World Health Organization

Global COVID-19 Clinical Platform
WITH PREGNANCY MODULE – CRF-P

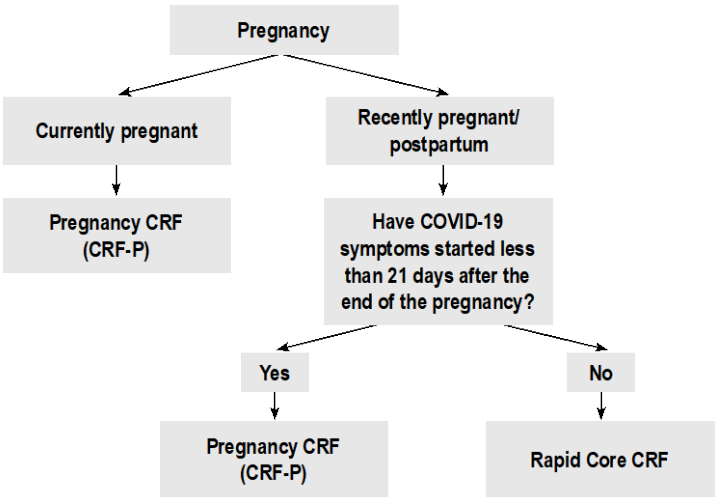
INTRODUCTION

In response to the COVID-19 pandemic, the World Health Organization (WHO) has launched a global COVID-19 anonymized clinical data platform (the "COVID-19 Data Platform") to enable State Parties to the International Health Regulations (IHR) (2005) to share with WHO anonymized clinical data related to patients with suspected or confirmed infections with SARS-CoV-2 (collectively "anonymized COVID-19 data"). The anonymized COVID-19 data received by WHO will remain the property of the contributing Entity and will be used by WHO for purposes of verification, assessment and assistance pursuant to the IHR (2005), including to inform the public health and clinical operation response in connection with the COVID-19 outbreak. To help achieve these objectives, WHO has established an independent Clinical Advisory Group to advise WHO on global reporting and analysis of the anonymized clinical COVID-19 data. State Parties and other entities are invited to contact WHO to obtain more information about how to contribute anonymized clinical COVID-19 data to the WHO Data Platform. To preserve the security and confidentiality of the anonymized COVID-19 data, State Parties and other entities are respectfully requested to take all necessary measures to protect their respective log-in credentials and passwords to the COVID-19 Data Platform.

The anonymized COVID-19 data will be stored in the WHO COVID-19 Data Platform, which is a secured, access-limited, password protected electronic platform. WHO will (i) protect the confidentiality and prevent the unauthorized disclosure of the anonymized COVID-19 data; (ii) implement and maintain appropriate technical and organizational security measures to protect the security of the anonymized COVID-19 data and the COVID-19 Data Platform. In accordance with Article 11(4) of the IHR (2005), WHO will not make the anonymized COVID-19 data generally available to other State Parties or entities until such time as any of the conditions set forth in paragraph 2 of Article 11 are first met, and following consultation with affected countries/entities. Pursuant to that same Article 11, WHO will not make the anonymized COVID-19 data available to the public, unless and until the anonymized COVID-19 data have already been made available to State Parties, and provided that other information about the COVID-19 epidemic has already become publicly available and there is a need for the dissemination of authoritative and independent information. To contribute data to the WHO COVID-19 Data Platform or to receive more information, please contact: COVID_ClinPlatform@who.int

DESIGN OF THIS PREGNANCY MODULE CASE REPORT FORM (CRF-P)

The CRF is designed to collect data obtained through examination, interview and review of hospital notes. Data may be collected retrospectively if the patient data are obtained after the admission date. The data collection period is defined as the period from hospital admission to discharge, transfer, death, or continued hospitalization without possibility of continued data collection. **This CRF-P should be completed for *pregnant women* or *recently pregnant women* who delivered within 21 days from onset of symptoms. If COVID symptoms started more than 21 days after the end of the pregnancy, please complete the Rapid Core CRF only.**



The Pregnancy CRF has 3 sections:

Module 1: to be completed on the first day of admission to the health centre.

