

## Survey on novel coronavirus infection in delivery facilities (COVID-19)

Please note ※ Please answer based on the situation from July 2020 ~ June 2021

### 【Questionnaire 1】 Survey on COVID-19 in delivery facilities



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

<p>Q1 Have you examined any pregnant or postpartum women with COVID-19? (Including after infection)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No (Go to Q 3)																																														
<p>Q2 What was the management status of pregnant women with a confirmed diagnosis of COVID-19, and how many of them were there? (If transported from home care or accommodation care, select the final management status.)</p>	<input type="checkbox"/> Management of inpatient admission (including subsequent transfers)	Person(s)	In case you answer for more than one person, please also answer Questionnaire 2.																																												
	<input type="checkbox"/> Accommodation care	Person(s)																																													
	<input type="checkbox"/> Home care	Person(s)																																													
	<input type="checkbox"/> Referral or transfer to another hospital	Person(s)																																													
	<input type="checkbox"/> Only pregnancy and delivery management after infection was performed.	Person(s)																																													
<input type="checkbox"/> Other (Please be specific.)	Person(s)																																														
<p>Q3 What is your policy if a pregnant woman with the conditions on the right has labor onset or premature rupture of membrane after 37 weeks of gestation?  Please answer the status as of the end of June 1, 2021.</p>	<table border="1"> <thead> <tr> <th></th> <th>SARS-CoV-2 antigen test positive</th> <th>SARS-CoV-2 PCR test positive</th> <th>Close contacts (During the health observation period after confirming a negative result)</th> </tr> </thead> <tbody> <tr> <td>Cesarean section (Adaptation for infection)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Planned vaginal delivery (Adaptation for infection)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>According to obstetric indications</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Transportation to other hospitals</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (Please be specific.)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				SARS-CoV-2 antigen test positive	SARS-CoV-2 PCR test positive	Close contacts (During the health observation period after confirming a negative result)	Cesarean section (Adaptation for infection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Planned vaginal delivery (Adaptation for infection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	According to obstetric indications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation to other hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please be specific.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
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<p>Q4 Does your facility offer PCR tests for SARS-CoV-2 for asymptomatic pregnant women hospitalized for labor?</p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th rowspan="2">No</th> <th colspan="3">Yes</th> </tr> <tr> <th colspan="3">Test were conducted in the past. (2020.7-2021.6)</th> </tr> <tr> <th></th> <th></th> <th>Start Date</th> <th>Start Date</th> <th>End Date</th> </tr> </thead> <tbody> <tr> <td>All women</td> <td><input type="checkbox"/></td> <td>Month/Year ~</td> <td>Month/Year ~</td> <td>Month/Year</td> </tr> <tr> <td>Upon request</td> <td><input type="checkbox"/></td> <td>Month/Year ~</td> <td>Month/Year ~</td> <td>Month/Year</td> </tr> <tr> <td>Only for scheduled cesarean section</td> <td><input type="checkbox"/></td> <td>Month/Year ~</td> <td>Month/Year ~</td> <td>Month/Year</td> </tr> <tr> <td>Other</td> <td colspan="4">Please be specific.</td> </tr> <tr> <td colspan="4">Number of pregnant women examined above (approximately)</td> <td>Person(s)</td> </tr> <tr> <td colspan="4">Number of positive cases among the above</td> <td>Person(s)</td> </tr> </tbody> </table>					No	Yes			Test were conducted in the past. (2020.7-2021.6)					Start Date	Start Date	End Date	All women	<input type="checkbox"/>	Month/Year ~	Month/Year ~	Month/Year	Upon request	<input type="checkbox"/>	Month/Year ~	Month/Year ~	Month/Year	Only for scheduled cesarean section	<input type="checkbox"/>	Month/Year ~	Month/Year ~	Month/Year	Other	Please be specific.				Number of pregnant women examined above (approximately)				Person(s)	Number of positive cases among the above				Person(s)
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Q5 Please feel free to state your opinion. (opinions on COVID-19 infection and puerperal management, etc.)