

WEBINARS

COVID-19

**PERINATAL INFORMATION SYSTEM
COVID-19 MODULE**

18th May, 2020

PAHO



**Pan American
Health
Organization**



**World Health
Organization**

REGIONAL OFFICE FOR THE
Americas

BE AWARE. PREPARE. ACT.

www.paho.org/coronavirus

RATIONALE

- Complement SIP with a specific module on COVID-19
- Provide a harmonized clinical record
- Clinical-care oriented
- Identify risk conditions
- Assess clinical conditions of the mother and newborn
- Assess implementation of essential interventions
- Promote essential care at discharge
- Data analysis

The image shows a detailed screenshot of a clinical assessment form, likely for COVID-19. The form is organized into several horizontal sections, each with a title in Spanish. The top section includes patient identification fields like 'NOMBRE', 'EDAD', and 'SEXO'. Below this are sections for 'COMPLICACIONES', 'SÍNTOMAS', and 'EXAMEN FÍSICO'. A prominent section titled 'NECESIDADES' contains a grid of checkboxes for various clinical indicators, such as 'Fiebre', 'Tos', 'Dificultad para respirar', and 'Oxígeno saturado'. Another section, 'RECOMENDACIONES', provides space for recording interventions and their status. The bottom part of the form includes a section for 'OTROS DATOS DE INTERÉS' and a 'NOTAS' field. The form uses a combination of radio buttons, checkboxes, and dropdown menus for data entry.

MAIN CHARACTERISTICS

- Complements maternal and perinatal modules (facilities using SIP)
- Stand-alone tool
 - Same utilities
 - Maternal health component
 - Newborn health component

Maternal and perinatal form

The image displays three overlapping forms from a maternal and perinatal registry. The forms are filled with various data points, including checkboxes, radio buttons, and text fields, organized into sections. The forms are tilted and overlap each other, with the central form being the most prominent. Three red text labels are overlaid on the forms: 'Admission' on the left form, 'Hospitalization' in the center, and 'Termination/Discharge' on the right form. The forms contain detailed information about pregnancy, labor, and delivery, including sections for 'ANTECEDENTES', 'EXAMEN FÍSICO', 'LABORATORIO', and 'INTERVENCIONES'.

Admission

Hospitalization

Termination/Discharge

Newborn care form

HOJA DE INSTRUCCIONES INICIALES (CONTIENE 10 PÁGINAS)

REGISTRO DE DATOS DE LA MADRE

Nombre: _____ Fecha de nacimiento: _____ Edad: _____ Estado civil: _____ Ocupación: _____

REGISTRO DE DATOS DEL BEBÉ

Nombre: _____ Sexo: _____ Fecha de nacimiento: _____ Hora: _____ Lugar: _____

SEÑALES DE VITALIDAD

Respiración: Buena Mala Ausente

Color de la piel: Rosa Amarillo Verde Morado

EXAMEN FÍSICO

Cabeza: Normal Anormal

Ojos: Abiertos Cerrados

Oídos: Presentes Ausentes

Corazón: Normal Anormal

Pulmónes: Normal Anormal

Abdomen: Normal Anormal

Genitales: Normal Anormal

Extremidades: Normal Anormal

EXAMEN DE LABORATORIO

Hemograma: Normal Anormal

Urea y creatinina: Normal Anormal

EXAMEN DE OÍDOS

Oído izquierdo: Normal Anormal

Oído derecho: Normal Anormal

EXAMEN DE OJOS

Ojo izquierdo: Normal Anormal

Ojo derecho: Normal Anormal

EXAMEN DE PULMÓNES

Pulmónes: Normal Anormal

EXAMEN DE CORAZÓN

Corazón: Normal Anormal

EXAMEN DE ABDOMEN

Abdomen: Normal Anormal

EXAMEN DE GENITALES

Genitales: Normal Anormal

EXAMEN DE EXTREMIDADES

Extremidades: Normal Anormal

EXAMEN DE PIEL

Piel: Normal Anormal

EXAMEN DE MUCOSAS

Mucosas: Normal Anormal

EXAMEN DE REFLEJOS

Reflejos: Normal Anormal

EXAMEN DE TONO MUSCULAR

Tono muscular: Normal Anormal

EXAMEN DE RESPUESTA A ESTÍMULOS

Respuesta a estímulos: Normal Anormal

EXAMEN DE CONDUCTA

Conducta: Normal Anormal

EXAMEN DE HISTORIA CLÍNICA

Historia clínica: Normal Anormal

EXAMEN DE ANAMNESIS

Anamnesis: Normal Anormal

EXAMEN DE FÍSICO

Físico: Normal Anormal

EXAMEN DE LABORATORIO

Laboratorio: Normal Anormal

EXAMEN DE OÍDOS

Oídos: Normal Anormal

EXAMEN DE OJOS

Ojos: Normal Anormal

EXAMEN DE PULMÓNES

Pulmónes: Normal Anormal

EXAMEN DE CORAZÓN

Corazón: Normal Anormal

EXAMEN DE ABDOMEN

Abdomen: Normal Anormal

EXAMEN DE GENITALES

Genitales: Normal Anormal

EXAMEN DE EXTREMIDADES

Extremidades: Normal Anormal

EXAMEN DE PIEL

Piel: Normal Anormal

EXAMEN DE MUCOSAS

Mucosas: Normal Anormal

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Tono muscular: Normal Anormal

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Respuesta a estímulos: Normal Anormal

EXAMEN DE CONDUCTA

Conducta: Normal Anormal

Registro Neonatal - COVID-19

REGISTRO DE DATOS DE LA MADRE

Nombre: _____ Fecha de nacimiento: _____ Edad: _____ Estado civil: _____ Ocupación: _____

REGISTRO DE DATOS DEL BEBÉ

Nombre: _____ Sexo: _____ Fecha de nacimiento: _____ Hora: _____ Lugar: _____

SEÑALES DE VITALIDAD

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Ojo izquierdo: Normal Anormal

Ojo derecho: Normal Anormal

EXAMEN DE PULMÓNES

Pulmónes: Normal Anormal

EXAMEN DE CORAZÓN

Corazón: Normal Anormal

EXAMEN DE ABDOMEN

Abdomen: Normal Anormal

EXAMEN DE GENITALES

Genitales: Normal Anormal

EXAMEN DE EXTREMIDADES

Extremidades: Normal Anormal

EXAMEN DE PIEL

Piel: Normal Anormal

EXAMEN DE MUCOSAS

Mucosas: Normal Anormal

EXAMEN DE REFLEJOS

Reflejos: Normal Anormal

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Tono muscular: Normal Anormal

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Respuesta a estímulos: Normal Anormal

EXAMEN DE CONDUCTA

Conducta: Normal Anormal

EXAMEN DE HISTORIA CLÍNICA

Historia clínica: Normal Anormal

EXAMEN DE ANAMNESIS

Anamnesis: Normal Anormal

EXAMEN DE FÍSICO

Físico: Normal Anormal

EXAMEN DE LABORATORIO

Laboratorio: Normal Anormal

EXAMEN DE OÍDOS

Oídos: Normal Anormal

EXAMEN DE OJOS

Ojos: Normal Anormal

EXAMEN DE PULMÓNES

Pulmónes: Normal Anormal

EXAMEN DE CORAZÓN

Corazón: Normal Anormal

EXAMEN DE ABDOMEN

Abdomen: Normal Anormal

EXAMEN DE GENITALES

Genitales: Normal Anormal

EXAMEN DE EXTREMIDADES

Extremidades: Normal Anormal

EXAMEN DE PIEL

Piel: Normal Anormal

EXAMEN DE MUCOSAS

Mucosas: Normal Anormal

EXAMEN DE REFLEJOS

Reflejos: Normal Anormal

EXAMEN DE TONO MUSCULAR

Tono muscular: Normal Anormal

EXAMEN DE RESPUESTA A ESTÍMULOS

Respuesta a estímulos: Normal Anormal

EXAMEN DE CONDUCTA

Conducta: Normal Anormal

CURRENT RESPIRATORY INFECTION

Respiratory infections module		INCLUSION CRITERIA		no		yes		no		yes		IgG		IgM		PCR		
Proven or suspected infection with pathogen of Public Health Interest		<input type="radio"/>	<input checked="" type="radio"/>	Cough		<input type="radio"/>	<input checked="" type="radio"/>	Clinical suspicion of ARI despite not meeting previous criteria		<input type="radio"/>	<input checked="" type="radio"/>	COVID-19 (SARS-CoV2)		<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
History of self-reported feverishness or measured fever of $\geq 38^{\circ}\text{C}$		<input type="radio"/>	<input checked="" type="radio"/>	Dyspnea or Resp Rate* * ≥ 20 in ≥ 13 years.		<input type="radio"/>	<input checked="" type="radio"/>	Contact with confirmed case		<input type="radio"/>	<input checked="" type="radio"/>	COVID-19 (SARS-CoV2)		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

ETHNIA			CIVIL STATUS			EDUCATION			years in highest level		Health Worker		Laboratory Worker		other																
afro	<input type="radio"/>	mixed	<input type="radio"/>	other	<input type="radio"/>	married	<input type="radio"/>	widow	<input type="radio"/>	n/d	<input type="radio"/>	none	<input checked="" type="radio"/>	secondary	<input type="radio"/>	primary	<input type="radio"/>	university	<input type="radio"/>	Health Worker	<input type="radio"/>	no	<input type="radio"/>	yes	<input type="radio"/>	other	<input type="radio"/>	no	<input type="radio"/>	yes	<input type="radio"/>
white	<input type="radio"/>	indigenous	<input type="radio"/>	n/d	<input type="radio"/>	divorced	<input type="radio"/>	single	<input type="radio"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>

TEST FOR RESPIRATORY VIRAL INFECTIONS									
Coronavirus		Influenza			Others				
negative	<input type="radio"/>	positive	<input checked="" type="radio"/>	no	<input type="radio"/>	no	<input type="radio"/>	no	<input type="radio"/>
				yes	<input checked="" type="radio"/>	yes	<input checked="" type="radio"/>	yes	<input checked="" type="radio"/>
				not done	<input type="radio"/>	specify:	<input type="text"/>		

CURRENT RESPIRATORY INFECTION

- Signs and symptoms and medication (previous 14 days)

SYMPTOMS SINCE				MEDICATIONS BEFORE DIAGNOSIS			
Date of onset of symptoms day month year <input type="text"/> <input type="text"/> <input type="text"/>				Medication in the previous 14 days?			
no yes Recent fever <input type="radio"/> <input checked="" type="radio"/>	no yes Headache <input type="radio"/> <input checked="" type="radio"/>	no yes ACE inhibitors <input type="radio"/> <input type="radio"/>	no yes Anti nausea drugs <input type="radio"/> <input type="radio"/> specify: _____	no yes Cough <input type="radio"/> <input checked="" type="radio"/>	no yes Abdominal pain <input type="radio"/> <input checked="" type="radio"/>	no yes Angiotensin II receptor blockers (ARBs) <input type="radio"/> <input type="radio"/>	no yes Vitamins <input type="radio"/> <input type="radio"/> specify: _____
no yes Dry cough <input type="radio"/> <input checked="" type="radio"/>	no yes Vomiting / nauseas <input type="radio"/> <input checked="" type="radio"/>	no yes NSAID drugs <input type="radio"/> <input type="radio"/>	no yes Micronutrients <input type="radio"/> <input type="radio"/> specify: _____	no yes Mucous cough <input type="radio"/> <input checked="" type="radio"/>	no yes Diarrhea <input type="radio"/> <input checked="" type="radio"/>	no yes Antipyretics <input type="radio"/> <input type="radio"/> specify: _____	no yes Antiviral drugs <input type="radio"/> <input type="radio"/> specify: _____
no yes Sore throat <input type="radio"/> <input checked="" type="radio"/>	no yes Anosmia (smell) <input type="radio"/> <input checked="" type="radio"/>	no yes Anticonvulsants <input type="radio"/> <input type="radio"/> specify: _____	no yes Antibiotics <input type="radio"/> <input type="radio"/> specify: _____	no yes Rhinorrhea <input type="radio"/> <input checked="" type="radio"/>	no yes Ageusia (taste) <input type="radio"/> <input checked="" type="radio"/>		
no yes Myalgias/arthralgias <input type="radio"/> <input checked="" type="radio"/>	no yes Bleeding dis. <input type="radio"/> <input checked="" type="radio"/>			no yes Fatigue <input type="radio"/> <input checked="" type="radio"/>	no yes Other <input type="radio"/> <input checked="" type="radio"/> specify: _____		
no yes Breathing difficulties <input type="radio"/> <input checked="" type="radio"/>							