Module 2: to be completed daily during hospital stay for as many days as resources allow. Continue to follow-up patients who transfer between wards.

Module 3: to be completed at discharge or death.

GENERAL GUIDANCE

Participant identification numbers consist of a site code and a participant number. Please contact us at **COVID_ClinPlatform@who.int**, and our data management team will provide you with instructions for data entry and will assign you a 5-digit site code at that time.

PREGNANCY MODULE 1. Complete on hospital admission (within 24 hrs from hospital admission)

Facility name: _____ **Country:** _____

Date of enrolment: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

1a. CLINICAL INCLUSION CRITERIA

One or more of these during this illness	A history of self-reported feverishness or measured fever of ≥38°C	☐Yes	☐No
	Cough	☐Yes	☐No
	Dyspnoea (shortness of breath) OR Tachypnoea*	☐Yes	☐No
	Clinical suspicion despite not meeting criteria above	☐Yes	☐No

** Respiratory rate ≥ 50 breaths/min for < 1 year; ≥ 40 for 1–4 years; ≥ 30 for 5–12 years; ≥ 20 for ≥ 13 years*

1b. DEMOGRAPHICS

Sex at birth ☐Male ☐Female ☐Not specified **Date of birth** [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_][_Y_][_Y_]

If date of birth is unknown, record: **Age** [___][___][___] **years** OR [_][_] **months** OR [_][_] **days**

Health care worker? ☐Yes ☐No ☐Unknown **Laboratory worker?** ☐Yes ☐No ☐Unknown

Pregnant?* ☐Yes ☐No ☐Unknown ☐N/A **If yes: Gestational weeks assessment** [___][_] weeks

If currently pregnant or recently pregnant (delivery within 21 days of symptom onset), complete all sections of this CRF

1c. DATE OF ONSET AND ADMISSION VITAL SIGNS *(first available data at presentation/admission)*

Symptom onset (date of first/earliest symptom) [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Admission date at this facility [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

Temperature [_][___].[_]°C **Heart rate** [___][___][_]beats/min

Respiratory rate [_][___]breaths/min

BP [_] [_] [_](systolic) [___][_][_](diastolic) mmHg **Severe dehydration** ☐Yes ☐No ☐Unknown

Sternal capillary refill time > 2 seconds ☐Yes ☐No ☐Unknown

Oxygen saturation: [__][ ][__]% on ☐Room air ☐Oxygen therapy ☐Unknown **A V P U** (circle one)

Glasgow Coma Score (GCS/15) [_][_] **Malnutrition** ☐Yes ☐No ☐Unknown

Mid-upper arm circumference [_][_][___]mm **Height:** [___] [___][___]cm **Weight**: [_][_][___]kg

1d. CO-MORBIDITIES *(existing at admission) (Unk = Unknown)*

Chronic cardiac disease *(not hypertension)*	☐Yes	☐No	☐Unk	Diabetes	☐Yes	☐No	☐Unk
Hypertension	☐Yes	☐No	☐Unk	Current smoking	☐Yes	☐No	☐Unk
Chronic pulmonary disease	☐Yes	☐No	☐Unk	Tuberculosis (*active*)	☐Yes	☐No	☐Unk
Asthma	☐Yes	☐No	☐Unk	Tuberculosis (*previous*)	☐Yes	☐No	☐Unk
Chronic kidney disease	☐Yes	☐No	☐Unk	Asplenia	☐Yes	☐No	☐Unk
Chronic liver disease	☐Yes	☐No	☐Unk	Malignant neoplasm	☐Yes	☐No	☐Unk
Chronic neurological disorder	☐Yes	☐No	☐Unk	Other If yes, specify:	☐Yes	☐No	☐Unk
HIV	☐Yes (on ART)	☐Yes (not on ART)	☐No	☐Unknown	ART regimen_____		

1e. PRE-ADMISSION AND CHRONIC MEDICATION Were any of the following taken within 14 days of admission:

