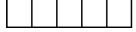
TIP STUDY-STUDY AIM 3: ANTENATAL TRANSFUSION FORM (ATF)

Complete this form on all pregnant patients who are:

- transfused prior to the peripartum period (48hrs of delivery) in patients =26weeks, or
- transfused for any reason in patients <26weeks gestation.

SUBJECT ID:	Today's Date: Day Month Year
Section 1 – Demographics 1. Age: Years	6. Race / ethnic origin: (Choose one)O BlackO WhiteO ColouredO Asian
2. Height of backing the	O Other: O Don't Know
3. Weight at booking kg 4a. Residence for the last 12 months Country	7. Gravidity (Number of times pregnant) O Don't Know
City Province Postal Code	8. Parity (Number of pregnancies carried to viability i.e. through 26 weeks gestation) O Don't Know
4b. Second residency if patient lived in more than one in the past 12 months	Section 2 - Hospital Data 1. Was the patient referred for transfusion?
Country	O Yes O No [SKIP TO Q3] 2. Referring Institution (if applicable)
Province Postal Code Did not live in more than one place.	3. Was the patient admitted to hospital?
5. NationalityO South AfricanO Africa national	O Yes O No [SKIP TO Section 3]
O Other: O Don't Know	





4. Admission Date: / / /	CURRENT Pregnancy	
Day Month Year	4. Gestational age at time of transfusion:	
5. Discharge Date: Day Month Year	# Weeks: # Days:	
6. Highest Level of Care at current institution O Ward O High Care O ICU	5. Estimated Date of Delivery: Day Month Year	
7. Alive at discharge?	6. Booking status at time of admission:	
O Yes O No	O Booked O Unbooked [SKIP TO Q10]	
Section 3 – Pregnancy	6a. Date of booking: / / / / / / / / / / / / / / / / / / /	
PREVIOUS Pregnancy 1. Previous caesarian sections? O Yes O No [SKIP TO Q2] O Unknown [SKIP TO Q2]	7. Number of visits to the antenatal clinic: O Unknown	
1a. How many cesarean sections?	8. Was the patient ever seen at the antenatal anaemia clinic (CHB only)?	
2. Delivery complications with PREVIOUS pregnancies? O Yes O No [SKIP TO Q3] O Unknown [SKIP TO Q3] 2a. If yes, what type? (Mark all that apply.)	O Yes O No O Unknown 9. Was a hemoglobin =10g/dL documented at any antenatal visit? O Yes	
O Antepartum hemorrhage O Postpartum hemorrhage O Blood transfusion O Induction of labor O Gestation diabetes O Gestational proteinuric hypertension O TB O Anemia O Malaria O Urinary Tract Infections O Other infections O Other O Unknown 3. Was a hemoglobin <10g/dL documented at any time during a previous pregnancy? O Yes	O No O Unknown 9a. List all medications patient was taking during this pregnancy: O Cotrimoxazole (Bactrim) O Cephalosporin eg Keflex (cephalexin), cefuroxime O Amoxil (amoxicillin) O Augmentin (amoxicillin clavulanic acid) O Penicilin O Piperacilin O None Anti TB Drugs O Raifafour O INH (isoniazid) O Pyridoxine Anti hypertensives O Aldomet (methyl dopa)	
O No O Unknown	O Adalat (nifedipine) O Other	





10. Complications during THIS pregnancy?	Section 4 - HIV Status and Treatment		
O Yes O No [SKIP TO Q11]	1. HIV Status of patient:		
O Unknown [SKIP TO Q11] 10a. If yes, what complications were there	1a. At booking O O Unknown		
during this pregnancy? (Mark all that	Date of test:		
apply.)	1b. At Delivery		
O Malposition/abnormal lie	Admissions O O Unknown		
O Diabetes gestational	Date of test: / / /		
O Gestational proteinuric hypertension	1c. Other tests		
O Multiple pregnancy O Threatened abortion	during pregnancy O O O Unknown		
O Intrauterine death			
O Placenta praevia	Date of test:		
O Chorioamnionitis	1d. Other tests		
O Syphilis or laboratory evidence of WR	during pregnancy HIV- Unknown Unknown		
0.00	Date of test: / / /		
O Other →	IF <u>NEGATIVE</u> OR <u>UNKOWN</u> FOR ALL. SKIP		
O Unknown	TO SECTION 5.		
Admission	2. Last CD4 count: (e.g. 382)		
	cells/mm3		
11. Were there complications during this	O Unknown		
admission? O Yes			
O No [SKIP TO Section 4]			
O Unknown [SKIP TO Section 4]	2a. Date of CD4 count from question 2:		
11a. If yes, what complications during this			
admission? (Mark all that apply. This excludes	Day Month Year		
pre-existing conditions)	OUnknown		
Organ Dysfunction	2 Lost Vival Loads (example: 12 000)		
O Symptomatic anaemia (e.g. palpitations,	3. Last Viral Load: (example: 12,000)		
dizziness shortness of breath)	copies/ml		
O Cardiovascular e.g. cardiac arrest,	, copies/iiii		
cardiopulmonary resuscitation, Cardiac	O Unknown		
failure	3a. Date of viral load in question 3:		
O Respiratory e.g. intubation or ventilation O Renal e.g. documented renal failure,			
dialysis			
O Coagulation/hematologic e.g. DIC	Day Month Year		
O Hepatic e.g. jaundice, HELLP syndrome			
O Neurologic e.g. coma, stroke	O Unknown		
Comolo			
Sepsis O Local e.g. endometritis	4 Was nations on APT prior to this		
O Systemic e.g. pneumonia	4. Was patient on ART prior to this pregnancy?		
O Oyotenno o.g. phoaniona	pregnancy:		
	O Yes		
O Other →	O No [SKIP TO Q5]		
O Unknown	O Unknown [SKIP TO Q5]		





