamnionitis <input type="checkbox"/>	
	Post-term pregnancy <input type="checkbox"/>	
	Fetal growth restriction <input type="checkbox"/>	
	Oligohydramnios <input type="checkbox"/>	
	Isoimmunization <input type="checkbox"/>	
	Abnormal fetal testing <input type="checkbox"/>	
	Multiple gestation <input type="checkbox"/>	
	Placental abruption <input type="checkbox"/>	
	Cholestasis of pregnancy <input type="checkbox"/>	
	Fetal death <input type="checkbox"/>	
	Prolonged rupture of membranes (PROM) <input type="checkbox"/>	
	Other maternal chronic disease (e.g. diabetes mellitus, renal disease, chronic pulmonary disease) <input type="checkbox"/>	
	Other maternal indication <input type="checkbox"/>	
	Other fetal indication <input type="checkbox"/>	
b. - If Other, specify [70]:	FAORRES_INDINDOTHSP	
6. - Did the mother experience any adverse events during labor and delivery?	Yes <input type="checkbox"/>	
Refer to Protocol Section 7.2 and enter adverse events that meet protocol-specified reporting requirements into the ADE10002: Adverse Events Log.	No <input type="checkbox"/>	
	Unknown <input type="checkbox"/>	

Form: EVW10015: IMPAACT 2010 Labor Record

7. - Were any concomitant medications taken during labor and delivery?	Yes	<input type="checkbox"/>
Refer to protocol Section 6.11 and enter concomitant medications that meet protocol-specified reporting requirements into the CMW10001: IMPAACT 2010 Concomitant Medications Log.	No	<input type="checkbox"/>
FAORRES_LABORDRUG	Unknown	<input type="checkbox"/>
8. - Were any corticosteroids given for preterm labor at any point during this pregnancy?	Yes	<input type="checkbox"/>
If Yes, go to the CMW10001: Concomitant Medications Log and enter any corticosteroids given for preterm labor.	No	<input type="checkbox"/>
	Unknown	<input type="checkbox"/>

Form: EVW10018: IMPAACT 2010 Delivery Record (Infant Enrolled)

1. - Is information available about the delivery?	DELIVINFOYN	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. - Infant PID Number:	INFUSUBJID		
3. - What is the infant's date of birth?	BRTHDAT		
4. - What is the infant's time of birth? Record times using the 24-hour clock	BRTHTIM		
5. - What is the sex of the infant?	SEX	Male <input type="checkbox"/>	
		Female <input type="checkbox"/>	
		Ambiguous genitalia/Intersex <input type="checkbox"/>	
		Unknown <input type="checkbox"/>	
6. - Type of delivery:	FAORRES_DELIVTYP	Spontaneous vaginal <input type="checkbox"/>	
		Assisted vaginal <input type="checkbox"/>	
		Elective cesarean <input type="checkbox"/>	
		Emergency cesarean <input type="checkbox"/>	
a. - What was the primary indication for the cesarean section?	FAORRES_CESINDC	Protraction and/or arrest of labor <input type="checkbox"/>	
		Fetal distress <input type="checkbox"/>	
		Malpresentation <input type="checkbox"/>	
		Previous cesarean <input type="checkbox"/>	
		Placenta previa <input type="checkbox"/>	
		Placenta abruptio <input type="checkbox"/>	
		Reduction of MTCT risk (e.g. detectable maternal HIV RNA) <input type="checkbox"/>	
		Genital herpes simplex virus (HSV) <input type="checkbox"/>	
		Failed induction <input type="checkbox"/>	
		Prolonged rupture of membranes (PROM) <input type="checkbox"/>	
		Pre-eclampsia/Eclampsia <input type="checkbox"/>	
		Cord prolapse <input type="checkbox"/>	
		Multiple gestation <input type="checkbox"/>	
		Fetal anomaly <input type="checkbox"/>	
		Macrosomia <input type="checkbox"/>	
		Subject request/desire <input type="checkbox"/>	
		Other maternal indication <input type="checkbox"/>	
		Other fetal indication <input type="checkbox"/>	
b. - If Other, specify [70]:	FAORRES_OTHSPECIFY		
7. - Presentation:	FAORRES_PRESENT	Vertex <input type="checkbox"/>	
		Breech <input type="checkbox"/>	
		Transverse <input type="checkbox"/>	

Form: LBW10005: Pregnancy Test

1. - Was a pregnancy test performed?	LBPERF	Yes <input type="checkbox"/>
		No <input type="checkbox"/>
a. - If No, specify reason not done [70]:	LBREASND_ALL	
2. - Specimen Type:	LBSPECPREG	Serum <input type="checkbox"/>
		Urine <input type="checkbox"/>
3. - Test Result:	LBORRESPREG	Negative <input type="checkbox"/>
		Positive <input type="checkbox"/>
4. - Specimen Date:	LBDAT	

Form: LGW10001: IMPAACT 2010 Prior Pregnancy Outcome Log

INSTRUCTIONS: Complete a log line for each prior pregnancy.

Is the outcome date known? If Yes, complete "Outcome date of prior pregnancy." If No, provide the best estimate of the outcome date of the prior pregnancy.	OUTCOMEDATKNO	Yes <input type="checkbox"/>
		No <input type="checkbox"/>
Outcome date of prior pregnancy	CEENDAT_PRIOR	
Estimate of when prior pregnancy outcome occurred	CESTRPT_OUTCOME	Before <input type="checkbox"/>
		During <input type="checkbox"/>
		After <input type="checkbox"/>
		Unknown <input type="checkbox"/>
Estimate year when prior pregnancy outcome occurred	CESTRPT_OUTCOMEYR	
Indicate outcome of prior pregnancy	FAORRES_PRIOROUT	Live birth <input type="checkbox"/>
		Stillbirth/Intrauterine fetal demise (IUFD <input type="checkbox"/>
		≥ 20 weeks)
		Spontaneous abortion (< 20 weeks) <input type="checkbox"/>
		Induced abortion (therapeutic or elective) <input type="checkbox"/>
		Ectopic pregnancy <input type="checkbox"/>
		Molar pregnancy <input type="checkbox"/>
		False positive/No pregnancy <input type="checkbox"/>
Did neonatal death occur before 28 days of age? This question is only required when prior pregnancy outcome is "Live birth".	FAORRES_NEONAT	Yes <input type="checkbox"/>
		No <input type="checkbox"/>

Form: OBW10000: IMPAACT 2010 Obstetrical History

Is the participant's pre-pregnancy weight available?	PWEIGHTYN	Yes <input type="checkbox"/>
		No <input type="checkbox"/>
If Yes, enter the participant's pre-pregnancy weight [nnn.nn]	VSORRES_PWEIGHT	
Weight unit:		Grams (g) <input type="checkbox"/>
	VSORRESU_PWEIGHT	Kilograms (kg) <input type="checkbox"/>
		Pounds (lb) <input type="checkbox"/>
Date of pre-pregnancy weight: Dates are reported in the format dd/MMM/yyyy with a three-letter abbreviation for the month. For example, 15/JAN/2015. A complete date is preferred for the pre-pregnancy weight.		
	VSDAT_PWEIGHT	
How many pregnancies, including the current pregnancy, has this participant had? [nn] If number of pregnancies is greater than 1, complete form LGW10001: IMPAACT 2010 Prior Pregnancy Outcome Log for each prior pregnancy.		
	RPORRES_PREGNN	

Form: OBW10001: IMPAACT 2010 Obstetrical Exam

Obstetrical Exam:

Date of exam:	FADAT_OBS
Fundal height (cm) [nnn.n]:	FAORRES_FUNHEIGHT