Angiotensin converting enzyme inhibitors (ACE inhibitors)? ☐Yes ☐No ☐Unknown

Angiotensin II receptor blockers (ARBs)? ☐Yes ☐No ☐Unknown

Non-steroidal anti-inflammatory (NSAID)? ☐Yes ☐No ☐Unknown

Antiviral? ☐ Chloroquine/hydroxychloroquine ☐ Azithromycin ☐ Lopinavir/Ritonavir ☐ Other:_____

1f. SIGNS AND SYMPTOMS Reported/assessed on the day of ADMISSION *(Unk = Unknown)*

History of fever	☐Yes	☐No	☐Unk	Lower chest indrawing	☐Yes	☐No	☐Unk
Cough	☐Yes	☐No	☐Unk	Headache	☐Yes	☐No	☐Unk
with sputum production	☐Yes	☐No	☐Unk	Altered consciousness/confusion	☐Yes	☐No	☐Unk
with haemoptysis	☐Yes	☐No	☐Unk	Seizures	☐Yes	☐No	☐Unk
Sore throat	☐Yes	☐No	☐Unk	Abdominal pain	☐Yes	☐No	☐Unk
Runny nose	☐Yes	☐No	☐Unk	Vomiting/nausea	☐Yes	☐No	☐Unk
Wheezing	☐Yes	☐No	☐Unk	Diarrhoea	☐Yes	☐No	☐Unk
Chest pain	☐Yes	☐No	☐Unk	Conjunctivitis	☐Yes	☐No	☐Unk
Muscle aches	☐Yes	☐No	☐Unk	Skin rash	☐Yes	☐No	☐Unk
Joint pain (arthralgia).	☐Yes	☐No	☐Unk	Skin ulcers	☐Yes	☐No	☐Unk
Fatigue/malaise	☐Yes	☐No	☐Unk	Lymphadenopathy	☐Yes	☐No	☐Unk
Loss of taste	☐Yes	☐No	☐Unk	Inability to walk	☐Yes	☐No	☐Unk
Loss of smell	☐Yes	☐No	☐Unk	Bleeding (haemorrage)	☐Yes	☐No	☐Unk
Shortness of breath	☐Yes	☐No	☐Unk	If bleeding, specify site(s):			
Stroke: ischaemic stroke	☐Yes	☐No	☐Unk				
Stroke: intracerebral haemorrhage	☐Yes	☐No	☐Unk				
Other	☐Yes	☐No	☐Unk				

If yes, specify: _____

1g. MEDICATION On the day of admission, did the patient receive any of the following:

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown

Antiviral? ☐Yes ☐No ☐Unknown

If yes: ☐Ribavirin ☐Lopinavir/Ritonavir ☐Neuraminidase inhibitor

☐Interferon alpha ☐Interferon beta ☐Other, specify: _____

Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ☐Oral ☐Intravenous ☐Inhaled

If yes, please provide agent and maximum daily dose: _____

Antibiotic? ☐Yes ☐No ☐Unknown **If yes,** specify:_____

Antifungal agent? ☐Yes ☐No ☐Unknown

Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown

Angiotensin converting enzyme inhibitors (ACE inhibitors) ☐Yes ☐No ☐Unknown

Angiotensin II receptor blockers (ARBs) ☐Yes ☐No ☐ Unknown

Systemic anticoagulation ☐Yes ☐No ☐Unknown

1h. SUPPORTIVE CARE On the day of admission, did the patient receive any of the following:

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown

Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes**, complete all below

O_2 flow: ☐ 1–5 L/min ☐ 6–10 L/min ☐ 11–15 L/min ☐ > 15 L/min ☐ Unknown

Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown

Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask ☐Unknown

Non-invasive ventilation? (e.g. BIPAP/CPAP) ☐Yes ☐No ☐Unknown

Invasive ventilation (any)? ☐Yes ☐No ☐Unknown **If yes, what were the following values closest to 08:00:** PEEP (cm H_2O) _____; FiO_2 (%) _____; Plateau pressure (cm H_2O) _____; $PaCO_2$ _____; PaO_2_____

Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown

Prone position? ☐Yes ☐No ☐Unknown

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown

1i. LABORATORY RESULTS ON ADMISSION *(*record units if different from those listed)*

Parameter	Value*	Units			Parameter	Value*	Units		
Haemoglobin		☐ g/L	☐ g/dL		**Creatinine**		☐ mg/L	☐ µmol/L	
WBC count		☐ /mm^3	☐ G/L (= x10^9/L)		**Sodium**		☐ mEq/L = mmol/L		
Haematocrit		☐ %			**Potassium**		☐ mEq/L = mmol/L		
Platelets		☐ /mm^3	☐ G/L (= x10^9/L)		**Procalcitonin**		☐ ng/mL	☐ µg/L	
APTT/APTR		☐ seconds			**CRP**		☐ mg/L		
PT (seconds)		☐ seconds			**LDH**		☐ IU/L		
INR					**Creatine kinase**		= ☐ = IU/L	☐ UKAT/L	
ALT/SGPT		☐ IU/L			**Troponin**		☐ ng/mL	☐ µg/L	
AST/SGOT		☐ IU/L			**ESR**		☐ mm/hour		
Total bilirubin		☐ mg/L	☐ µmol/L		**D-dimer**		☐ ng/mL	☐ µg/L	
Urea (BUN)		☐ g/L	☐ mg/dL	☐ mmol/L	**Ferritin**		☐ ng/mL	☐ µg/L	
Lactate		☐ mg/dL	☐ mmol/L		**IL-6**		☐ pg/mL		

1j. PREGNANCY STATUS UPON ADMISSION

Pregnant not in labour	☐
Pregnant in labour	☐
Postpartum [days]*	☐ [days] Breastfeeding? ☐Yes ☐No
Post-abortion/miscarriage	☐
Number of foetuses	☐Singleton ☐Twin ☐Triplet ☐Other [number] ☐Unknown
Best estimate of gestational age in completed weeks	[_W_][_W_] weeks

1k. ABORTION OR MISCARRIAGE *(prior to admission)*	
Date of induced abortion or spontaneous abortion/miscarriage?	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]
Were symptoms of COVID-19 disease present at the time?	☐Yes ☐No ☐Unknown

1l. OBSTETRIC HISTORY
Number of previous pregnancies beyond 22 weeks gestation [number]
Number of previous vaginal deliveries [number]
Number of previous cesarean deliveries [number]

1m. Please tick any which apply to previous deliveries:	
Preterm birth (< 37 weeks' gestation)	☐Yes ☐No ☐Unknown
Congenital anomaly	☐Yes ☐No ☐Unknown
Stillborn	☐Yes ☐No ☐Unknown
Neonatal death (0–6 days)	☐Yes [day:] ☐No ☐Unknown
Weight < 2.5 kg	☐Yes ☐No ☐Unknown
Weight > 4.5 kg	☐Yes ☐No ☐Unknown

1n. ALCOHOL, DRUGS – RISK FACTORS DURING THIS PREGNANCY	
Alcohol consumption	☐Yes ☐No ☐Unknown
Illicit/recreational drug use	☐Yes ☐No ☐Unknown

1o. MEDICATIONS DURING THIS PREGNANCY *(Prior to onset of current illness episode)*	
Fever or pain treatment	**Acetaminophen/paracetamol** ☐Yes ☐No ☐Unknown
	NSAID/s ☐Yes ☐No ☐Unknown
	Other/s (specify): [ ]
Anticonvulsants	☐Yes ☐No ☐Unknown **If yes, specify generic name:** **[ ]**
Anti-nausea	☐Yes ☐No ☐Unknown **If yes, specify generic name:** **[ ]**
Prenatal vitamins and micronutrients	☐Yes ☐No ☐Unknown **If yes, specify generic name:** **[ ]**
Antivirals	☐Yes ☐No ☐Unknown **If yes, specify generic name:** **[ ]**
Antibiotics	☐Yes ☐No ☐Unknown **If yes, specify generic name:** **[ ]**