CURRENT RESPIRATORY INFECTION

- Symptoms and signs and clinical condition at admission

SYMPTOMS AND SIGNS OF RESPIRATORY INFECTION WHEN AT FIRST CONSULTATION																	
Recent fever	no	yes	Breathing difficulties	no	yes	Anosmia (smell)	no	yes	Respiratory rate (Rpm)	Heart rate (Lpm)	Temperature °C	ADMISSION					
Cough	<input type="radio"/>	<input checked="" type="radio"/>	Inability to walk	<input type="radio"/>	<input checked="" type="radio"/>	Ageusia (taste)	<input type="radio"/>	<input checked="" type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	no	yes	day
Dry cough	<input type="radio"/>	<input checked="" type="radio"/>	Chest retractions	<input type="radio"/>	<input checked="" type="radio"/>	Bleeding dis.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mucous cough	<input type="radio"/>	<input checked="" type="radio"/>	Headache	<input type="radio"/>	<input checked="" type="radio"/>	Other	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sore throat	<input type="radio"/>	<input checked="" type="radio"/>	Confusion	<input type="radio"/>	<input checked="" type="radio"/>	Amniotic fluid leak	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rhinorrhea	<input type="radio"/>	<input checked="" type="radio"/>	Abdominal pain	<input type="radio"/>	<input checked="" type="radio"/>	Genital bleeding	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wheezing	<input type="radio"/>	<input checked="" type="radio"/>	Vomiting / nauseas	<input type="radio"/>	<input checked="" type="radio"/>	Headache	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chest pain	<input type="radio"/>	<input checked="" type="radio"/>	Diarrhea	<input type="radio"/>	<input checked="" type="radio"/>	Acute visual problems	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myalgias / arthralgias	<input type="radio"/>	<input checked="" type="radio"/>	Conjunctivitis	<input type="radio"/>	<input checked="" type="radio"/>	Right hypochondrium pain	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input checked="" type="radio"/>	Lymphadenopathies	<input type="radio"/>	<input checked="" type="radio"/>	Less or no fetal movements	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						Painful uterine contractions	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ADMISSION

Respiratory infections module - ADMISSION				Cause of admission: _____																
NAME				DATE OF ADMISSION day month year			Institution													
LAST NAME							ID number													
LEVEL OF CARE				Intermediate			intensive													
Minimal				no			no													
yes				yes			yes													
n/d				n/d			n/d													
ADMISSION ASSESSMENT																				
Systolic Blood Pressure (mm Hg)			Dyastolic Blood Pressure (mm Hg)			Temperature °C		Capillary Refill Time (secs)		Weight at admission (Kg)			SpO ₂ (%)		PaCO ₂ (mmHg)		AVPU *		FHR	
no			no			no		no		no			no		no		Alert		no	
yes			yes			yes		yes		yes			yes		yes		Visual		no	
n/d			n/d			n/d		n/d		n/d			n/d		n/d		Pain		no	
																	Unresponsive		no	

- Level of care required and assessment at admission

ADMISSION

SYMPTOMS AND SIGNS OF RESPIRATORY INFECTION AT AMISSION

	no	yes		no	yes		no	yes		no	yes
Recent fever	<input type="radio"/>	<input checked="" type="radio"/>	Myalgias/arthralgias	<input type="radio"/>	<input checked="" type="radio"/>	Vomits / nauseas	<input type="radio"/>	<input checked="" type="radio"/>	Amniotic fluid leak	<input type="radio"/>	<input checked="" type="radio"/>
Cough	<input type="radio"/>	<input checked="" type="radio"/>	Headache	<input type="radio"/>	<input checked="" type="radio"/>	Diarrhea	<input type="radio"/>	<input checked="" type="radio"/>	Genital bleeding	<input type="radio"/>	<input checked="" type="radio"/>
Dry cough	<input type="radio"/>	<input checked="" type="radio"/>	Breathing difficulties	<input type="radio"/>	<input checked="" type="radio"/>	Conjunctivitis	<input type="radio"/>	<input checked="" type="radio"/>	Headache	<input type="radio"/>	<input checked="" type="radio"/>
mucous cough	<input type="radio"/>	<input checked="" type="radio"/>	Inability to walk	<input type="radio"/>	<input checked="" type="radio"/>	Lymphadenopathies	<input type="radio"/>	<input checked="" type="radio"/>	Acute visual problems	<input type="radio"/>	<input checked="" type="radio"/>
Sore throat	<input type="radio"/>	<input checked="" type="radio"/>	Chest retractions	<input type="radio"/>	<input checked="" type="radio"/>	Anosmia (smell)	<input type="radio"/>	<input checked="" type="radio"/>	Right hyponchondrium pain	<input type="radio"/>	<input checked="" type="radio"/>
Rhinorrhea	<input type="radio"/>	<input checked="" type="radio"/>	Headache	<input type="radio"/>	<input checked="" type="radio"/>	Ageusia (taste)	<input type="radio"/>	<input checked="" type="radio"/>	Less or no fetal movements	<input type="radio"/>	<input checked="" type="radio"/>
Wheezin	<input type="radio"/>	<input checked="" type="radio"/>	Confusion	<input type="radio"/>	<input checked="" type="radio"/>	Bleeding dis.	<input type="radio"/>	<input checked="" type="radio"/>	Painful uterine contractions	<input type="radio"/>	<input checked="" type="radio"/>
Chest pain	<input type="radio"/>	<input checked="" type="radio"/>	Abdominal pain	<input type="radio"/>	<input checked="" type="radio"/>	Other	<input type="radio"/>	<input checked="" type="radio"/>			

place: _____

specify: _____

ADMISSION

PRESCRIPTIONS AT ADMISSION					
Oral fluids	no	yes	specify: _____		
Parenteral fluids	<input type="radio"/>	<input type="radio"/>	specify: _____	BRAIL	no yes
Antiviral fluids	<input type="radio"/>	<input type="radio"/>	specify: _____	Convalescent plasma	<input type="radio"/> <input type="radio"/>
Interferon	<input type="radio"/>	<input type="radio"/>	specify: _____	Ivermectine	<input type="radio"/> <input type="radio"/>
Antibiotics	<input type="radio"/>	<input type="radio"/>	specify: _____	Anticonvulsants	<input type="radio"/> <input type="radio"/>
Antifungal drugs	<input type="radio"/>	<input type="radio"/>	specify: _____	Antinausea	<input type="radio"/> <input type="radio"/>
Antimalarial drugs	<input type="radio"/>	<input type="radio"/>	specify: _____	Vitamins micronutrients	<input type="radio"/> <input type="radio"/>
Experimental drugs	<input type="radio"/>	<input type="radio"/>	specify: _____	Tocolytics	<input type="radio"/> <input type="radio"/>
Antipyretic	<input type="radio"/>	<input type="radio"/>	specify: _____	Labour induction	<input type="radio"/> <input type="radio"/>
ACE Inhibitors	<input type="radio"/>	<input type="radio"/>	specify: _____	Steroids for lung maturation	<input type="radio"/> <input type="radio"/>

ON GOING LIFE SUPPORT							
Oxygen		Ventilation					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> L/min			invasive <input type="radio"/>	no invasive <input type="radio"/>	inotropics <input type="radio"/>	no yes <input type="radio"/> <input type="radio"/>	specify _____
			ECMO <input type="radio"/>		Inotrop. 1 <input type="radio"/> <input type="radio"/> _____ Inotrop. 2 <input type="radio"/> <input type="radio"/> _____ Inotrop. 3 <input type="radio"/> <input type="radio"/> _____		

ADMISSION

LABORATORY EXAMS	
Hemoglobin (g/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
WBC (10 ⁹ /L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HCT (%) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PLT (10 ⁹ /L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Thrombine time (seg) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Prothrombin time (seg) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
APTT/KPTT (seg) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Fibrinogen (mg/dL) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
INR no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/>
AST/SGOT (u/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ALT/SGOT (u/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Urea (mg/dL) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Lactate (mmol/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Creatinine (mg/dL) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Sodium (mEq/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Potassium (mEq/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Procalcitonine (ng/mL) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
CRP (mg/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
LDH (U/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Creatinine Kinase (μmol/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Troponine (ng/mL) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
VES (mm/h) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
D-dimer test no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Ferritin (ng/mL) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
IL-6 (pg/mL) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Glycemia (g/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Sat Hb % (room air) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Bicarbonate (mEq/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Base deficit (mmol/L) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
pH no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PaO ₂ / FiO ₂ no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>
PaCO ₂ (mmHg) no <input type="radio"/> yes <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/>

RADIOLOGY	
Chest X ray / CT	no <input type="radio"/> yes <input checked="" type="radio"/>
Abnormal	<input type="radio"/> <input checked="" type="radio"/> specify: _____

TERMINATION OF PREGNANCY

Termination of pregnancy														
FIRST NAME						Institution								
LAST NAME						ID number								
Birth during Resp Infection <input type="radio"/> no <input checked="" type="radio"/> yes		Date <input type="text"/> day <input type="text"/> month <input type="text"/> year <input type="text"/> hour <input type="text"/> min		Childbirth <input type="radio"/> Abortion <input checked="" type="radio"/>		Onset <input type="radio"/> Spontan. <input checked="" type="radio"/> Induced <input checked="" type="radio"/> Elect. CS <input checked="" type="radio"/>		Type of delivery <input type="radio"/> Spontaneous <input checked="" type="radio"/> C/Sec <input checked="" type="radio"/> reason <input type="radio"/> Urgent <input type="radio"/> Med. elect. <input type="radio"/> Maternal choice		Prenatal visits (total) <input type="text"/> Gest age at childbirth or abortion (weeks) <input type="text"/>				
Premature rupture of membranes <input checked="" type="radio"/> no <input type="radio"/> yes <input type="text"/> day <input type="text"/> month <input type="text"/> year <input type="text"/> hours <input type="text"/> min			Multiple birth <input type="radio"/> no <input checked="" type="radio"/> yes <input type="text"/> order		Medication received <input checked="" type="radio"/> Oxytocic at labor <input type="radio"/> ATB <input type="radio"/> Analgesia <input type="radio"/> Local anesth <input type="radio"/> Region anesth <input type="radio"/> Gral anesth <input type="radio"/> Transfusion <input type="radio"/> Preeclampsia <input type="radio"/> Mg sulfate Eclampsia			<37 w. <input checked="" type="radio"/> ≥18 hs. <input type="text"/> temp. ≥38°C <input type="text"/>			TDP <input type="radio"/> P <input type="radio"/> TDP <input type="radio"/> P <input type="radio"/> No one <input checked="" type="radio"/>			
Presentation situation <input type="radio"/> Cephalic <input checked="" type="radio"/> Breech <input checked="" type="radio"/> Transverse		Fetal size adequate <input checked="" type="radio"/> no <input type="radio"/> yes		Companion <input type="radio"/> Couple <input type="radio"/> Relative <input type="radio"/> Other <input checked="" type="radio"/> No one		Antenatal steroids <input type="radio"/> Complete <input checked="" type="radio"/> Incompl. <input type="radio"/> no <input type="radio"/> n/a <input type="text"/> week started								
BIRTH <input type="radio"/> Alive <input checked="" type="radio"/> Dead antepartum <input checked="" type="radio"/> Intra partum <input checked="" type="radio"/> Not known when			Position in labor <input type="radio"/> Sitting <input type="radio"/> Recumb <input type="radio"/> Squat		Episiotomy <input type="radio"/> no <input type="radio"/> yes		Tears Grade (1 to 4) <input type="radio"/> no <input checked="" type="radio"/>		Oxytocic <input type="radio"/> Before explu. plac. <input type="radio"/> After <input checked="" type="radio"/> no <input type="radio"/> yes		Placenta <input checked="" type="radio"/> Complete <input type="radio"/> Retained <input type="radio"/> no <input checked="" type="radio"/> yes		Time at Cord Clamping <input type="text"/> min. <input checked="" type="radio"/> < 1 min. <input type="radio"/> > 1 min.	
Sex <input type="radio"/> Fem. <input type="radio"/> Masc. <input checked="" type="radio"/> Not defined		Birth weight <input type="text"/> g		Head circ (cm) <input type="text"/> Length (cm) <input type="text"/>		Gestational age weeks <input type="text"/> days <input type="text"/>		Calculated from <input type="radio"/> LMP <input type="radio"/> US		Apgar score (min) 1 st <input type="text"/> 5 th <input type="text"/>		Resuscitation <input type="radio"/> Stimulation <input type="radio"/> Mask <input type="radio"/> <input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> Oxygen <input type="radio"/> Massage <input type="radio"/> <input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> Tube <input type="radio"/> Medication <input type="radio"/> <input checked="" type="radio"/> yes <input type="radio"/> no		

