Domain: Maternal COVID-19 Treatment

Was the Participant Hospitalized due to COVID-19?
• Yes / No

Indication for Hospitalization
[Drop down, select 1 and answer appropriate follow up questions]
• What was the indication for the patient’s hospitalization?
  • Admitted due to COVID-19 [If selected, select one below]
    • Did not result in delivery
    • Delivered (include if pregnancy loss)
      • Spontaneous labor
      • Induced
  • Admitted for delivery (spontaneous labor, induction, CD)
    • Yes / No
      • If yes, SARS-CoV-2 test performed?
        • Yes, positive
        • Yes, negative
        • Yes, missing
        • No
        • Unknown
          • If yes, positive: Was the patient symptomatic?
            • Yes
            • No
  • Admitted for non-COVID / non-labor and delivery
    • Did the patient test positive for SARS-CoV-2?
    • Did the admission result in delivery / end of pregnancy?
  • Date admitted
    • Month/Day/Year

Was the Participant in the ICU due to COVID-19?
• Yes / No
• Date admitted
  • Month/Day/Year

COVID-19 Treatment Medication
• Mark Yes/ No/ Unknown to denote if the patient received any of the following COVID-19 treatments
• Please note that these options reflect the available treatments in October 2020. Please expand this list as necessary as treatment regiments evolve
  • Oseltamivir
  • Hydroxychloroquine / chloroquine therapy
  • Remdesivir
  • Azithromycin
  • Convalescent plasma
  • Other antiviral
  • Unfractionated heparin
  • Low molecular weight heparin
  • Tocilizumab
  • Bevacizumab
  • Eculizumab
  • Ruxolitinib
  • Dexamethasone
  • Methylprednisolone
  • Hydrocortisone IV / injection
  • Other immune modulator
  • Other corticosteroid
  • Other (please specify)

Highest Level of Respiratory Support for COVID-19
[Select one]
• None
• Blow-by
• Oxygen by cannula / oxyhood / mask
• High flow nasal cannula
• Continuous positive airway pressure
• Bilevel positive airway pressure
• Ventilation