

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 ≥ 26 weeks, or
- transfused for any reason in patients < 26 weeks gestation.

SUBJECT ID:

Today's Date:

<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day		Month		Year			

Section 1 – Demographics

1. Age:

Years

2. Height

cm

3. Weight at booking

kg

4a. Residence for the last 12 months

Country

City

Province

Postal Code

4b. Second residency if patient lived in more than one in the past 12 months

Country

City

Province

Postal Code

☐ Did not live in more than one place.

5. Nationality

- ☐ South African
- ☐ Africa national

☐ Other:

☐ Don't Know

6. Race / ethnic origin: (Choose one)

- ☐ Black
- ☐ White
- ☐ Coloured
- ☐ Asian

☐ Other:

☐ Don't Know

7. Gravidity

(Number of times pregnant)

☐ Don't Know

8. Parity (Number of pregnancies carried to viability i.e. through 26 weeks gestation)

☐ Don't Know

Section 2 - Hospital Data

1. Was the patient referred for transfusion?

- ☐ Yes
- ☐ No [SKIP TO Q3]

2. Referring Institution (if applicable)

3. Was the patient admitted to hospital?

- ☐ Yes
- ☐ No [SKIP TO Section 3]



4. Admission Date: / /
Day Month Year

5. Discharge Date: / /
Day Month Year

6. Highest Level of Care at current institution

- ☐ Ward
☐ High Care
☐ ICU

7. Alive at discharge?

- ☐ Yes
☐ No

Section 3 – Pregnancy

PREVIOUS Pregnancy

1. Previous caesarian sections?

- ☐ Yes
☐ No [SKIP TO Q2]
☐ Unknown [SKIP TO Q2]

1a. How many cesarean sections?

2. Delivery complications with PREVIOUS pregnancies?

- ☐ Yes
☐ No [SKIP TO Q3]
☐ Unknown [SKIP TO Q3]

2a. If yes, what type? (Mark all that apply.)

- ☐ Antepartum hemorrhage
☐ Postpartum hemorrhage
☐ Blood transfusion
☐ Induction of labor
☐ Gestation diabetes
☐ Gestational proteinuric hypertension
☐ TB
☐ Anemia
☐ Malaria
☐ Urinary Tract Infections
☐ Other infections

☐ Other _____
☐ Unknown

3. Was a hemoglobin <10g/dL documented at any time during a previous pregnancy?

- ☐ Yes
☐ No
☐ Unknown

CURRENT Pregnancy

4. Gestational age at time of transfusion:

Weeks: # Days:

5. Estimated Date of Delivery:

/ /
Day Month Year

6. Booking status at time of admission:

- ☐ Booked
☐ Unbooked [SKIP TO Q10]

6a. Date of booking: / /
Day Month Year

7. Number of visits to the antenatal clinic:

☐ Unknown

8. Was the patient ever seen at the antenatal anaemia clinic (CHB only)?

- ☐ Yes
☐ No
☐ Unknown

9. Was a hemoglobin =10g/dL documented at any antenatal visit?

- ☐ Yes
☐ No
☐ Unknown

9a. List all medications patient was taking during this pregnancy:

- ☐ Cotrimoxazole (Bactrim)
☐ Cephalosporin eg Keflex (cephalexin), cefuroxime
☐ Amoxil (amoxicillin)
☐ Augmentin (amoxicillin clavulanic acid)
☐ Penicilin
☐ Piperacilin
☐ None

Anti TB Drugs

- ☐ Raifafour
☐ INH (isoniazid)
☐ Pyridoxine

Anti hypertensives

- ☐ Aldomet (methyl dopa)
☐ Adalat (nifedipine)
☐ Other _____

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10. Complications during THIS pregnancy?

- ☐ Yes
☐ No [SKIP TO Q11]
☐ Unknown [SKIP TO Q11]

10a. If yes, what complications were there during this pregnancy? (Mark all that apply.)