4a. Start Date for ART	5b. Which PMTCT drugs is the patient taking? (Mark all that apply)		
Day Month Year O Unknown 4b. Which ART drugs was the patient taking prior to pregnancy? (Mark all that apply) O AZT – Zidovudine/ Azidothymidine O ddl – Didanosine O 3TC – Lamivudine O D4T – Stavudine O ABC – Abacavir O TDF – Tenofovir O FTC - Emtricitabine O NVP – Nevirapine O EFV – Efavirenz O ETV - Etravirine O ATV – Atazanavir O LPV/r – Lopinavir/Ritonavir O RAL - Raltegravir O SQV - Saquinavir O IDV - Indinavir O FDC - Fixed Dose Combination – w/ AZT O FDC - Fixed Dose Combination – w/o AZT	taking? (Mark all that apply) O AZT – Zidovudine/Azidothymidine O ddl – Didanosine O 3TC – Lamivudine O D4T – Stavudine O ABC – Abacavir O TDF – Tenofovir O FTC - Emtricitabine O NVP – Nevirapine O EFV – Efavirenz O ETV - Etravirine O ATV – Atazanavir O LPV/r – Lopinavir/Ritonavir O RAL - Raltegravir O SQV - Saquinavir O IDV - Indinavir O FDC – Fixed Dose Combination – w/ AZT O FDC – Fixed Dose Combination – w/o AZT O Other: O Unknown 6. Was the patient HIV positive during the preceding pregnancy? O Yes		
O Other:	O No [SKIP TO Section 5]O Not applicable/Primigravida [SKIP TO Section 5]		
5. Was patient on PMTCT during this pregnancy?	6a. Was PMTCT used in that pregnancy? O Yes		
O Yes O No [SKIP TO Q6] O Unknown [SKIP TO Q6]	O No O Unknown		
5a. Start Date for PMTCT	6b. Was ART used during previous pregnancy?		
Day Month Year	O Yes O No O Unknown		
O Unknown	Section 5 –Bleeding in Current Pregnancy		
	1a. Was there bleeding during this pregnancy? O Yes O No [SKIP TO SECTION 6] O Unknown [SKIP TO SECTION 6]		





1b. If Yes, what was the estimated blood	Section 6 - Transfusion
loss?	Note: Please applies to transfusion of any blood product, which includes whole blood, packed red
2. What was the cause of the hemorrhage?	blood cells, platelets, plasma and/or
(Mark all that apply)	cryoprecipitate
O (Placental abruption) O (Placenta Previa)	
O Abruptio Placentae	Prior to the current transfusion:
O Vasa Previa	Prior to the current transitision:
O Neoplasm (specify e.g. chorangioma)	Had the patient been transfused before the
1.	current transfusion?
	O Yes
C Ectopic pregnancy/Extra uterine pregnancy	O No [SKIP TO Q2]
O Threatened abortion O Incomplete abortion	O Unknown [SKIP TO Q2]
O Complete abortion	10 If Voc. whom 2 (Morels all that apply)
O Cervicitis	1a. If Yes, when? (Mark all that apply)
	O During current pregnancy
O Bleeding during surgical procedure (If	O During previous pregnancy
checked, specify type of procedure.)	O For a non-obstetric reason
C Elective abortion	
O Dilation and curettage O Salpingectomy	2. Had the patient been identified as anemic
O Salpingoopherectomy	during current pregnancy?
O Hysterectomy	O Yes
O Hysterotomy	O No [SKIP TO Q3]
O Anaesthesia for non-pregnancy	O Unknown [SKIP TO Q3]
related condition e.g. appendicitis,	
drainage of abscess	
O Antepartum hemorrhage not specified	2a. If yes, when was the patient first identified as being anemic?
O <mark>Other</mark>	O Booking visit
O <mark>Unknown</mark>	O Anenatal clinic follow-up visit
- 4-1 1 11 1 1 1 1	O Antenatal specialist anemia clinic
3. APH Management (Mark all that apply)	O Medical clinic
APH	O Admission
O Expectant/conservative	O Other
O Induction of Labor	3. Was the patient on hematinic therapy
O Caesarian section	during pregnancy?
O Antibiotics (for cervicitis)	O Yes
Miscarriage	O No
O Oxytocin	O Unknown
O Misoptrostol O Hysterotomy	3a. What type?
O Hysterectomy	O Iron, Oral
O Evacuation of uterus under anaesthesia	O Iron, Parental O Folate
O MVA (Manual Vacuum extraction) side	O Vitamin B1
ward, analgaesia	O VILGITIII DI
O Antibiotics	O Other→
Ectopic	O Unknown
O Laparotomy O Salpingectomy	