COMORBIDITIES

COMORBIDITY																	
HYPERTENSION no <input type="radio"/> yes <input checked="" type="radio"/>				HEMORRHAGE no <input type="radio"/> yes <input checked="" type="radio"/>				DIABETES no <input type="radio"/> yes <input checked="" type="radio"/>									
Chronic hypertension	<input type="radio"/>	<input checked="" type="radio"/>	HELLP	<input type="radio"/>	<input checked="" type="radio"/>	Post abortion	<input type="radio"/>	<input checked="" type="radio"/>	Abruptio placenta	<input type="radio"/>	<input checked="" type="radio"/>	Lacerations	<input type="radio"/>	<input checked="" type="radio"/>	Previous D. M. (insulin dependent)	<input type="radio"/>	<input checked="" type="radio"/>
Mild preeclampsia	<input type="radio"/>	<input checked="" type="radio"/>	Gestational hypertension	<input type="radio"/>	<input checked="" type="radio"/>	Hydatidiform Mole	<input type="radio"/>	<input checked="" type="radio"/>	Uterine rupture	<input type="radio"/>	<input checked="" type="radio"/>	Restos	<input type="radio"/>	<input checked="" type="radio"/>	Previous D. M. (non insulin dependent)	<input type="radio"/>	<input checked="" type="radio"/>
Severe preeclampsia	<input type="radio"/>	<input checked="" type="radio"/>	Chronic hypertension + preeclampsia	<input type="radio"/>	<input checked="" type="radio"/>	Ectopic pregnancy	<input type="radio"/>	<input checked="" type="radio"/>	Postpartum hemorrhage	<input type="radio"/>	<input checked="" type="radio"/>	Ovular remains	<input type="radio"/>	<input checked="" type="radio"/>	Gestational DM	<input type="radio"/>	<input checked="" type="radio"/>
Eclampsia	<input type="radio"/>	<input checked="" type="radio"/>				Previous placenta	<input type="radio"/>	<input checked="" type="radio"/>	Uterine atony	<input type="radio"/>	<input checked="" type="radio"/>	Abortion	<input type="radio"/>	<input checked="" type="radio"/>	Preterm delivery	<input type="radio"/>	<input checked="" type="radio"/>
						Accretism	<input type="radio"/>	<input checked="" type="radio"/>									
INFECTIONS no <input type="radio"/> yes <input checked="" type="radio"/>				OTHER DISORDERS no <input type="radio"/> yes <input checked="" type="radio"/>				OBSTETRIC COMPLICATIONS no <input type="radio"/> yes <input checked="" type="radio"/>									
Sepsis	<input type="radio"/>	<input checked="" type="radio"/>	Pneumonia	<input type="radio"/>	<input checked="" type="radio"/>	Hyperemesis gravidarum	<input type="radio"/>	<input checked="" type="radio"/>	Seizures	<input type="radio"/>	<input checked="" type="radio"/>	Renal disease	<input type="radio"/>	<input checked="" type="radio"/>	Obstructed labor	<input type="radio"/>	<input checked="" type="radio"/>
Endometritis	<input type="radio"/>	<input checked="" type="radio"/>	Caesarean section wound infection	<input type="radio"/>	<input checked="" type="radio"/>	Deep vein thrombosis	<input type="radio"/>	<input checked="" type="radio"/>	Altered state of consciousness	<input type="radio"/>	<input checked="" type="radio"/>	Malignant neoplasia	<input type="radio"/>	<input checked="" type="radio"/>	Prolonged rupture of membranes	<input type="radio"/>	<input checked="" type="radio"/>
Chorioamnionitis	<input type="radio"/>	<input checked="" type="radio"/>	Episiorrhaphy infection	<input type="radio"/>	<input checked="" type="radio"/>	Pulmonary embolism	<input type="radio"/>	<input checked="" type="radio"/>	Oliguria	<input type="radio"/>	<input checked="" type="radio"/>	Psychiatric disorder	<input type="radio"/>	<input checked="" type="radio"/>	Oligoamnios	<input type="radio"/>	<input checked="" type="radio"/>
Asymptomatic bacteriuria	<input type="radio"/>	<input checked="" type="radio"/>	Other infections	<input type="radio"/>	<input checked="" type="radio"/>	Amniotic fluid embolism	<input type="radio"/>	<input checked="" type="radio"/>	Anemia (< 11 g/L)	<input type="radio"/>	<input checked="" type="radio"/>	Cholestasis	<input type="radio"/>	<input checked="" type="radio"/>	Polyhydramnios	<input type="radio"/>	<input checked="" type="radio"/>
Pyelonephritis	<input type="radio"/>	<input checked="" type="radio"/>	specify:			Heart disease	<input type="radio"/>	<input checked="" type="radio"/>	Sickle cell anemia	<input type="radio"/>	<input checked="" type="radio"/>	Others	<input type="radio"/>	<input checked="" type="radio"/>	Acute fetal distress	<input type="radio"/>	<input checked="" type="radio"/>
						Valvulopathy	<input type="radio"/>	<input checked="" type="radio"/>	Thyroid disorders	<input type="radio"/>	<input checked="" type="radio"/>				Intrauterine growth restriction	<input type="radio"/>	<input checked="" type="radio"/>
															Other	<input type="radio"/>	<input checked="" type="radio"/>

COMORBIDITIES/DISCHARGE

VARIABLES TO IDENTIFY NEAR MISS CASES				no <input type="radio"/>	yes <input checked="" type="radio"/>
CLINICAL CRITERIA / BODY-SYSTEM DYSFUNCTION		LABORATORY		INTERVENTIONS	
Cardiovascular	no yes	Renal	no yes	Laboratory	no yes
Shock	<input type="radio"/> <input checked="" type="radio"/>	Oliguria non responsive to fluids or diuretics	<input type="radio"/> <input checked="" type="radio"/>	Platelets/ml < 50.000	<input type="radio"/> <input checked="" type="radio"/>
Heart attack	<input type="radio"/> <input checked="" type="radio"/>				
Hepatic		Hematological/coagulation		Creatinine \geq 300 μ mol/l or \geq 3,5 mg/dl	<input type="radio"/> <input checked="" type="radio"/>
Jaundice in preeclampsia	<input type="radio"/> <input checked="" type="radio"/>	Coagulation disorders	<input type="radio"/> <input checked="" type="radio"/>	Bilirubin > 100 μ mol/l or > 6,0 mg/dl	<input type="radio"/> <input checked="" type="radio"/>
Respiratory		Neurological		pH < 7,1	<input type="radio"/> <input checked="" type="radio"/>
Acute cyanosis	<input type="radio"/> <input checked="" type="radio"/>	Coma	<input type="radio"/> <input checked="" type="radio"/>	Sat Hb < 90% \geq 1 hour	<input type="radio"/> <input checked="" type="radio"/>
Wheezing (gasping)	<input type="radio"/> <input checked="" type="radio"/>	Prolonged unconsciousness (lasting >12 hours)	<input type="radio"/> <input checked="" type="radio"/>	PaO ₂ /FiO ₂ < 200 mmHg	<input type="radio"/> <input checked="" type="radio"/>
Severe tachypnea RR > 40 rpm	<input type="radio"/> <input checked="" type="radio"/>	Stroke	<input type="radio"/> <input checked="" type="radio"/>	Lactate > 5 μ mol/L o 45 mg/dl	<input type="radio"/> <input checked="" type="radio"/>
Severe bradypnea RF < 6 rpm	<input type="radio"/> <input checked="" type="radio"/>	Uncontrollable fits/status epileptics	<input type="radio"/> <input checked="" type="radio"/>		
		Total paralysis	<input type="radio"/> <input checked="" type="radio"/>		
SAMPLE HARVEST		MATERNAL DISCHARGE		CONDITION AT DISCHARGE	
Amniotic fluid	no <input type="radio"/> yes <input type="radio"/>	Vaginal swab	no <input type="radio"/> yes <input type="radio"/>	Healthy	<input type="radio"/>
Placenta	<input type="radio"/> <input type="radio"/>	Stools/ rectal swab	<input type="radio"/> <input type="radio"/>	NA	<input checked="" type="radio"/>
Cord blood	<input type="radio"/> <input type="radio"/>	Abortion sample	<input type="radio"/> <input type="radio"/>	With pathology	<input checked="" type="radio"/>
Mother's milk	no <input type="radio"/> yes <input type="radio"/>			Dead	<input checked="" type="radio"/>
		DATE	day month year hour min	Place	<input type="radio"/>
		TYPE OF DISCHARGE		Transfer	<input type="radio"/>
		Dead <input checked="" type="radio"/>		no	<input type="radio"/>
		Medical discharge <input type="radio"/>		yes	<input checked="" type="radio"/>
		Woman's informed choice <input checked="" type="radio"/>		Autopsy	no <input type="radio"/> yes <input type="radio"/>
		Length of hospital stay	<input type="text"/>	Passes away during or after transfer	<input type="radio"/> <input checked="" type="radio"/>
		Weight at discharge	<input type="text"/> kg		

Newborn Care

NEWBORN CONDITIONS AT BIRTH

(Included in the perinatal component)

BIRTH				Position in labor		Episiotomy		Tears Grade (1 to 4)		Oxytocic				Placenta				Time at Cord Clamping		
Alive <input type="radio"/> Dead antepartum <input checked="" type="radio"/> Intra partum <input checked="" type="radio"/> Not known when <input checked="" type="radio"/>				Sitting <input type="radio"/> Recumb <input type="radio"/> Squat <input type="radio"/>		no <input type="radio"/> yes <input type="radio"/>		no <input type="radio"/> <input checked="" type="radio"/>		Before explu. plac. no <input type="radio"/> yes <input type="radio"/> After no <input checked="" type="radio"/> yes <input type="radio"/>				no yes no yes Complete <input checked="" type="radio"/> <input type="radio"/> Retained <input type="radio"/> <input checked="" type="radio"/>				min. < 1 min. <input checked="" type="radio"/> > 1 min. <input type="radio"/>		
Sex Fem. <input type="radio"/> Masc. <input type="radio"/> Not defined <input checked="" type="radio"/>			Birth weight [][][][] g		Head circ (cm) [][][]		Length (cm) [][][][]		Gestational age weeks [][] days [][]		Calculated from LMP <input type="radio"/> US <input type="radio"/>		Apgar score (min) 1 st [][] 5 th [][]				Resuscitation Stimulation no <input type="radio"/> yes <input checked="" type="radio"/> Oxygen no <input type="radio"/> yes <input checked="" type="radio"/> Mask <input type="radio"/> <input checked="" type="radio"/> Massage <input type="radio"/> <input checked="" type="radio"/> Tube no <input type="radio"/> yes <input checked="" type="radio"/> Medication <input type="radio"/> <input checked="" type="radio"/>			

NEWBORN CARE

Mother-infant rooming-in

LEVEL OF ISOLATION AT THE HEALTH INSTITUTION											
Were mother and baby separated at birth as preventive measure?		Was the baby isolated during his/her o the baby stay at the institution?									
no <input type="radio"/> yes <input checked="" type="radio"/> unknown <input checked="" type="radio"/>		yes, with mother <input type="radio"/> yes, air precautions <input type="radio"/> yes, with droplets precautions <input type="radio"/> yes, other <input type="radio"/> specify: _____ no <input checked="" type="radio"/> unknown <input type="radio"/>									
Level of care during hospital stay (and total days in each level)											
NICU <input type="radio"/>	no <input type="radio"/>	date of admission	days	isolation room <input type="radio"/>	no <input type="radio"/>	date of admission	days	rooming in with mother <input checked="" type="radio"/>	no <input type="radio"/>	date of admission	days
		day month year				day month year				day month year	
special care Unit <input type="radio"/>	no <input type="radio"/>	day month year		isolation w/ negative pressure <input type="radio"/>	no <input type="radio"/>	day month year		other <input type="radio"/>	no <input type="radio"/>	day month year	
Length of physical separation in days											