- ☐ Malposition/abnormal lie
☐ Diabetes gestational
☐ Gestational proteinuric hypertension
☐ Multiple pregnancy
☐ Threatened abortion
☐ Intrauterine death
☐ Placenta praevia
☐ Chorioamnionitis
☐ Syphilis or laboratory evidence of WR

☐ Other → _____

☐ Unknown

Admission

11. Were there complications during this admission?

- ☐ Yes
☐ No [SKIP TO Section 4]
☐ Unknown [SKIP TO Section 4]

11a. If yes, what complications during this admission? (Mark all that apply. This excludes pre-existing conditions)

Organ Dysfunction

- ☐ Symptomatic anaemia (e.g. palpitations, dizziness shortness of breath)
☐ Cardiovascular e.g. cardiac arrest, cardiopulmonary resuscitation, Cardiac failure
☐ Respiratory e.g. intubation or ventilation
☐ Renal e.g. documented renal failure, dialysis
☐ Coagulation/hematologic e.g. DIC
☐ Hepatic e.g. jaundice, HELLP syndrome
☐ Neurologic e.g. coma, stroke

Sepsis

- ☐ Local e.g. endometritis
☐ Systemic e.g. pneumonia

☐ Other → _____

☐ Unknown

Section 4 - HIV Status and Treatment

1. HIV Status of patient:

1a. At booking	<input type="radio"/> HIV +	<input type="radio"/> HIV -	<input type="radio"/> Unknown
Date of test:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1b. At Delivery Admissions	<input type="radio"/> HIV +	<input type="radio"/> HIV -	<input type="radio"/> Unknown
Date of test:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1c. Other tests during pregnancy	<input type="radio"/> HIV +	<input type="radio"/> HIV -	<input type="radio"/> Unknown
Date of test:	<input type="text"/>	<input type="text"/>	<input type="text"/>
1d. Other tests during pregnancy	<input type="radio"/> HIV +	<input type="radio"/> HIV -	<input type="radio"/> Unknown
Date of test:	<input type="text"/>	<input type="text"/>	<input type="text"/>

IF NEGATIVE OR UNKNOWN FOR ALL. SKIP TO SECTION 5.

2. Last CD4 count: (e.g. 382)

, cells/mm3
☐ Unknown

2a. Date of CD4 count from question 2:

/ /
Day Month Year
☐ Unknown

3. Last Viral Load: (example: 12,000)

,
copies/ml
☐ Unknown

3a. Date of viral load in question 3:

/ /
Day Month Year
☐ Unknown

4. Was patient on ART prior to this pregnancy?

- ☐ Yes
☐ No [SKIP TO Q5]
☐ Unknown [SKIP TO Q5]

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4a. Start Date for ART

		/			/				
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Day Month Year

☐ Unknown

4b. Which ART drugs was the patient taking prior to pregnancy? (Mark all that apply)

- ☐ AZT – Zidovudine/ Azidothymidine
- ☐ ddI – Didanosine
- ☐ 3TC – Lamivudine
- ☐ D4T – Stavudine
- ☐ ABC – Abacavir
- ☐ TDF – Tenofovir
- ☐ FTC - Emtricitabine
- ☐ NVP – Nevirapine
- ☐ EFV – Efavirenz
- ☐ ETV - Etravirine
- ☐ ATV – Atazanavir
- ☐ LPV/r – Lopinavir/Ritonavir
- ☐ RAL - Raltegravir
- ☐ SQV - Saquinavir
- ☐ IDV - Indinavir
- ☐ FDC- Fixed Dose Combination – w/ AZT
- ☐ FDC – Fixed Dose Combination – w/o AZT

☐ Other: _____

☐ Unknown

5. Was patient on PMTCT during this pregnancy?

- ☐ Yes
- ☐ No [SKIP TO Q6]
- ☐ Unknown [SKIP TO Q6]

5a. Start Date for PMTCT

		/			/				
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Day Month Year

☐ Unknown

5b. Which PMTCT drugs is the patient taking? (Mark all that apply)

