【Questionnaire 2】 Survey on COVID-19 in delivery facilities

Questionnaire 2 must be completed one for each patient. If there are multiple patients, assign a sequential number for each patient at the facility. If there are multiple people, please use the answer sheet in the Excel file. Also, if you are answering the questionnaire, please copy it and use it. Deadline: July 31, 2021

Please, answer the questions on this paper or use the web form. FAX: 03-6685-3718
You can also answer using the QR code on the right. Deadline: July 31, 2021

Facility sequential number (for multiple patients at the same facility)		
About the maternal background		
Q01. Age	age	
Q02. Race	☐ Japan ☐ Asian☐ Black/African/Caribbean ☐ Caucasian ☐ Other☐ Unknown	
Q03. Maternal comorbidities (multiple answers)	☐ None ☐ Diabetes ☐ Chronic Hypertension ☐ Obesity (pre-pregnancy BMI greater than 25) ☐ Asthma ☐ Cardiovascular diseases (details) ☐ Antiphospholipid syndrome ☐ Autoimmune diseases (details) ☐ Other (Please be specific)	
Q04. Pregnancy history	☐ Primipara ☐Multipara	
Q05. Complications during pregnancy (multiple answers)	☐ None ☐ Hypertensive disorders in Pregnancy ☐ HELLP syndrome ☐ Gestational diabetes ☐ Placental abruption ☐ Deep vein thrombosis (onset time: ☐ pregnancy ☐ during labor ☐ postpartum) ☐ Pulmonary thromboembolism (onset time: ☐ pregnancy ☐ during labor ☐ postpartum) ☐ Multiple pregnancy	
About the onset of COVID-19 * If the patients were examined at another hospital, please fill in as much as you can understand.		
Q06. Definitive diagnosis date	Month/Year	
Q07. Number of weeks of gestation at the time of definitive diagnosis of COVID-19 (days postpartum)	Gestational age (weeks/days)	Postpartum days
Q08. Diagnostic methods	☐ PCR test ☐ LAMP method	☐ Nasopharynx ☐ Saliva ☐ Unknown

	☐ Antigen test ☐ Serum (antibody test) ☐ Clinical ☐ Image ☐ Other (Please be specific)	
Q09. Viral type	☐ Unknown ☐ Conventional stocks ☐ Variants (☐ N501Y☐ E484K☐ L452R ☐ Others)	
Q10. Reason for inspection	☐ Symptomatic ☐ Close Contact for patients ☐ Screening test ☐ Other (Please be specific)	
Q11. Routes of infection (including suspicion)	☐ Community-acquired infections ☐Nosocomial infections ☐ Family infections ☐ Unknown ☐ Other (Please be specific)	
Q12. Consultation route	☐ Outpatient of your own hospital ☐ Referral, transfer,transportation ☐ via public health center ☐ Other (Please be specific)	
Q13. Symptoms during infection (multiple answers)	☐ Asymptomatic ☐ Fever (highest body temperature ° C) ☐ Cough ☐ Sore throat ☐ Shortness of breath ☐ Taste and smell disorders ☐ Fatigue ☐ Muscle pain ☐ Other (Please be specific.)	
Q14. Details of Management	☐ Inpatient management (number of days from onset to hospitalization) * If there is a referral source/transfer source facility, please provide the facility name.	➡Q15Q15.
	☐ Accommodation care ☐ Home care ☐ Only post-infection pregnancy and delivery management ☐ Referral, transfer, and transportation without being admitted to your hospital (Please provide the facility name)	➡Q20.
Q15. Chest CT scan (multiple answers)	☐ Not conducted ☐ Conducted: No findings ☐ Diagnosed with pneumonia ☐ Consolidation ☐ Ground Glass Opacity ☐ Crazy-paving pattern ☐ Abnormal findings in more than 50% of all lung fields	
【In the case of inpatient management】		
Q16. Did you notice any of the following serious medical conditions during the course (multiple answers)?	☐ None☐ Respiratory rate of 30 or more per minute ☐ SpO_2 93% or less ☐ PaO_2/FiO_2 ratio less than 300 ☐ ARDS (Acute Respiratory Distress Syndrome) ☐ Septic shock ☐ Multiple organ failure	
Q17. Details of treatment (multiple answers)	☐ Symptomatic treatment and follow-up ☐ Oxygen administration ☐ Nasal high Flow ☐ Non-invasive positive pressure ventilation ☐ Invasive mechanical ventilation ☐ Extracorporeal membrane oxygenation ☐ Prone Position ☐ Intensive care unit management ☐ Steroid administration (maternal indication) ☐ Remdesivir administration ☐ Baricitinib ☐ Prophylactic anticoagulation	
Q18. Number of days from onset to the day of greatest exacerbation of the condition.	Day	
Q19. Maternal outcomes	☐ Survival discharge☐ Death discharge☐ During hospitalization	