NEWBORN CARE

- Clinical status of the newborn
- Ventilatory support

CLINICAL PRESENTATION AND NEONATAL TREATMENT AS COVID PATIENT

Signs and date they began during hospital stay

none	<input type="radio"/> no	<input type="radio"/> yes	date of initial sign		
			day	month	year
fever	<input type="radio"/> no	<input checked="" type="radio"/> yes	day	month	year

respiratory distress	<input type="radio"/> no	<input checked="" type="radio"/> yes	date of initial sign		
			day	month	year
cough	<input type="radio"/> no	<input checked="" type="radio"/> yes	day	month	year

apneas	<input type="radio"/> no	<input checked="" type="radio"/> yes	date of initial sign		
			day	month	year
vomits/diarrhea	<input type="radio"/> no	<input checked="" type="radio"/> yes	day	month	year

other	<input type="radio"/> no	<input checked="" type="radio"/> yes	date of initial sign		
			day	month	year

Initiation of Ventilatory support

oxygen	<input type="radio"/> no	<input checked="" type="radio"/> yes	days	hours	min.
--------	--------------------------	--------------------------------------	------	-------	------

CPAP	<input type="radio"/> no	<input checked="" type="radio"/> yes	days	hours	min.
------	--------------------------	--------------------------------------	------	-------	------

nasal canula /HFO	<input type="radio"/> no	<input checked="" type="radio"/> yes	days	hours	min.
-------------------	--------------------------	--------------------------------------	------	-------	------

invasive mechanical	<input type="radio"/> no	<input checked="" type="radio"/> yes	days	hours	min.
---------------------	--------------------------	--------------------------------------	------	-------	------

COMORBIDITIES AND TREATMENT

Other diagnosis during hospital stay		Treatment (mark all needed)	
hypotension (needing inotropic drugs)	<input type="radio"/> no <input checked="" type="radio"/> yes	antibiotics	<input type="radio"/> no <input checked="" type="radio"/> yes
hypoglicemia	<input type="radio"/> no <input checked="" type="radio"/> yes	antiviral drugs	<input type="radio"/> no <input checked="" type="radio"/> yes
bacterias sepsis confirmed	<input type="radio"/> no <input checked="" type="radio"/> yes	parenteral fluids	<input type="radio"/> no <input checked="" type="radio"/> yes
		Inhaled Nitric Oxide	<input type="radio"/> no <input checked="" type="radio"/> yes
encephalopathy	<input type="radio"/> no <input checked="" type="radio"/> yes	Surfactant	<input type="radio"/> no <input checked="" type="radio"/> yes
		Hydrocortisone	<input type="radio"/> no <input checked="" type="radio"/> yes
isolated organism	<input type="radio"/> no <input checked="" type="radio"/> yes	Dexamethasone	<input type="radio"/> no <input checked="" type="radio"/> yes
other	<input type="radio"/> no <input checked="" type="radio"/> yes	other	<input type="radio"/> no <input checked="" type="radio"/> yes
	specify: _____		specify: _____

Birth defects	
<input type="radio"/> no	
menor <input checked="" type="radio"/>	code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
mayor <input checked="" type="radio"/>	code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

NEWBORN CARE

–Feeding practices

NEONATAL FEEDING																																				
<p>Most Frequent Feeding in Hospital</p> <table><tr><td></td><td>no</td><td>yes</td></tr><tr><td>breastfeeding</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td></tr><tr><td>mother's own milk</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td></tr><tr><td>Banked human milk</td><td><input checked="" type="radio"/></td><td><input type="radio"/></td></tr><tr><td>no human milk</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr><tr><td>other</td><td><input type="radio"/></td><td><input checked="" type="radio"/></td></tr></table> <p>specify:</p> <hr/> <hr/>		no	yes	breastfeeding	<input checked="" type="radio"/>	<input type="radio"/>	mother's own milk	<input checked="" type="radio"/>	<input type="radio"/>	Banked human milk	<input checked="" type="radio"/>	<input type="radio"/>	no human milk	<input type="radio"/>	<input checked="" type="radio"/>	other	<input type="radio"/>	<input checked="" type="radio"/>	<p>Mother's milk tested for SARS-CoV2?</p> <table><tr><td>no</td><td>yes</td><td></td></tr><tr><td><input type="radio"/></td><td><input checked="" type="radio"/></td><td>→</td></tr></table> <p>sampling date</p> <table border="1"><tr><td>day</td><td></td><td></td><td></td><td></td></tr></table> <p>↓</p> <table><tr><td>positive</td><td><input checked="" type="radio"/></td></tr><tr><td>negative</td><td><input type="radio"/></td></tr><tr><td>not available</td><td><input type="radio"/></td></tr></table>	no	yes		<input type="radio"/>	<input checked="" type="radio"/>	→	day					positive	<input checked="" type="radio"/>	negative	<input type="radio"/>	not available	<input type="radio"/>
	no	yes																																		
breastfeeding	<input checked="" type="radio"/>	<input type="radio"/>																																		
mother's own milk	<input checked="" type="radio"/>	<input type="radio"/>																																		
Banked human milk	<input checked="" type="radio"/>	<input type="radio"/>																																		
no human milk	<input type="radio"/>	<input checked="" type="radio"/>																																		
other	<input type="radio"/>	<input checked="" type="radio"/>																																		
no	yes																																			
<input type="radio"/>	<input checked="" type="radio"/>	→																																		
day																																				
positive	<input checked="" type="radio"/>																																			
negative	<input type="radio"/>																																			
not available	<input type="radio"/>																																			

NEWBORN CARE

- Laboratory tests
- Imaging
- SARS CoV-2 tests

NEONATAL LAB COLABORATY EXAMS

Perinatal SARS CoV 2 tests Verify results if positive

no yes

amniotic fluid date of test placenta date of test umbilical cord blood date of test

day | month | year day | month | year day | month | year

result _____ result _____ result _____

Hemoglobin (g/L) |

no yes

WBC (10⁹/L)

no yes

HCT (%) |

no yes

PLT (10⁹/L)

no yes

Prothrombin time (seg) |

no yes

Urea (mg/dL) |

no yes

Lactate (mmol/L) |

no yes

Creatinine of test (mg/dL) |

no yes

Sodium (mEq/L) |

no yes

Potassium (mEq/L) |

no yes

Sedimentation rate |

no yes

D-dimer test |

no yes

Ferritin (ng/mL) |

no yes

IL-6 (pg/mL) |

no yes

Glycemia (g/L) |

no yes

Radiology

X ray no yes → date day | month | year Abnormal no yes → Describe

CT scan no yes → date day | month | year Abnormal no yes → Describe

Positive tests for SARS-CoV-2? no yes

days since birth	nasal swab	oropharyngeal swab	stools	others 1	others 2
1					
2					
3					
4					
5					

DISCHARGE

- Location and condition at discharge
- Breastfeeding

- Immunization
- PNC
- Guidance, signs of alarm

NEONATAL CONDITIONS AT DISCHARGE																																		
Discharge home confinement <input type="radio"/> home with no confinement <input type="radio"/> referral to another institution <input checked="" type="radio"/> death <input checked="" type="radio"/> cause of death <input type="radio"/> specify: _____ _____	Conditions at discharge healthy <input type="radio"/> w/complications and sequelae <input checked="" type="radio"/> specify: _____ special Follow up <input type="radio"/> _____ referral to another institution <input checked="" type="radio"/> specify: _____ unknown <input checked="" type="radio"/> _____	Feeding at discharge Exclusive Breast Feeding <input type="radio"/> Partial Breast Feeding <input type="radio"/> Formula <input checked="" type="radio"/> Date of discharge <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">day</td> <td style="width: 20px;">month</td> <td style="width: 20px;">year</td> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	day	month	year				Immunization and reference <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="2">Received</th> <th colspan="2">Referred</th> </tr> <tr> <th></th> <th>no</th> <th>yes</th> <th>yes</th> <th>institution / professional</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>_____</td> </tr> <tr> <td>Hep B</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>_____</td> </tr> <tr> <td>Postnatal control</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td>_____</td> </tr> </tbody> </table> Advice and Alarm signs covered at discharge no <input checked="" type="radio"/> yes <input type="radio"/> Received by Mother or Person in Charge (specify) _____ _____		Received		Referred			no	yes	yes	institution / professional	BCG	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	Hep B	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____	Postnatal control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
day	month	year																																
	Received		Referred																															
	no	yes	yes	institution / professional																														
BCG	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____																														
Hep B	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____																														
Postnatal control	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____																														
Observations _____ _____ _____																																		

Content

1. Variable description
2. Using filters
3. Variable crossing
4. Distribution of a variable
5. Preset reports

+ New Form

Identification:

First/Last Name:

Filters: +

Q Search

Administrador - 10009 EN



- Español
- English
- Portugues
- Français
- Nederlands



PERINATAL
INFORMATION
SYSTEM

+ New Form

Identification:

First/Last Name:

Filters:



Q Search

Analyze Data

Reports

User Log

Database

Print

Logout



PERINATAL INFORMATION SYSTEM



Unintentional Pregnancy in Adolescents

PERINATAL CLINICAL RECORD - CLAP/WR-PAHO/WHO

FIRST NAME	LAST NAME	DATE OF BIRTH day: 12 month: 02 year: 96	ETHNIA <input checked="" type="radio"/> white <input type="radio"/> indigenous <input type="radio"/> mixed <input type="radio"/> black <input type="radio"/> other	LITE <input checked="" type="radio"/> yes <input type="radio"/> no	EDUCATION years in highest level: 2 <input checked="" type="radio"/> primary <input type="radio"/> secondary <input type="radio"/> university	married <input checked="" type="radio"/> common law <input type="radio"/> single <input type="radio"/> other	Place of birth 10094 10036	ID # 46488494
ADDRESS	DISTRICT	AGE (years) 17 <input type="radio"/> < 15 <input checked="" type="radio"/> > 15						

HISTORY	FAMILY no yes <input checked="" type="radio"/> no <input type="radio"/> yes	PERSONAL no yes <input checked="" type="radio"/> no <input type="radio"/> yes	surgery of UT-UG no yes <input checked="" type="radio"/> no <input type="radio"/> yes	sterilized <input checked="" type="radio"/> no <input type="radio"/> yes	heart ds <input checked="" type="radio"/> no <input type="radio"/> yes	kidney ds <input checked="" type="radio"/> no <input type="radio"/> yes	violence <input checked="" type="radio"/> no <input type="radio"/> yes	HIV <input checked="" type="radio"/> no <input type="radio"/> yes	other severe med cond. <input checked="" type="radio"/> no <input type="radio"/> yes	OBSTETRIC prev. gest 1	abortions 0	vaginal 1	livebirths 1	alive 1	END PREVIOUS PREGNANCY day month year 21 03 12 1	PLANNED PREGNANCY no yes <input type="radio"/> no <input checked="" type="radio"/> yes	CONTRACEP. METHOD FAILURE no method barrier IUD horm. emerg. natural <input checked="" type="radio"/> no method <input type="radio"/> barrier <input type="radio"/> IUD <input type="radio"/> horm. <input type="radio"/> emerg. <input type="radio"/> natural
	LAST PREVIOUS nia < 2500g normal ≥ 4000g 0	3 consec. spont. ab. 1	tubal pregnancy 1	History of twins no yes <input checked="" type="radio"/> no <input type="radio"/> yes	casar sections 0	stillbirths 0	died 1 st week 0	died after 1 st week 0									

PERINATAL CLINICAL RECORD - CLAP/WR-PAHO/WHO		DATE OF BIRTH day month year 12 02 96	ETHNIA <input checked="" type="radio"/> white <input type="radio"/> indigenous <input type="radio"/> mixed <input type="radio"/> black <input type="radio"/> other	LITE RACY no <input type="radio"/> yes <input checked="" type="radio"/>	EDUCATION none <input type="radio"/> primary <input type="radio"/> secondary <input checked="" type="radio"/> university <input type="radio"/> years in highest level 2	CIVIL STATUS married <input type="radio"/> common mar. <input checked="" type="radio"/> single <input type="radio"/> other <input type="radio"/> lives alone <input checked="" type="radio"/> no <input type="radio"/> yes <input type="radio"/>	Place of antenatal visits 10094	Place of birth 10036	ID # 46488494
FIRST NAME	LAST NAME	AGE (years) 17 <input type="radio"/> < 15 <input type="radio"/> > 35							
ADDRESS									
DISTRICT		PHONE.							