1p. ADMISSION SIGNS AND SYMPTOMS			
Vaginal watery discharge	☐Yes	☐No	☐Unknown
Vaginal bleeding	☐Yes	☐No	☐Unknown
Headaches	☐Yes	☐No	☐Unknown
Vision changes	☐Yes	☐No	☐Unknown
Right upper quadrant (abdominal) pain	☐Yes	☐No	☐Unknown
Decreased or no fetal movement	☐Yes	☐No	☐Unknown
Uterine contractions	☐Yes	☐No	☐Unknown

1q. FETAL HEART RATE *(first available data at presentation/admission)*	
Fetal heart rate	**(FHR):** [_ _][_ _][_ _] beats/min

PREGNANCY MODULE 2. Follow up (daily or as frequent as possible based on feasibility)

Date of follow up [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]

2a. VITAL SIGNS *(record most abnormal value between 00:00 to 24:00)*

Temperature [_][___].[_]°C **Heart rate** [___][___][_]beats per min **Respiratory rate** [_][___]breaths/min

BP [_] [_] [_](systolic) [___][_][_](diastolic) mmHg **Severe dehydration** ☐Yes ☐No ☐Unknown

Sternal capillary refill time > 2 seconds ☐Yes ☐No ☐Unknown **A V P U** (circle one)

Oxygen saturation [_][ ][ ]% on ☐Room air ☐Oxygen therapy ☐Unknown **GCS/15** [_] [_]

2b. DAILY CLINICAL FEATURES *(Unk = Unknown)*

Cough	☐Yes	☐No ☐Unk	Confusion	☐Yes	☐No ☐Unk
and sputum production	☐Yes	☐No ☐Unk	Seizures	☐Yes	☐No ☐Unk
Sore throat	☐Yes	☐No ☐Unk	Vomiting/nausea	☐Yes	☐No ☐Unk
Chest pain	☐Yes	☐No ☐Unk	Diarrhoea	☐Yes	☐No ☐Unk
Shortness of breath	☐Yes	☐No ☐Unk	Conjunctivitis	☐Yes	☐No ☐Unk
Loss of smell	☐Yes	☐No ☐Unk	Myalgia	☐Yes	☐No ☐Unk
Loss of taste	☐Yes	☐No ☐Unk	Other, specify: _____		

2c. LABORATORY RESULTS *(*record units if different from those listed)*

Parameter	Value*	Units			Parameter	Value*	Units		
Haemoglobin		__ g/L	__ g/dL		**Creatinine**		__ mg/L	__ µmol/L	
WBC count		___ /mm^3	___ G/L (= x10^9/L)		**Sodium**		___ mEq/L = mmol/L		
Haematocrit		___ %			**Potassium**		___ mEq/L = mmol/L		
Platelets		___ /mm^3	___ G/L (= x10^9/L)		**Procalcitonin**		___ ng/mL	___ µg/L	
APTT/APTR		___ seconds			**CRP**		___ mg/L		
PT (seconds)		___ seconds			**LDH**		___ IU/L		
INR					**Creatine kinase**		___ IU/L	__ UKAT/L	
ALT/SGPT		___ IU/L			**Troponin**		___ ng/mL	__ µg/L	
AST/SGOT		___ IU/L			**ESR**		__ mm/hour		
Total bilirubin		___ mg/L	__ µmol/L		**D-dimer**		___ ng/mL	___ µg/L	
Urea (BUN)		___ g/L	___ mg/dL	___ mmol/L	**Ferritin**		___ ng/mL	___ µg/L	
Lactate		___ mg/dL	___ mmol/L		**IL-6**		___ pg/mL		

2d. MEDICATION At any time during this 24-hour hospital day, did the patient receive:

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown **Intravenous fluids?** ☐Yes ☐No ☐Unknown

Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ☐Ribavirin ☐Lopinavir/Ritonavir ☐Neuraminidase inhibitor ☐Interferon alpha ☐Interferon beta ☐Other, specify: _____

Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ☐Oral ☐Intravenous ☐Inhaled

If yes, please provide agent and maximum daily dose: _____

Antibiotic? ☐Yes ☐No ☐Unknown **Antifungal agent?** ☐Yes ☐No ☐Unknown

Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown

Angiotensin converting enzyme inhibitors (ACE inhibitors) ☐Yes ☐No ☐Unknown

Angiotensin II receptor blockers (ARBs) ☐Yes ☐No ☐Unknown

Systemic anticoagulation ☐Yes ☐No ☐Unknown

2e. SUPPORTIVE CARE At any time during this 24-hour hospital day, did the patient receive:

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown

Date of ICU/HDU admission [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown

ICU/HDU discharge date [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Not discharged yet ☐Unknown

Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes,** complete all below:

O_2 flow: ☐ 1–5 L/min ☐ 6–10 L/min ☐ 11–15 L/min ☐ > 15 L/min ☐Unknown

Source of oxygen: ☐Piped ☐Cylinder ☐Concentrator ☐Unknown

Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask ☐Unknown

Non-invasive ventilation? (e.g. BIPAP, CPAP) ☐Yes ☐No ☐Unknown

Invasive ventilation (any)? ☐Yes ☐No ☐Unknown **If yes, what were the following values closest to 08:00:** PEEP (cm H_2O) _____; FiO_2 (%) _____; Plateau pressure (cm H_2O) _____; $PaCO_2$ _____; PaO_2_____

Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown

Prone position? ☐Yes ☐No ☐Unknown

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown

Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown

2f. FETAL HEART RATE	
Fetal heart rate (record most abnormal value between 00:00 to 24:00)	**(FHR):** [_ _][_ _][_ _] beats/min

2g. TREATMENT DURING HOSPITALIZATION At ANY time during hospitalization, did the patient receive/undergo:	
Tocolysis	☐Yes ☐No ☐Unknown
Induction of labour	☐Yes ☐No ☐Unknown
Blood transfusion	☐Yes ☐No ☐Unknown

PREGNANCY MODULE 3. Complete at discharge/death

3a. DIAGNOSTIC/PATHOGEN TESTING

Chest X-ray/CT performed? ☐Yes ☐No ☐Unknown **If yes: infiltrates present?** ☐Yes ☐No ☐Unknown

Was pathogen testing done during this illness episode? ☐Yes ☐No ☐Unknown **If yes**, complete all below:

Influenza virus: ☐Positive ☐Negative ☐Not done **If positive,** type _____

Coronavirus: ☐Positive ☐Negative ☐Not done **If positive:** ☐MERS-CoV ☐SARS-CoV-2 ☐Other ___

Other respiratory pathogen: ☐Positive ☐Negative ☐Not done **If positive,** specify _____

Viral haemorrhagic fever: ☐Positive ☐Negative ☐Not done **If positive,** specify virus _____

Other pathogen of public health interest detected: If yes, specify: _____

Falciparum malaria: ☐Positive ☐Negative ☐Not done

Non-falciparum malaria: ☐Positive ☐Negative ☐Not done **HIV:** ☐Positive ☐Negative ☐Not done

3b. COMPLICATIONS At any time during hospitalization did the patient experience:

Shock	☐Yes ☐No ☐Unknown	Bacteraemia	☐Yes ☐No ☐Unknown
Seizure	☐Yes ☐No ☐Unknown	Bleeding	☐Yes ☐No ☐Unknown
Meningitis/encephalitis	☐Yes ☐No ☐Unknown	Endocarditis	☐Yes ☐No ☐Unknown
Anaemia	☐Yes ☐No ☐Unknown	Myocarditis/pericarditis	☐Yes ☐No ☐Unknown
Cardiac arrhythmia	☐Yes ☐No ☐Unknown	Acute renal injury	☐Yes ☐No ☐Unknown
Cardiac arrest	☐Yes ☐No ☐Unknown	Pancreatitis	☐Yes ☐No ☐Unknown
Pneumonia	☐Yes ☐No ☐Unknown	Liver dysfunction	☐Yes ☐No ☐Unknown
Bronchiolitis	☐Yes ☐No ☐Unknown	Cardiomyopathy	☐Yes ☐No ☐Unknown
Stroke: ischaemic stroke	☐Yes ☐No ☐Unknown	Acute respiratory distress syndrome (ARDS)	☐Yes ☐No ☐Unknown
Stroke: intracerebral hemorrhage	☐Yes ☐No ☐Unknown		
Other	☐Yes ☐No ☐Unknown If Yes, specify:_____		