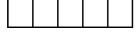




with hematinic therapy?	decision to transfuse was discussed?		
O Yes O No O Unknown Current transfusion: 4. Was the patient transfused?	O Intern O Medical Officer O Registrar O Obstetric/Gynecological Consultant O Anaesthetist O Critical Care O Unknown		
O Yes O No [IF NO, SKIP TO END] 5. What was the medical rationale and/or diagnosis requiring blood transfusion? Check ALL that apply (Please be specific as possible: rather than anaemia, bleeding or hemorrhage, provide the underlying cause) O Obstetric hemorrhage O Surgical (e.g. C/S, hysterectomy or laparotomy) O Chronic anaemia	 9. Patient transfused at: O Referring Institution [SKIP TO Q11] O Current Institution O Both 10. If at the current institution, where was the patient when the blood transfusion was started? O Antenatal O Labour O Post-natal 		
 ○ Anaesthetic related (required for transfusion) ○ Other→ ○ Unknown 5. If Chronic anaemia was selected above, specify which type: ○ Iron deficiency 	O Theatre' O Casualty O Medical O Surgical O ICU O Outpatient O Other O Unknown		
O Vitamin B12 deficiency O Folate deficiency O Thalassemia O Sickle cell anaemia O Hemoglobinopathy or enzyme disorder-other O Malaria 6. Were any of the units transfused as	11. LAST hemoglobin measurement PRIOR to 1st Transfusion g/dL O Unknown 11a. Hb hemoglobin method used: O FBC O Blood		
emergency blood (uncrossmatched) RBCs? O Yes O No 7. Physician that ordered the blood and rank:	O Gas O Point of Care (e.g. finger stick) O Other→ O Not Done O Unknown 11b. If an FBC was used, were the results		
	O Yes O No O Unknown		

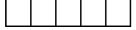
8. What was the highest level with which the

3b. Was the patient reported to be compliant





12. <i>Measurements</i> at the time of hemoglobin measurement prior to 1st transfusion:	15c. Respiratory rate: per minute
12a. MCV:	15d. Temperature: ^o C
12b. MCH:, pg 12c. Platelets:,	15. Direct Antiglobulin Test (Direct Coombs Test) O Positive O Negative O Unknown
13. Vital signs at the time of hemoglobin measurement prior to 1st transfusion:	15a. Was there a Transfusion Reaction? O Yes (GO TO Q15b) O No [SKIP TO Q16] O Unknown
13a. Heart Rate: per minute	15b. Type of Reaction
13b. Blood pressure: / / / / / / / / / / / / / / / / / / /	O febrile non-hemolytic O allergic O anaphylactic O acute hemolytic O delayed hemolytic O TRALI O TACO
	O Septic O Unknown
13d. Temperature: ^o C	Section 7 – NOTES:
14. First hemoglobin measurement AFTER last transfusion: g/dL O Unknown	Note: Please print clearly in all capital letters.
14a. Hb hemoglobin method used:	
O FBC O Blood O Gas O Point of Care (e.g. finger stick) O Other O Not Done O Unknown	
15. Vital signs at the time of hemoglobin measurement AFTER last transfusion:	
15a. Heart Rate: per minute	CONTINUE TO Question 16 on next page, if patient was transfused.
15b. Blood pressure: / / /	





16. Components Transfused If not in chart, obtain this from blood bank

Date1	Time 1	Type 1	BUI 1
Day Month Year	24 HOUR TIME (e.g. 21:53)	O Red Cells O Platelets O FFP (fresh/frozen plasma) O Bioplasma/FDP (fresh dried plasma) O Cryo	
Date 2	Time 2	Type 2	BUI 2
Day Month Year		O Red Cells O Platelets O FFP O Bioplasma/FDP O Cryo	
Date 3	Time 3	Type 3	BUI 3
Day Month Year		O Red Cells O Platelets O FFP O Bioplasma/FDP O Cryo	
Date 4	Time 4	Type 4	BUI 4
Day Month Year		O Red Cells O Platelets O FFP O Bioplasma/FDP O Cryo	
Date 5	Time 5	Type 5	BUI 5
Day Month Year	<u></u> ::::::::::::::::::::::::::::::::::::	O Red Cells O Platelets O FFP O Bioplasma/FDP O Cryo	
Date 6	Time 6	Type 6	BUI 6
Day Month Year		O Red Cells O Platelets O FFP O Bioplasma/FDP O Cryo	
Date 7	Time 7	Type 7	BUI 7
Day Month Year		O Red Cells O Platelets O FFP O Bioplasma/FDP O Cryo	

In the event of **massive transfusion**, please list on reverse under NOTES the date, time, component type, and BUI for each additional component.

END OF FORM