HISTORY	FAMILY	PERSONAL	OBSTETRIC	END PREVIOUS PREGNANCY
	no yes <input checked="" type="radio"/> <input type="radio"/> TBC <input checked="" type="radio"/> <input type="radio"/> diabetes <input checked="" type="radio"/> <input type="radio"/> hypertension <input checked="" type="radio"/> <input type="radio"/> pre-eclampsia <input checked="" type="radio"/> <input type="radio"/> eclampsia <input checked="" type="radio"/> <input type="radio"/> other severe med. cond.	no yes <input checked="" type="radio"/> <input type="radio"/> surgery of UT-UG <input checked="" type="radio"/> <input type="radio"/> infertility <input checked="" type="radio"/> <input type="radio"/> heart dis. <input checked="" type="radio"/> <input type="radio"/> kidney dis. <input checked="" type="radio"/> <input type="radio"/> violence <input checked="" type="radio"/> <input type="radio"/> HIV+	prev. gest 1 abortions 0 vaginal 1 livebirths 1 stillbirths 0 3 consec. spont. ab. <input type="radio"/> cesar. sections 0 deliveries 1 tubal pregnancy <input type="radio"/> History of twins no <input checked="" type="radio"/> yes <input type="radio"/>	day month year 21 03 12 <input type="radio"/> < 1 year PLANNED PREGNANCY no <input checked="" type="radio"/> yes <input type="radio"/> CONTRACEP. METHOD FAILURE <input type="radio"/> no method <input checked="" type="radio"/> barrier <input type="radio"/> IUD <input type="radio"/> horm. <input type="radio"/> emerg. <input type="radio"/> natural

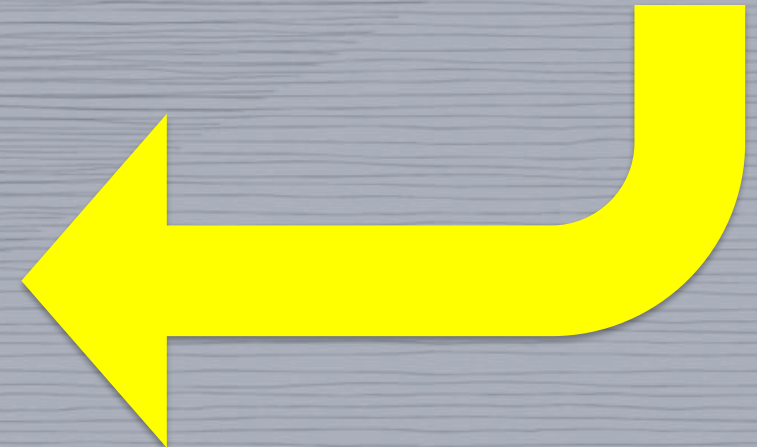
END PREVIOUS PREGNANCY

day month year
21 03 12 < 1 year

PLANNED PREGNANCY no yes

CONTRACEP. METHOD FAILURE

no method barrier IUD horm. emerg. natural



← Back to Search

Variable: Planned pregnancy

Filters: Mother's age ≤ 19

⚙️ Description

⚙️ Distribution

Global 2016 - 2020 2018 2019 2020 No birth date

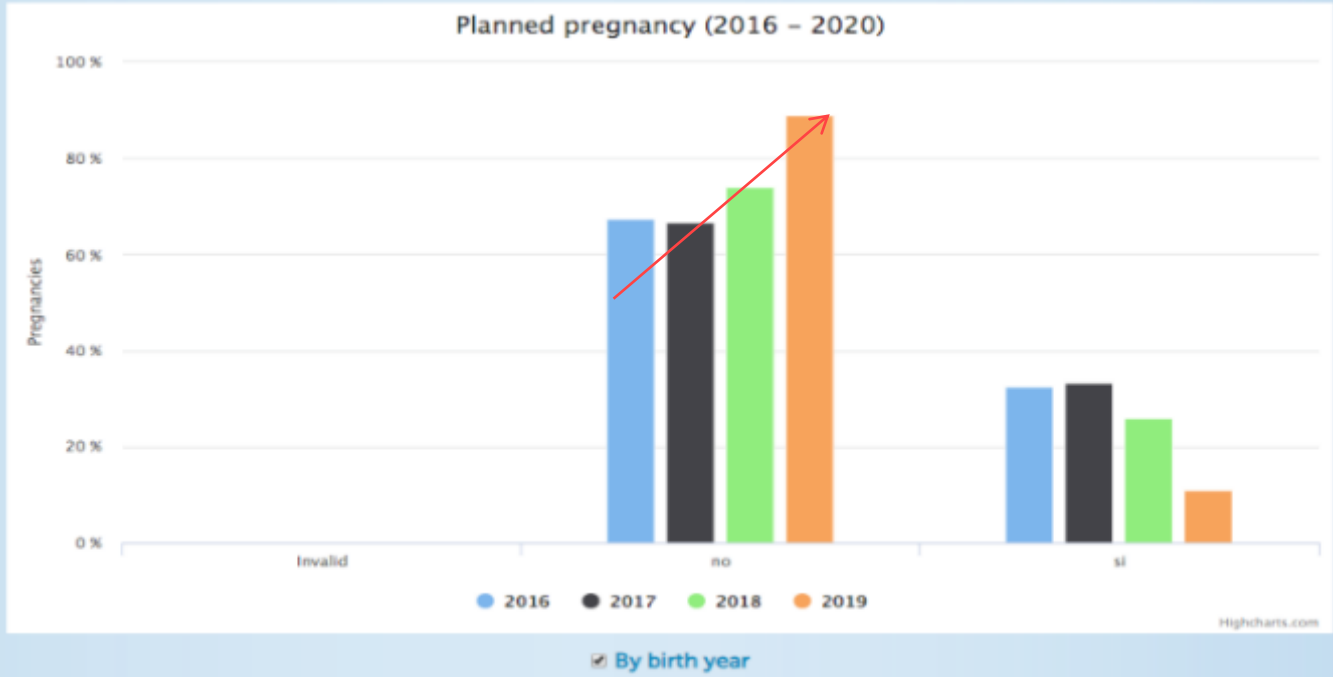
Variable: Planned pregnancy

Filters: Mother's age < 19

Description Distribution

Global 2016 - 2020 2016 2017 2018 2019 No birth date

	n	total	valid	accumulated
no data	0	0.00 %	-----	-----
true	0	0.00 %	-----	-----
no	168	70.29 %	70.29 %	70.29 %
si	71	29.71 %	29.71 %	100.00 %
TOTAL (Pregnancies)	239	100.00 %	100.00 %	-----



Variable Distribution

Maternal Age

Maternal Hemoglobin

CURRENT PREGNANCY				GA BASED on			ACT SMO		PAS SMO		DRUGS		ALCOHOL		VIOLENCE	
PREVIOUS WEIGHT	HEIGHT (cm)	EDD	DLM	DLM	Us <20 w.	1 st trim	no	yes	no	yes	no	yes	no	yes	no	yes
<input type="text"/>	1	day month year	day month year	no	yes	no	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	day month year	day month year	yes	no	2 nd trim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	day month year	day month year	no	yes	3 rd trim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NORMAL EX.	CERVIX	GROUP	Rh	Immun	TOXOPLASMOSIS	Hb <20 wk	Prescription Fe/Folates		Hb ≥20 wk		Hb <11.0 g/dl		Hb ≥11.0 g/dl			
DENTAL	Visual insp	-	-	no	<20 week IgG	g ³	no	yes	no	yes	no	yes	no	yes	no	yes
BREAST	PAP	+ globulina anti D	+	yes	≥20 week IgG	g ³	no	yes	no	yes	no	yes	no	yes	no	yes
<input type="radio"/>	COLP	no	yes	n/a	1 visit IgM	g ³	no	yes	no	yes	no	yes	no	yes	no	yes

+ New Form

Identification:

First/Last Name:

Filters:

Date of birth

>

01/01/14



Search

- Analyze Data
- Reports
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- Logout

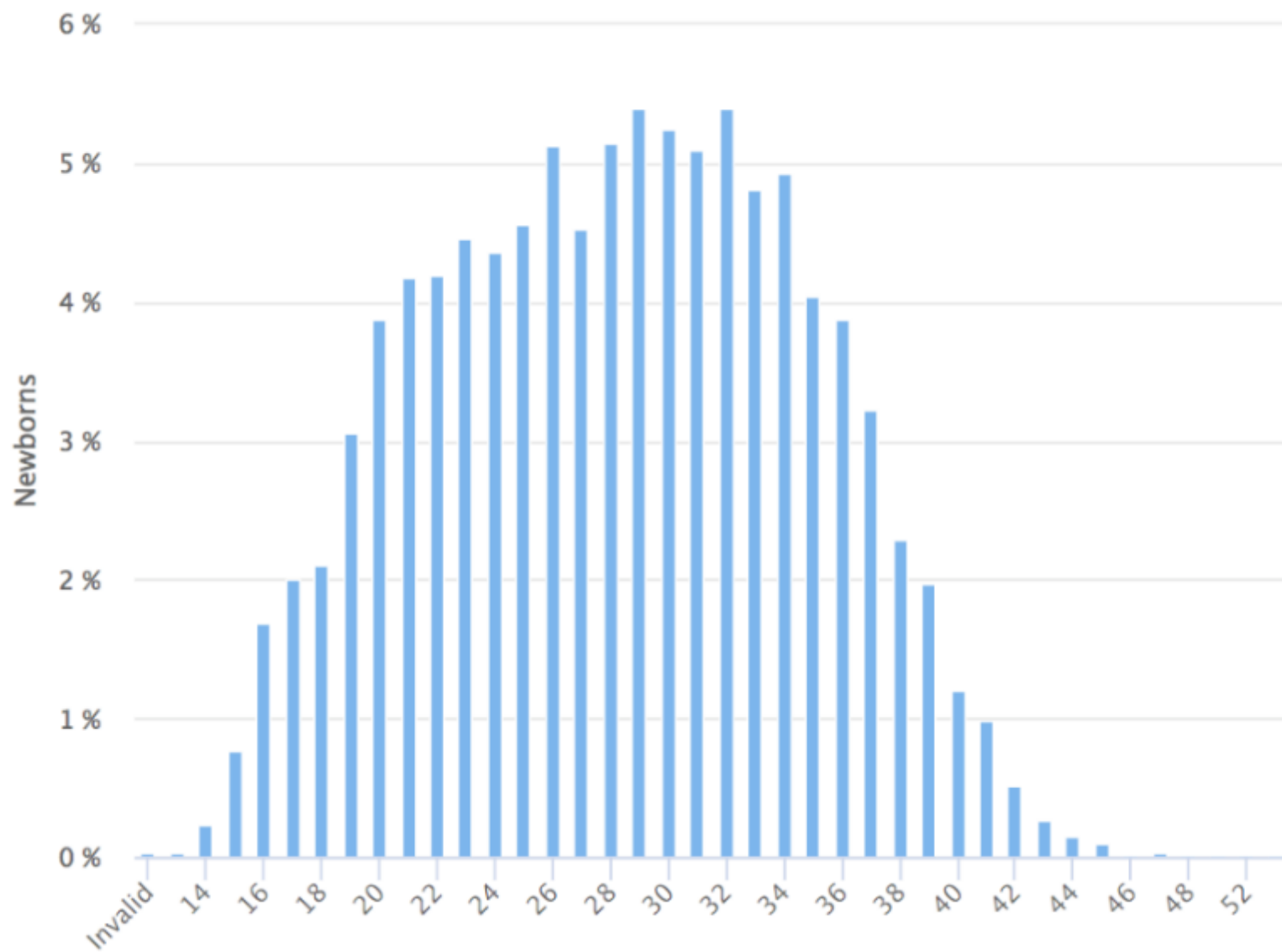


PERINATAL
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[← Back to Search](#)Variable: Mother's ageFilters: Date of birth> 01/01/13 (...) + + +[Description](#)[Distribution](#)[Global](#)[2016 - 2020](#)[2016](#)[2017](#)[2018](#)[2019](#)[No birth date](#)