3c. MEDICATION While hospitalized or at discharge, were any of the following administered:

Oral/orogastric fluids? ☐Yes ☐No ☐Unknown

Intravenous fluids? ☐Yes ☐No ☐Unknown

Antiviral? ☐Yes ☐No ☐Unknown **If yes:** ☐Ribavirin ☐Lopinavir/ritonavir ☐Neuraminidase inhibitor ☐Interferon alpha ☐Interferon beta ☐Other, specify: _____

Corticosteroid? ☐Yes ☐No ☐Unknown **If yes,** route: ☐Oral ☐Intravenous ☐Inhaled **If yes,** specify agent and maximum daily dose:_____

Antibiotic? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Antifungal agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Antimalarial agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Experimental agent? ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Non-steroidal anti-inflammatory (NSAID) ☐Yes ☐No ☐Unknown **If yes,** specify: _____

Systematic anticoagulation ☐Yes ☐No ☐Unknown

3d. SUPPORTIVE CARE At ANY time during hospitalization, did the patient receive/undergo:

ICU or high dependency unit admission? ☐Yes ☐No ☐Unknown **If yes,** total duration: ____days

Date of ICU admission [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐ N/A

Date of ICU discharge [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐ In ICU at outcome ☐N/A

Oxygen therapy? ☐Yes ☐No ☐Unknown **If yes, complete all:** **Total duration**:_____days

O_2 flow: ☐ 1–5 L/min ☐ 6–10 L/min ☐ 11–15 L/min ☐ >15 L/min **Source of oxygen:** ☐Piped ☐Cylinder ☐Concentrator

Interface: ☐Nasal prongs ☐HF nasal cannula ☐Mask ☐Mask with reservoir ☐CPAP/NIV mask

Non-invasive ventilation? (e.g. BIPAP, CPAP) ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days

Invasive ventilation (any)? ☐Yes ☐No ☐Unknown **If yes,** total duration:___ days

Extracorporeal (ECMO) support? ☐Yes ☐No ☐Unknown **If yes,** total duration:___ days

Prone position? ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days

Inotropes/vasopressors? ☐Yes ☐No ☐Unknown **If yes,** total duration:_____days

Renal replacement therapy (RRT) or dialysis? ☐Yes ☐No ☐Unknown

3e. OUTCOME

Outcome: ☐Discharged alive ☐Hospitalized ☐Transfer to other facility ☐Death ☐Palliative discharge ☐Unknown

Outcome date: [_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] ☐Unknown

If discharged alive, ability to self-care at discharge versus before illness: ☐Same as before illness ☐Worse ☐Better ☐Unknown

Sections 3f–3i (to be completed if delivery happened within 21 days of symptom onset)

3f. DELIVERY, PREGNANCY AND MATERNAL OUTCOMES		
Delivery during admission	☐Yes ☐No	
Delivery date	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_]	
Mode of delivery	☐ Vaginal delivery ☐ Caesarean section	
Onset of labour	☐ Spontaneous ☐ Induced ☐ Cesarean section before labour ☐ Unknown	
Fetal presentation at delivery	☐ Cephalic ☐ Transverse ☐ Breech	
Amniotic fluid at delivery	☐ Clear ☐ Meconium stained ☐ Unknown	
Other maternal outcomes/pregnancy complications	Gestational diabetes	☐Yes ☐No ☐Unknown
	Gestational hypertension	☐Yes ☐No ☐Unknown
	Anaemia (Hb < 11 g/dL)	☐Yes ☐No ☐Unknown
	Hyperemesis	☐Yes ☐No ☐Unknown
	Intrauterine growth restriction	☐Yes ☐No ☐Unknown
	Placental previa/accreta/percreta	☐Yes ☐No ☐Unknown
	Bacterial infection prior to hospital visit	☐Yes ☐No ☐Unknown
	Pre-eclampsia/eclampsia	☐Yes ☐No ☐Unknown
	Placental abruption	☐Yes ☐No ☐Unknown
	Preterm contractions	☐Yes ☐No ☐Unknown
	Preterm labour	☐Yes ☐No ☐Unknown
	Preterm rupture of membranes	☐Yes ☐No ☐Unknown
	Early or midterm miscarriage	☐Yes ☐No ☐Unknown
	Haemorrhage	☐Yes ☐No ☐Unknown
	If haemorrhage, which type:	☐ Antepartum/intrapartum ☐ Postpartum haemorrhage ☐ Abortion-related
	Embolic disease	☐Yes ☐No ☐Unknown
	Anesthetic complication	☐Yes ☐No ☐Unknown