	☐ Transferred for treatment (Please provide the facility name)	
The course of pregnancy		
Q20. Pregnancy outcomes (Please answer as much as you know)	☐ Delivery (Gestational age (weeks/days)	➡Q21.
	☐ Spontaneous abortion (weeks) ☐ Induced abortion (weeks) (Is COVID-19 affecting the choice of induced abortion?) ☐ Yes ☐ No) ☐ Stillborn (weeks) ☐ Ongoing pregnancy ☐ Postpartum onset ☐ Unknown outcome	➡Q36.
About the delivery * If the women delivered at another hospital, please fill in as much as you can understand.		
Q21. Delivery facility	☐ Your own hospital * If there is a referral or transfer source facility, please provide the facility name. ☐ Another hospital * If known, please provide the name of the delivery facility.	
Q22. Timing of infection and delivery	☐ Delivery during infection ☐ Delivery after infection	
Q23. Method of delivery	☐ Spontaneous vaginal birth ☐ Induced vaginal delivery due to COVID-19 infection indications ☐ Induced vaginal delivery in obstetric indications ☐ Caesarean section in COVID-19 infectious indications ☐ Cesarean section in obstetric indications	
About the baby * If it was delivered at another hospital, please fill in as much as you can understand.		
Q24. Birth weight	g	
Q25. Apgar Score (1/5 minute)	/	
Q26. Sex of the newborn	☐ Male☐ Female	
Q27. Presence or absence of congenital anomalies	☐ No ☐ Yes (Please be specific)	
Q28. Separation of mother and baby after delivery	☐ No ☐ Baby incubator ☐ Separate room ☐ General neonatal unit ☐ Growing care unit ☐ Neonatal intensive care unit ☐ Other(Please be specific.)	
Q29. Breast-feeding	☐ Artificial milk ☐ Expressed breast milk ☐ Direct feeding ☐ Mixed nutrition	
Q30. Neonatal outcomes	☐ Survival discharge ☐ Death discharge (hospitalization period) ☐ Serious complications (Please be specific) ☐ Transfer ☐ During hospitalization	
Q31. Whether or not to test for SARS-CoV-2 in newborn babies and how to do it?	☐ No	➡ Q36.
	☐ PCR test ☐ LAMP method ☐ Others	➡Q32 Q32.

	Collection site (multiple answers) ☐ Nasopharynx ☐ Umbilical cord blood ☐ Amniotic fluid ☐ Vaginal swab ☐ Placenta ☐ Breast milk ☐ Other (Please be specific)	
In the case of viral test at birth		
Q32. Test results	☐ Positive	➡Q33 Q33.
	☐ Negative	➡ Q36.
If the baby is positive		
Q33. Positive sample collection site (multiple answers)	☐ Nasopharynx ☐Cord blood ☐ Amniotic fluid ☐ Vaginal swab ☐ Placenta ☐ Breast milk ☐ Other (Please be specific)	
Q34. Confirmation of infection	Day after birth	
Q35. Estimated route of infection	☐ Prenatal infection ☐ Trans-breastfeeding infection ☐ Postnatal infection ☐ Other(Please be specific)	
Opinions, etc.		
Q36. Please feel free to state your opinion. (Please describe special notes and issues regarding the pregnancy and delivery regarding COVID-19)		

Thank you for your answers.