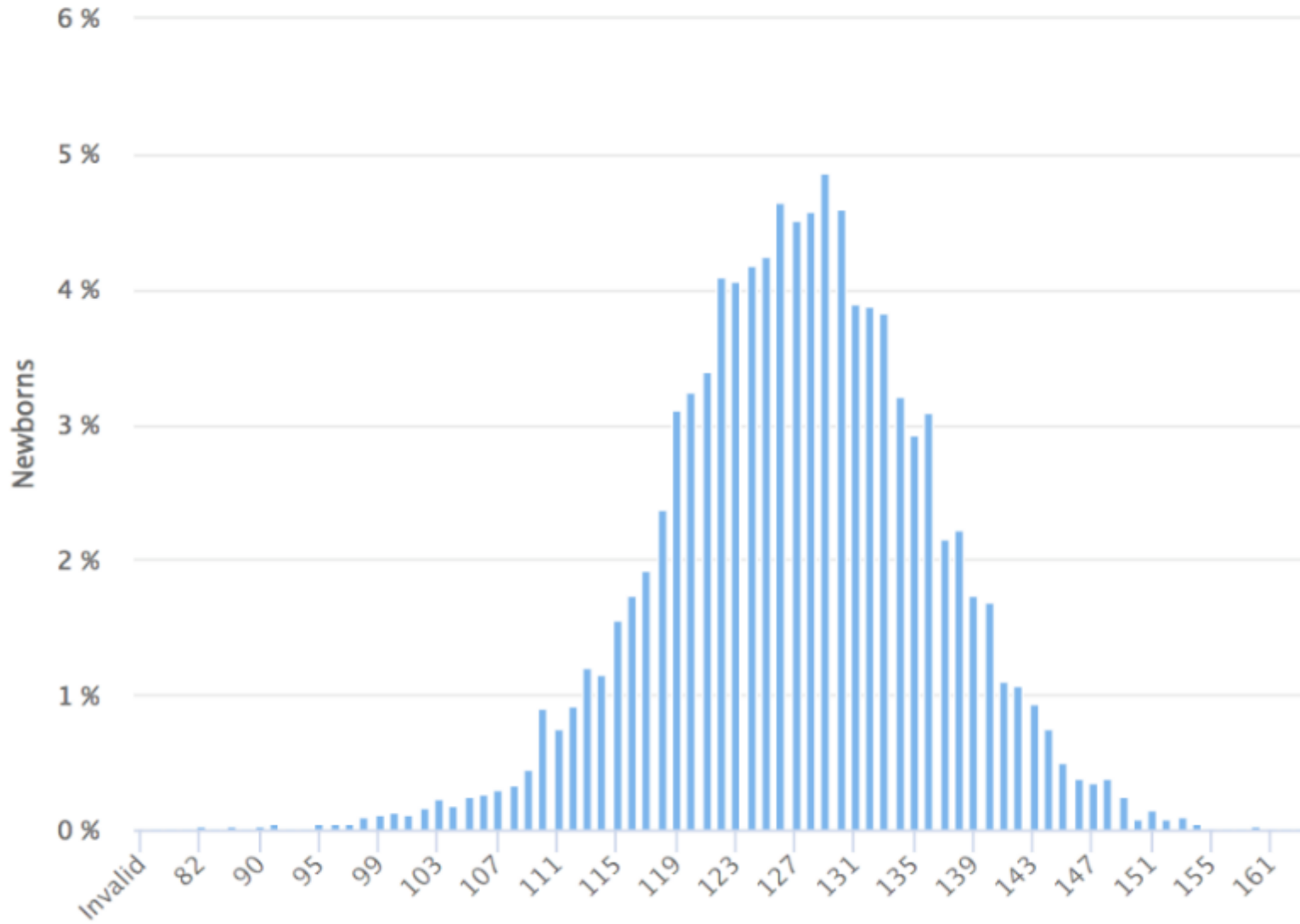
	n	total	valid	accumulated
no data	3	0.03 %	-----	-----
true	0	0.00 %	-----	-----
(0 - 14)	26	0.27 %	0.27 %	0.27 %
(15 - 19)	914	9.61 %	9.62 %	9.89 %
(20 - 34)	6783	71.35 %	71.37 %	81.26 %
(35 - 43)	1748	18.39 %	18.39 %	99.65 %
(44 - 49)	30	0.32 %	0.32 %	99.97 %
(50 - 99)	3	0.03 %	0.03 %	100.00 %
TOTAL (Newborns)	9507	100.00 %	100.00 %	-----

Mother's age (Global)



CURRENT PREGNANCY		EDD DLM	day month year			GA BASED on		ACT SMO		PAS SMO		DRUGS		ALCOHOL		VIOLENCE		
PREVIOUS WEIGHT	HEIGHT (cm)		day	month	year	DLM	Us <20 w.	no	yes	no	yes	no	yes	no	yes	no	yes	
<input type="text"/>	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	no <input checked="" type="radio"/>	<input checked="" type="radio"/>	1 st trim <input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	yes <input type="radio"/>	<input type="radio"/>	2 nd trim <input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			3 rd trim <input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
NORMAL EX.	CERVIX	GROUP	Rh	Inmun	TOXOPLASMOSIS			Hb <20 wk		Prescription Fe/Folates		Hb ≥20 wk						
no yes	normal abnormal not done	<input type="text"/>	- <input checked="" type="radio"/>	no <input type="radio"/>	<20 week IgG	- <input checked="" type="radio"/>	+ <input type="radio"/>	not done <input checked="" type="radio"/>	<input type="text"/>	no <input checked="" type="radio"/>	Folates <input checked="" type="radio"/>	<input type="text"/>	<input type="text"/>					
DENTAL <input checked="" type="radio"/>	Visual insp <input type="radio"/>	γglobulina anti D	+ <input type="radio"/>	yes <input checked="" type="radio"/>	≥20 week IgG	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	g' <input type="text"/>	yes <input type="radio"/>	Folates <input type="radio"/>	g' <input type="text"/>	<input type="text"/>					
BREAST <input checked="" type="radio"/>	PAP <input type="radio"/>	no <input checked="" type="radio"/>	yes <input type="radio"/>	n/a <input type="radio"/>	1 visit IgM	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<11.0 g/dl <input checked="" type="radio"/>			<11.0 g/dl <input checked="" type="radio"/>	<input checked="" type="radio"/>					
	COLP <input type="radio"/>																	

Hb<20 weeks (Global)



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Report:

Basic Statistics

Filters:

Mother's age ≤ 19

Issue Report

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PERINATAL
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Latin American Centre for Perinatology
Women and Reproductive Health

Hospital de Clínicas
Other Country

Basic Statistics

10/05/2020 18:53:26

v.2.0.7

http://www.sipplus.org:9000/db [sip-plus]

Mother's age ≤ 19

Patients: 19 - Pregnancies: 19 - Newborns: 9

Basic Statistics

	N
Live births $\geq 500\text{g}$ or ≥ 22 weeks	7952
Live births $<2500\text{g}$	569
Live births $<1500\text{g}$	99
Live births $<1000\text{g}$	43
Died in the delivery room	7
Stillbirths $\geq 500\text{g}$ or ≥ 22 weeks	28
Abortions	4
Null	4

MORTALITY	N	
Fetal Mortality	28	3.51 Rate per thousand live births + deaths $\geq 500\text{g}$ or ≥ 22 wk
Early Neonatal Mortality	19	2.39 Rate per thousand live births $\geq 500\text{g}$ or ≥ 22 wk
Perinatal Mortality	47	5.89 Rate per thousand live births + deaths $\geq 500\text{g}$ or ≥ 22 wk
Maternal deaths	10	125.74 Maternal mortality ratio x 100 000 RN Live

MOTHER	N	%	NO DATA	% NO DATA
Multiple pregnancy	199	2.49	27	0.34
Previous Hypertension	202	2.56	47	0.60
Preeclampsia	324	4.11	46	0.58
Eclampsia	10	0.13	44	0.56
Hemorrhage 1st Trimester	117	1.48	42	0.53
Hemorrhage 2nd Trimester	30	0.38	42	0.53
Hemorrhage 3rd Trimester	68	0.86	42	0.53
Gestational Syphilis	46	0.58	4	0.05
HIV (Screening) Requested	7810	99.05	21	0.27
With prenatal care	7885	100.00	10	0.13
1st Control in the 1st Trimester	6665	84.53	32	0.41
1st Control in the 2nd Trimester	1113	14.12	32	0.41
1st Control in the 3rd Trimester	75	0.95	32	0.41
1st undated control	32	0.41		
Hospitalised	807	10.23	15	0.19

CHILDBIRTH	N	%	NO DATA	% NO DATA
Ruptured membranes > = 18 hours	233	2.95	7652	97.05
Spontaneous onset	4300	54.53	66	0.84
Induced onset	1891	23.98	66	0.84
Elective caesarean onset	1628	20.65	66	0.84
Spontaneous termination	4221	52.84	8	0.10
Cesarean Termination	3611	45.20	8	0.10
Forceps Termination	149	1.87	8	0.10
Completion caesarean section in low risk pregnancies	0	-----	0	-----
Preterm birth <37 weeks	676	8.57	6	0.08
Contraception counseling = YES	7802	98.95	66	0.84

NEWBORN INFANT	N	%	NO DATA	% NO DATA
Apgar 1st minute 4 - 6	218	2.74	9	0.11
Apgar 1st minute 0 - 3	45	0.57	9	0.11
Apgar 5th minute 4 - 6	31	0.39	8	0.10
Apgar 5th minute 0 - 3	14	0.18	8	0.10
Small for gestational age	361	4.54	26	0.33
Large for gestational age	404	5.08	26	0.33
With some pathology	1064	13.32	179	2.24
--	--	--	--	--
Screening RN: VDRL +	5	0.06	140	1.75
Screening RN: TSH +	3	0.04	149	1.87
Screening RN: Hbpathy	1	0.01	146	1.83
Screening RN: Bilirubin	96	1.20	148	1.85
Screening RN: Toxoplasmosis +	3	0.04	155	1.94

VARIABLES TO IDENTIFY NEAR MISS CASES					
CLINICAL CRITERIA / BODY-SYSTEM DYSFUNCTION		LAB		INTERVENTIONS	
Cardiovascular	Shock <input type="radio"/> no <input checked="" type="radio"/> yes	Renal	Oliguria non responsive to fluids or diuretics <input type="radio"/> no <input checked="" type="radio"/> yes	Laboratory	Platelets/ml < 50,000 <input type="radio"/> no <input checked="" type="radio"/> yes
	Heart attack <input type="radio"/> no <input checked="" type="radio"/> yes	Hematological/coagulation	Failure to form clots <input type="radio"/> no <input checked="" type="radio"/> yes		Creatinine $\geq 300 \mu\text{mol/l}$ or $\geq 3.5 \text{ mg/dl}$ <input type="radio"/> no <input checked="" type="radio"/> yes
Hepatic		Neurological	Coma <input type="radio"/> no <input checked="" type="radio"/> yes		Bilirubin > 100 $\mu\text{mol/l}$ or > 5.0 mg/dl <input type="radio"/> no <input checked="" type="radio"/> yes
	Jaundice in preeclampsia <input type="radio"/> no <input checked="" type="radio"/> yes		Prolonged unconsciousness (lasting >12 hours) <input type="radio"/> no <input checked="" type="radio"/> yes		pH < 7.1 <input type="radio"/> no <input checked="" type="radio"/> yes
Respiratory			Stroke <input type="radio"/> no <input checked="" type="radio"/> yes		Sat Hb < 90% ≥ 1 hour <input type="radio"/> no <input checked="" type="radio"/> yes
	Acute cyanosis <input type="radio"/> no <input checked="" type="radio"/> yes		Uncontrollable fits/status epilepticus <input type="radio"/> no <input checked="" type="radio"/> yes		PaO ₂ /FIO ₂ < 200 mmHg <input type="radio"/> no <input checked="" type="radio"/> yes
	Wheezing (gasping) <input type="radio"/> no <input checked="" type="radio"/> yes		Total paralysis <input type="radio"/> no <input checked="" type="radio"/> yes		Lactate > 5 $\mu\text{mol/L}$ or 45 mg/dl <input type="radio"/> no <input checked="" type="radio"/> yes
	Severe tachypnea RF > 40 rpm <input type="radio"/> no <input checked="" type="radio"/> yes				
	Severe bradypnea RF < 6 rpm <input type="radio"/> no <input checked="" type="radio"/> yes				

Version: 2.0.7 <http://www.sipplus.org/9000/db> [sip-entrenamiento-11] clap19 EN

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Report: SIP NM Indicators

Filters: Date of birth > 01/01/14



10/05/2020 09:23:42
v.2.0.7
<http://www.sipplus.org/9000/db> [sip-entrenamiento-11]
Date of birth > 1/1/14
Patients: 7239 - Pregnancies: 7885 - Newborns: 7989

Latin American Centre for Perinatology
Women and Reproductive Health

SIP NM Indicators

Extremely Severe Maternal Morbidity Reason

	RATE PER THOUSAND
Extremely Severe Maternal Morbidity Reason	0.00

Death rate

	PERCENTAGE
Death rate	100.00

Near Miss / Maternal Mortality Ratio

	QUOTIENT
Near Miss / Maternal Mortality Ratio	0.00

Criteria / Case Relationship

	QUOTIENT
Criteria / Case Relationship	-----



Latin American Centre for Perinatology Women and Reproductive Health

Other Country

Robson Indicators

GROUPS	TOTAL NUMBER OF WOMEN IN EACH GROUP (A)	CS IN EACH GROUP (B)	RELATIVE SIZE OF GROUPS (A)/(C)	CS RATE IN EACH GROUP (B)/(A)	CONTRIBUTION MADE BY EACH GROUP TO THE OVERALL CS RATE (B)/(C)
Nulliparous, single cephalic, >= 37 weeks, in spontaneous labour	3955	1278	26.67	32.31	8.62
Nulliparous, single cephalic, >= 37 weeks, induced or CS before labour	2738	1765	18.47	64.46	11.90
Multiparous (excluding prev.CS), single cephalic, >= 37 weeks, in spontaneous labour	2679	238	18.07	8.88	1.61
Multiparous (excluding prev.CS), single cephalic, >= 37 weeks, induced or CS before labour	1093	383	7.37	35.04	2.58
Previous CS, single cephalic, >= 37 weeks	2204	1758	14.86	79.76	11.86
All nulliparous breeches	332	315	2.24	94.88	2.12
All multiparous breeches (including prev. CS)	219	214	1.48	97.72	1.44
All multiple pregnancies (including prev. CS)	402	349	2.71	86.82	2.35
All abnormal lies (including prev. CS)	74	71	0.50	95.95	0.48
All single cephalic, <= 36 weeks (including prev. CS)	1131	583	7.63	51.55	3.93
-					
Total number of women in all groups (C)	14827				

Report:

Robson Indicators

Filters:

Mother's age

≤

19

...