3g. PREGNANCY STATUS AT DISCHARGE	
Pregnancy outcome	☐Undelivered ☐Spontaneous abortion ☐Induced abortion ☐Missed abortion ☐Macerated stillbirth ☐Fresh stillbirth ☐Livebirth ☐Post-abortion/postpartum on admission
Maternal death **If yes, what was the underlying cause of death?**	☐Yes ☐No ☐Abortive outcome ☐Hypertensive disorders in pregnancy, childbirth and the puerperium ☐Obstetric haemorrhage ☐Pregnancy-related infection ☐Other obstetric complication not included in above causes ☐Unanticipated complications of management (e.g. anaesthesia-related complications) ☐Indirect maternal death ☐Obstetric death of unspecified cause ☐Deaths from a coincidental cause (e.g. motor vehicle accident)

3h. SAMPLE COLLECTION				
Any sampling conducted? If so, please describe the test and the results	☐Amniotic fluid	[_test description__]	[_date of collection__]	[_____result_____]
	☐Placenta	[_test description__]	[_date of collection__]	[_____result_____]
	☐Cord blood	[_test description__]	[_date of collection__]	[_____result_____]
	☐Vaginal swab	[_test description__]	[_date of collection__]	[_____result_____]
	☐Faeces/rectal swab	[_test description__]	[_date of collection__]	[_____result_____]
	☐Pregnancy tissue in the case of fetal demise/induced abortion	[_test description__]	[_date of collection__]	[_____result_____]
	☐Breastmilk	[_test description__]	[_date of collection__]	[_____result_____]

3i. NEONATAL OUTCOMES	
Date of birth [DD/MM/YYYY] **Time of birth** [e.g. 14:21]	[_D_][_D_]/[_M_][_M_]/[_2_][_0_][_Y_][_Y_] [____:____]
Participant ID of the mother:	[___][___][___][___][___]-- [___][___][___][___] – [__Single digit Baby ID_]* *Complete one form per neonate
COVID-19 lab test of foetus or neonate	☐Performed ☐Not performed ☐Unknown If yes: [_sample collected__] [_test description__][_date of collection__] [_____result_____]
Apgar score at 5 minutes	Score: [___][___]
Gestational age	Weeks: [___][___] Days: [_____]
Birth weight	Grams: [___][___][___][___]
Respiratory distress syndrome	☐Yes ☐No ☐Unknown

Neonatal outcome	☐Discharged healthy ☐Discharged with complications/sequelae Details: [_____] ☐Clinical referral to specialist ward /other hospital Details: [_____] ☐Death Date of death: [_D_][_D_]/[_M_][_M_]/[_Y_][_Y_] ☐Unknown

If neonate died, primary cause of death	☐Preterm/low birth weight ☐Birth asphyxia ☐Infection ☐Birth trauma ☐Congenital/birth defects ☐Other ☐Unknown
Any congenital anomalies	☐Neural tube defects ☐Microcephaly ☐Congenital malformations of ear ☐Congenital heart defects ☐Orofacial clefts ☐Congenital malformations of digestive system ☐Congenital malformations of genital organs ☐Abdominal wall defects ☐Chromosomal abnormalities ☐Reduction defects of upper and lower limbs ☐Talipes equinovarus/clubfoot