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### 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 regimens 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