- ☐ AZT – Zidovudine/Azidothymidine
- ☐ ddI – Didanosine
- ☐ 3TC – Lamivudine
- ☐ D4T – Stavudine
- ☐ ABC – Abacavir
- ☐ TDF – Tenofovir
- ☐ FTC - Emtricitabine
- ☐ NVP – Nevirapine
- ☐ EFV – Efavirenz
- ☐ ETV - Etravirine
- ☐ ATV – Atazanavir
- ☐ LPV/r – Lopinavir/Ritonavir
- ☐ RAL - Raltegravir
- ☐ SQV - Saquinavir
- ☐ IDV - Indinavir
- ☐ FDC- Fixed Dose Combination – w/ AZT
- ☐ FDC – Fixed Dose Combination – w/o AZT

☐ Other: _____

☐ Unknown

6. Was the patient HIV positive during the preceding pregnancy?

- ☐ Yes
- ☐ No [SKIP TO Section 5]
- ☐ Not applicable/Primigravida [SKIP TO Section 5]

6a. Was PMTCT used in that pregnancy?

- ☐ Yes
- ☐ No
- ☐ Unknown

6b. Was ART used during previous pregnancy?

- ☐ Yes
- ☐ No
- ☐ Unknown

Section 5 –Bleeding in Current Pregnancy

1a. Was there bleeding during this pregnancy?

- ☐ Yes
- ☐ No [SKIP TO SECTION 6]
- ☐ Unknown [SKIP TO SECTION 6]

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1b. If Yes, what was the estimated blood loss?

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2. What was the cause of the hemorrhage?

(Mark all that apply)

- ☐ Placental abruption
- ☐ Placenta Previa
- ☐ Abruptio Placentae
- ☐ Vasa Previa
- ☐ Neoplasm (specify e.g. chorangioma)



- ☐ Ectopic pregnancy/Extra uterine pregnancy
- ☐ Threatened abortion
- ☐ Incomplete abortion
- ☐ Complete abortion
- ☐ Cervicitis

- ☐ Bleeding during surgical procedure (If checked, specify type of procedure.)



- ☐ Elective abortion
- ☐ Dilation and curettage
- ☐ Salpingectomy
- ☐ Salpingoophorectomy
- ☐ Hysterectomy
- ☐ Hysterotomy
- ☐ Anaesthesia for non-pregnancy related condition e.g. appendicitis, drainage of abscess

- ☐ Antepartum hemorrhage not specified

- ☐ Other _____
- ☐ Unknown

3. APH Management (Mark all that apply)

APH

- ☐ Expectant/conservative
- ☐ Induction of Labor
- ☐ Caesarian section
- ☐ Antibiotics (for cervicitis)

Miscarriage

- ☐ Oxytocin
- ☐ Misoprostol
- ☐ Hysterotomy
- ☐ Hysterectomy
- ☐ Evacuation of uterus under anaesthesia
- ☐ MVA (Manual Vacuum extraction) side ward, analgesia
- ☐ Antibiotics

Ectopic

- ☐ Laparotomy
- ☐ Salpingectomy

Section 6 - Transfusion

Note: Please applies to transfusion of any blood product, which includes whole blood, packed red blood cells, platelets, plasma and/or cryoprecipitate

Prior to the current transfusion:

1. Had the patient been transfused before the current transfusion?

- ☐ Yes
- ☐ No [SKIP TO Q2]
- ☐ Unknown [SKIP TO Q2]

1a. If Yes, when? (Mark all that apply)

- ☐ During current pregnancy
- ☐ During previous pregnancy
- ☐ For a non-obstetric reason

2. Had the patient been identified as anemic during current pregnancy?

- ☐ Yes
- ☐ No [SKIP TO Q3]
- ☐ Unknown [SKIP TO Q3]

2a. If yes, when was the patient first identified as being anemic?

- ☐ Booking visit
- ☐ Antenatal clinic follow-up visit
- ☐ Antenatal specialist anemia clinic
- ☐ Medical clinic
- ☐ Admission
- ☐ Other

3. Was the patient on hematinic therapy during pregnancy?

- ☐ Yes
- ☐ No
- ☐ Unknown

3a. What type?

- ☐ Iron, Oral
- ☐ Iron, Parental
- ☐ Folate
- ☐ Vitamin B1

- ☐ Other → _____
- ☐ Unknown

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3b. Was the patient reported to be compliant with hematinic therapy?

