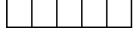
TIP STUDY-STUDY AIM 3: ANTENATAL TRANSFUSION FORM (ATF)

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 cm	O Other: O Don't Know
3. Weight at booking kg	7. Gravidity (Number of times pregnant)
4a. Residence for the last 12 months	
Country	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]
City	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	



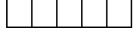


4. Admission Date: / / /	CURRENT Pregnancy	
Day Month Year	— 4. Gestational age at time of transfusion:	
5. Discharge Date: / / / /	# Weeks: # Days:	
Day Month Year 6. Highest Level of Care at current institution O Ward O High Care	5. Estimated Date of Delivery: Day Month Year	
O ICÚ	6. Booking status at time of admission:	
7. Alive at discharge? 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 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 O Unknown	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	
3. Was a hemoglobin <10g/dL documented at any time during a previous pregnancy? O Yes O No O Unknown	O Hallalour O INH (isoniazid) O Pyridoxine Anti hypertensives O Aldomet (methyl dopa) O Adalat (nifedipine) O Other	



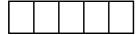


1. HIV Status of patient: 1a. At booking O O O HIV + HIV- Unknown
Date of test: 1b. At Delivery
Admissions Date of test:
2. Last CD4 count: (e.g. 382) O Unknown Cells/mm3 O Unknown 2a. Date of CD4 count from question 2:
Day Month Year OUnknown
3. Last Viral Load: (example: 12,000) O Unknown 3a. Date of viral load in question 3: Day Month Year O Unknown
4. Was patient on ART prior to this pregnancy? O Yes O No [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 Ab. 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 O Other: O Unknown	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 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 No [SKIP TO Q6] O Unknown [SKIP TO Q6]	O Yes O No O Unknown 6b. Was ART used during previous		
5a. Start Date for PMTCT	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 YesO No [SKIP TO SECTION 6]O Unknown [SKIP TO SECTION 6]		



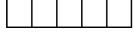


1b. If Yes, what was the estimated blood loss?	Section 6 - Transfusion
2. What was the cause of the hemorrhage? (Mark all that apply)	Note: Please applies to transfusion of any blood product, which includes whole blood, packed red blood cells, platelets, plasma and/or cryoprecipitate
O Placental abruption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



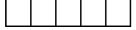


with hematinic therapy?	decision to transfuse was discussed?		
O Yes O No O Unknown Current transfusion:	O Intern O Medical Officer O Registrar O Obstetric/Gynecological Consultant O Anaesthetist		
4. Was the patient transfused?	O Critical Care O Unknown		
O Yes O No [IF NO, SKIP TO END] 5. What was 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 O Anaesthetic related (required for transfusion) O Other-> O Unknown 5. If Chronic anaemia was selected above, specify which type: O Iron deficiency O Vitamin B12 deficiency O Folate 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 emergency blood (uncrossmatched) RBCs? O Yes O No	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 O Theatre' O Casualty O Medical O Surgical O ICU O Outpatient O Other O Unknown 11. LAST hemoglobin measurement PRIOR to 1st Transfusion I g/dL O Unknown 11a. 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 11b. If an FBC was used, were the results obtained prior to transfusion? O Yes O No O Unknown		





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: °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