Issue Report

PERINATAL
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10/05/2020 08:16:41

v.2.0.7

<http://www.sipplus.org:9000/db> [sip-entrenamiento-11]

Mother's age ≤ 19

Patients: 1690 - Pregnancies: 1788 - Newborns: 1795

Latin American Centre for Perinatology
Women and Reproductive Health

Other Country

Robson Indicators

GROUPS	TOTAL NUMBER OF WOMEN IN EACH GROUP (A)	CS IN EACH GROUP (B)	RELATIVE SIZE OF GROUPS (A)/(C)	CS RATE IN EACH GROUP (B)/(A)	CONTRIBUTION MADE BY EACH GROUP TO THE OVERALL CS RATE (B)/(C)
Nulliparous, single cephalic, ≥ 37 weeks, in spontaneous labour	802	188	54.45	23.44	12.76
Nulliparous, single cephalic, ≥ 37 weeks, induced or CS before labour	365	200	24.78	54.79	13.58
Multiparous (excluding prev.CS), single cephalic, ≥ 37 weeks, in spontaneous labour	75	5	5.09	6.67	0.34
Multiparous (excluding prev.CS), single cephalic, ≥ 37 weeks, induced or CS before labour	10	4	0.68	40.00	0.27
Previous CS, single cephalic, ≥ 37 weeks	34	29	2.31	85.29	1.97
All nulliparous breeches	28	24	1.90	85.71	1.63
All multiparous breeches (including prev. CS)	2	1	0.14	50.00	0.07
All multiple pregnancies (including prev. CS)	14	12	0.95	85.71	0.81
All abnormal lies (including prev. CS)	4	4	0.27	100.00	0.27
All single cephalic, ≤ 36 weeks (including prev. CS)	139	55	9.44	39.57	3.73
-					
Total number of women in all groups (C)	1473				

PAHO



FREE VARIABLES

free 0

free 1

free 2

free 3

free 4

free 5

free 6

free 7

free 8

free 9

free 10

free 11

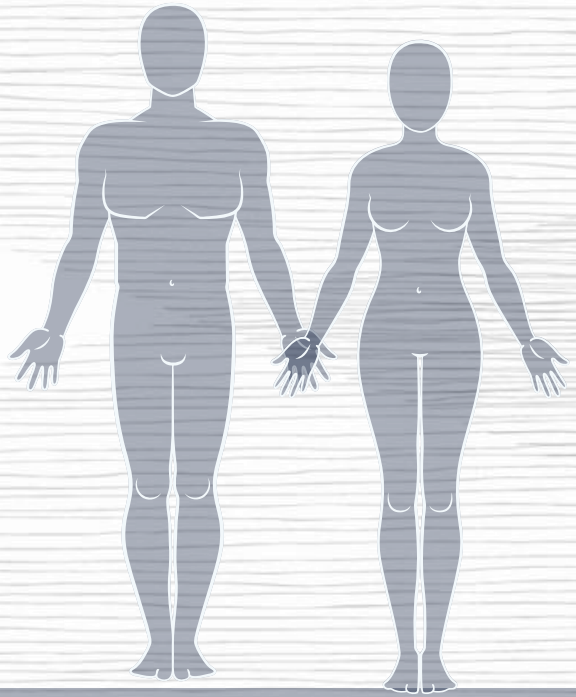
free 12

free 13

free 14

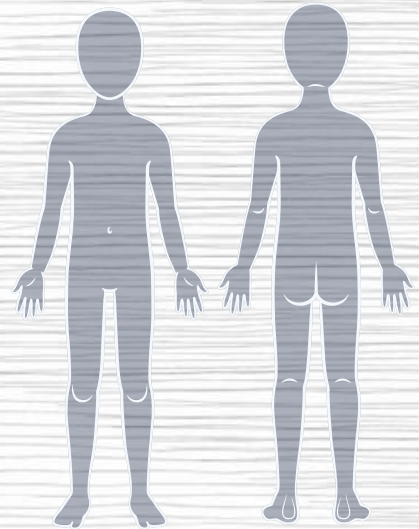
free 15

SIP + in the life course



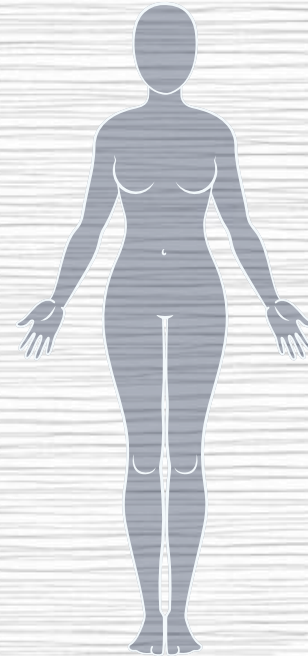
Reproductive Health

Contraception



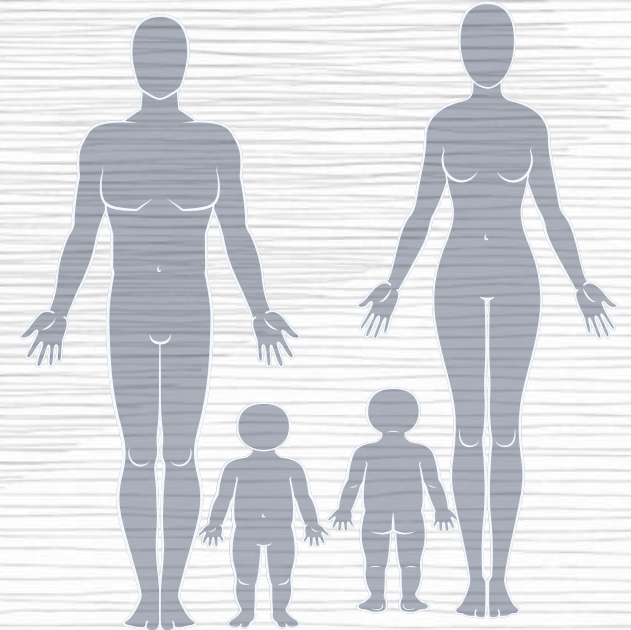
Adolescence

SIA



Pregnancy

HCPB SIPA SIPNM
Community SIP



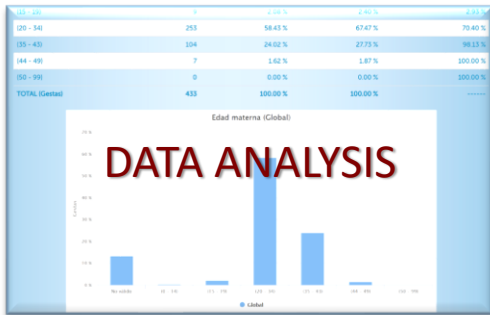
Newborn

SIP Neo
Birth Diffect



- Regional
- Caribe
- Bolivia
- Argentina
- Uruguay
- T & T
- St. Kitts & Nevis
- Bahamas
- St. Lucia
- Honduras
- Colombia
- Nicaragua

- HCP
- SIP PCR
- SIP NEO
- SIP A
- SIP COM
- SIP COVID-19
- NearMiss
- Zika
- Congenital Anomalies
- Notes



Estadísticas Básicas	
AUTOMATIC	N
Muñecas vivas a 3500g	0
Fallecidos en sala de parto	2
Nacidos muertos >= 500g o >= 22 semanas	5
Muñecas	7
Muñecas	333
MORTALIDAD	
Mortalidad fetal	0 / 75 Base por cada 1000 vivas a 3500g o >= 22 semanas
Mortalidad neonatal precoz	0 / 100 Base por cada 1000 vivas a 3500g o >= 22 semanas
Mortalidad Perinatal	0 / 100 Base por cada 1000 vivas a 3500g o >= 22 semanas
Muñecas muertas	1 / 100 Base de mortalidad materna a 100000 RR vivas

DATA BASE INTEGRATION with HIS	
Edad	2024 2028 2034 2040 2054 2067 2088 Sin fecha de parto
sin datos	0 0 0 0 0 0 0
total	0 0 0 0 0 0 0
10-14	0 0.45% 0.48% 0.48%
15-20	20 4.27% 4.27% 4.27%
20-34	436 86.33% 86.33% 70.99%
35-40	177 34.27% 24.27% 36.36%
14-19	0 0.00% 0.00% 100.00%
50-99	0 0.00% 0.00% 100.00%
TOTAL Gestas	686 100.00% 100.00%