- ☐ Yes
- ☐ No
- ☐ Unknown

Current transfusion:

4. Was the patient transfused?

- ☐ Yes
- ☐ 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*)

- ☐ Obstetric hemorrhage
- ☐ Surgical (e.g. C/S, hysterectomy or laparotomy)
- ☐ Chronic anaemia
- ☐ Anaesthetic related (required for transfusion)
- ☐ Other→ _____
- ☐ Unknown

5. If Chronic anaemia was selected above, specify which type:

- ☐ Iron deficiency
- ☐ Vitamin B12 deficiency
- ☐ Folate deficiency
- ☐ Thalassemia
- ☐ Sickle cell anaemia
- ☐ Hemoglobinopathy or enzyme disorder-other
- ☐ Malaria

6. Were any of the units transfused as emergency blood (uncrossmatched) RBCs?

- ☐ Yes
- ☐ No

7. Physician that ordered the blood and rank:

8. What was the highest level with which the decision to transfuse was discussed?

- ☐ Intern
- ☐ Medical Officer
- ☐ Registrar
- ☐ Obstetric/Gynecological Consultant
- ☐ Anaesthetist
- ☐ Critical Care
- ☐ Unknown

9. Patient transfused at:

- ☐ Referring Institution [SKIP TO Q11]
- ☐ Current Institution
- ☐ Both

10. If at the current institution, where was the patient when the blood transfusion was started?

- ☐ Antenatal
- ☐ Labour
- ☐ Post-natal
- ☐ Theatre'
- ☐ Casualty
- ☐ Medical
- ☐ Surgical
- ☐ ICU
- ☐ Outpatient
- ☐ Other _____
- ☐ Unknown

11. LAST hemoglobin measurement PRIOR to 1st Transfusion

g/dL ☐ Unknown

11a. Hb hemoglobin method used:

- ☐ FBC
- ☐ Blood
- ☐ Gas
- ☐ Point of Care (e.g. finger stick)

- ☐ Other→ _____
- ☐ Not Done
- ☐ Unknown

11b. If an FBC was used, were the results obtained prior to transfusion?

- ☐ Yes
- ☐ No
- ☐ Unknown

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12. Measurements at the time of hemoglobin measurement prior to 1st transfusion:

12a. MCV: fl

12b. MCH: . pg

12c. Platelets: ,
(mcL or x 10⁹/L)

13. Vital signs at the time of hemoglobin measurement prior to 1st transfusion:

13a. Heart Rate: per minute

13b. Blood pressure: /

13c. Respiratory rate: per minute

13d. Temperature: °C

14. First hemoglobin measurement AFTER last transfusion:

. g/dL
☐ Unknown

14a. Hb hemoglobin method used:

- ☐ FBC
- ☐ Blood
- ☐ Gas
- ☐ Point of Care (e.g. finger stick)
- ☐ Other _____
- ☐ Not Done
- ☐ Unknown

15. Vital signs at the time of hemoglobin measurement AFTER last transfusion:

15a. Heart Rate: per minute

15b. Blood pressure: /

15c. Respiratory rate: per minute

15d. Temperature: °C

15. Direct Antiglobulin Test (Direct Coombs Test)

- ☐ Positive
- ☐ Negative
- ☐ Unknown

15a. Was there a Transfusion Reaction?

- ☐ Yes (GO TO Q15b)
- ☐ No [SKIP TO Q16]
- ☐ Unknown

15b. Type of Reaction

- ☐ febrile non-hemolytic
- ☐ allergic
- ☐ anaphylactic
- ☐ acute hemolytic
- ☐ delayed hemolytic
- ☐ TRALI
- ☐ TACO
- ☐ Septic
- ☐ Unknown

Section 7 – NOTES:

Note: Please print clearly in all capital letters.

CONTINUE TO Question 16 on next page, if patient was transfused.



16. Components Transfused

If not in chart, obtain this from blood bank

Date1	Time 1	Type 1	BUI 1
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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