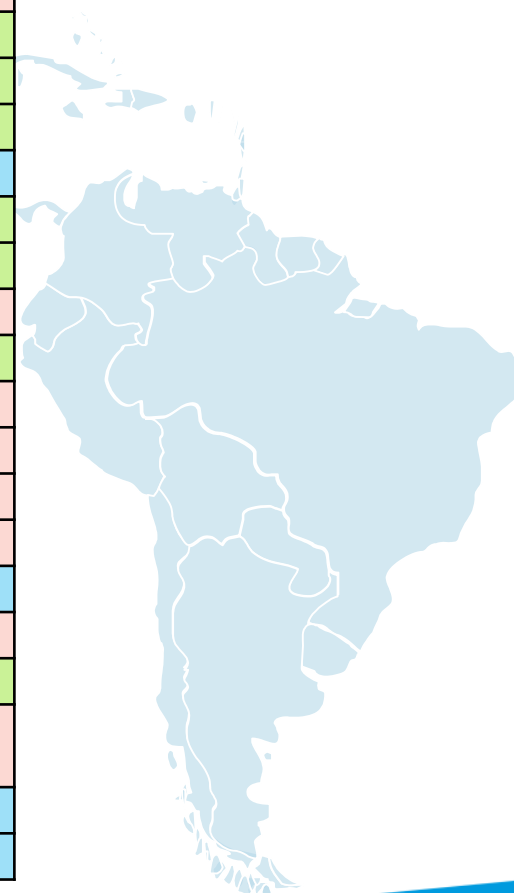


SIPPlus and SIP IMPLEMENTED in LA&C Region

Luis Mainero
mainerol@paho.org

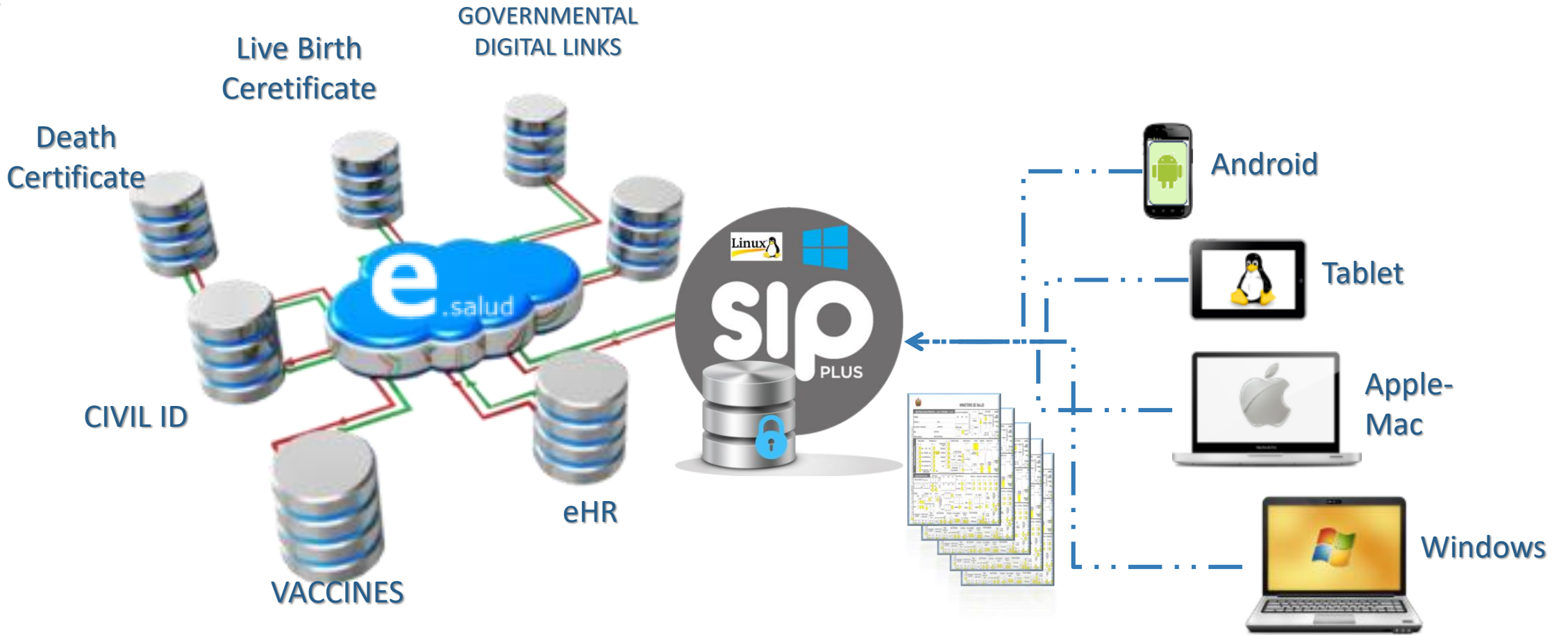
America del Sur	America Central	Caribe y Caribe Ingles	América del Norte
Argentina	Costa Rica	Antigua y Barbuda	Mexico
Bolivia *	Guatemala	Curacao	
Brasil *	El Salvador	Bahamas	
Chile	Honduras	Barbados	
Colombia *	Nicaragua *	Cuba	
Ecuador	Panamá *	Dominica	
Guyana		Grenada	
Guyana Francesa		Belice	
Paraguay		Haití	
Perú		Islas Turcas y Caicos	
Suriname		British Islands	
Uruguay *		Jamaica	
Venezuela		Barbuda	
		Cayman Island	
		República Dominicana*	
		San Bartolomé	
		San Cristóbal y Nieves	
		San Vicente y las Granadinas	
		Santa Lucía	
		Trinidad y Tobago	

SIP plus - * INTEGRATED w/ HIS
SIP Windows (not web)
Seldom use.





PERINATAL
INFORMATION
SYSTEM



PAHO

+ New Form

Identification:

First/Last Name:

Filters:



Q Search



PERINATAL
INFORMATION
SYSTEM

Start

+ New Form

Identification:

First/Last Name:

Filters:



Search

Name	Pregnancy	Newborn	Date of Birth	Edit	Print		
14678654	angela moore	5 / 5	0	25/09/2015	Form: ▾	Form: ▾	
9946984	Elizabeth Moore	1 / 1	0	-	Form: ▾	Form: ▾	

Respiratory infections module

INCLUSION CRITERIA

Proven or suspected infection with pathogen of Public Health Interest
 History of self-reported feverishness or measured fever of $\geq 38^{\circ}\text{C}$

no yes

Cough no yes
 Dyspnea or Resp Rate*
* ≥ 20 in ≥ 13 years.

Clinical suspicion of ARI despite not meeting previous criteria no yes
 Contact with confirmed case

COVID-19 (SARS-CoV2) + - pending not done
 IgG PCR
 IgM

FIRST NAME **Elizabeth**

LAST NAME **Moore**

ADRESS Institution

DISTRICT **RO** LOCATION PHONE **598 96411080** Country code **598** Type of doc. ID number **9946984**

DATE OF BIRTH day month year 18 05 00	AGE (years) 20	WEIGHT 58 Kg	HEIGHT (cm) 1 70	ETHNIA afro <input checked="" type="radio"/> mixed <input type="radio"/> other <input type="radio"/> white <input type="radio"/> indigenous <input type="radio"/> n/d <input type="radio"/>	CIVIL STATUS married <input checked="" type="radio"/> widow <input type="radio"/> n/d <input type="radio"/> divorced <input type="radio"/> single <input type="radio"/>	EDUCATION none <input type="radio"/> secondary <input type="radio"/> university <input checked="" type="radio"/> primary <input type="radio"/> years in highest level 2	Health Worker <input checked="" type="radio"/> no <input type="radio"/> yes <input type="radio"/> other no <input type="radio"/> yes <input checked="" type="radio"/> Laboratory Worker <input checked="" type="radio"/> <input type="radio"/> specify <input type="radio"/>
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Clerk

HISTORY

PERSONAL	no	yes	no	yes
TB	<input checked="" type="radio"/>	<input type="radio"/>	Active smoker	<input checked="" type="radio"/>
Diabetes	<input checked="" type="radio"/>	<input type="radio"/> I <input type="radio"/> II <input type="radio"/> G	Passive smoker	<input checked="" type="radio"/>
Hypertension	<input checked="" type="radio"/>	<input type="radio"/>	Drugs	<input checked="" type="radio"/>
Pre-eclampsia	<input checked="" type="radio"/>	<input type="radio"/>	Alcohol	<input checked="" type="radio"/>
Eclampsia	<input checked="" type="radio"/>	<input type="radio"/>	COPD	<input checked="" type="radio"/>
Surgery genital-urinary	<input checked="" type="radio"/>	<input type="radio"/>	Asthma	<input checked="" type="radio"/>
Infertility	<input checked="" type="radio"/>	<input type="radio"/>	Chronic liver disease	<input checked="" type="radio"/>
Heart disorder	<input checked="" type="radio"/>	<input type="radio"/>	Chronic neurol disease	<input checked="" type="radio"/>
Kidney disorder	<input checked="" type="radio"/>	<input type="radio"/>	Asplenia	<input checked="" type="radio"/>
Violence	<input checked="" type="radio"/>	<input type="radio"/>	Other	<input checked="" type="radio"/> which?
HIV+	<input checked="" type="radio"/>	<input type="radio"/>	Malignant neoplasm	<input checked="" type="radio"/>
Siphilis	<input checked="" type="radio"/>	<input type="radio"/>	Influenza vaccin	<input checked="" type="radio"/>

OBSTETRIC

prev. gest abortions 3 consec. spont. ab.

LAST PREVIOUS
 n/a < 2500g
 normal $\geq 4000g$

tubal pregnancy deliveries cesarean sections

History of twins no yes

vaginal stillbirths livebirths alive

died 1st week died after 1st week

PLANNED PREGNANCY no yes

Contracep. method failure
 no method barrier IUD horm emerg natural

day month year Less than 1 year

CURRENT PREGNANCY

LMP 24 12 19

EDD 04 08

Gestational age at consultation 21

Date of consultation 18 05 00

SYMPTOMS SINCE

Date of onset of symptoms 17 05 00

Recent fever	<input type="radio"/> no	<input checked="" type="radio"/> yes	Headache	<input type="radio"/> no	<input checked="" type="radio"/> yes
Cough	<input type="radio"/> no	<input checked="" type="radio"/> yes	Abdominal pain	<input checked="" type="radio"/> no	<input type="radio"/> yes
Dry cough	<input type="radio"/> no	<input checked="" type="radio"/> yes	Vomiting / nauseas	<input checked="" type="radio"/> no	<input type="radio"/> yes
Mucous cough	<input type="radio"/> no	<input type="radio"/> yes	Diarrhea	<input checked="" type="radio"/> no	<input type="radio"/> yes
Sore throat	<input type="radio"/> no	<input checked="" type="radio"/> yes	Anosmia (smell)	<input checked="" type="radio"/> no	<input type="radio"/> yes
Rhinorrhea	<input checked="" type="radio"/> no	<input type="radio"/> yes	Ageusia (taste)	<input type="radio"/> no	<input checked="" type="radio"/> yes
Myalgias/arthralgias	<input checked="" type="radio"/> no	<input type="radio"/> yes	Bleeding dis.	<input checked="" type="radio"/> no	<input type="radio"/> yes
Fatigue	<input checked="" type="radio"/> no	<input type="radio"/> yes	Other	<input checked="" type="radio"/> no	<input type="radio"/> yes
Breathing difficulties	<input checked="" type="radio"/> no	<input type="radio"/> yes			

specify ↓

MEDICATIONS BEFORE DIAGNOSIS

Medication in the previous 14 days?

ACE inhibitors	<input checked="" type="radio"/> no	<input type="radio"/> yes	Anti nausea drugs	<input checked="" type="radio"/> no	<input type="radio"/> yes specify: _____
Angiotensin II receptor blockers (ARBs)	<input checked="" type="radio"/> no	<input type="radio"/> yes	Vitamins	<input checked="" type="radio"/> no	<input type="radio"/> yes specify: _____
NSAI drugs	<input checked="" type="radio"/> no	<input type="radio"/> yes	Micronutrients	<input checked="" type="radio"/> no	<input type="radio"/> yes specify: _____
Antipyretics	<input type="radio"/> no	<input checked="" type="radio"/> yes specify: paracetamol	Antiviral drugs	<input checked="" type="radio"/> no	<input type="radio"/> yes specify: _____
Anticonvulsivants	<input checked="" type="radio"/> no	<input type="radio"/> yes specify: _____	Antibiotics	<input checked="" type="radio"/> no	<input type="radio"/> yes specify: _____

TEST FOR RESPIRATORY VIRAL INFECTIONS

Coronavirus	negative <input type="radio"/>	positive <input checked="" type="radio"/>	<input type="radio"/> MERS-CoV	<input type="radio"/> SARS-CoV1	<input type="radio"/> SARS-CoV2	Influenza	<input checked="" type="radio"/> no	<input type="radio"/> yes	<input type="radio"/> not done	Others	<input checked="" type="radio"/> no	<input type="radio"/> yes specify: _____
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SYMPTOMS AND SIGNS OF RESPIRATORY INFECTION WHEN AT FIRST CONSULTATION

	no	yes		no	yes		no	yes
Recent fever	<input type="radio"/>	<input checked="" type="radio"/>	Breathing difficulties	<input checked="" type="radio"/>	<input type="radio"/>	Anosmia (smell)	<input type="radio"/>	<input checked="" type="radio"/>
Cough	<input type="radio"/>	<input checked="" type="radio"/>	Inability to walk	<input checked="" type="radio"/>	<input type="radio"/>	Ageusia (taste)	<input type="radio"/>	<input checked="" type="radio"/>
Dry cough	<input type="radio"/>	<input checked="" type="radio"/>	Chest Retractions	<input checked="" type="radio"/>	<input type="radio"/>	Bleeding dis.	<input checked="" type="radio"/>	<input type="radio"/>
Mucous cough	<input checked="" type="radio"/>	<input type="radio"/>	Headache	<input type="radio"/>	<input checked="" type="radio"/>	Other	<input checked="" type="radio"/>	<input type="radio"/>
Sore throat	<input checked="" type="radio"/>	<input type="radio"/>	Confusion	<input checked="" type="radio"/>	<input type="radio"/>	Amniotic fluid leak	<input checked="" type="radio"/>	<input type="radio"/>
Rhinorrhea	<input checked="" type="radio"/>	<input type="radio"/>	Abdominal pain	<input checked="" type="radio"/>	<input type="radio"/>	Genital bleeding	<input checked="" type="radio"/>	<input type="radio"/>
Wheezing	<input checked="" type="radio"/>	<input type="radio"/>	Vomiting / nauseas	<input checked="" type="radio"/>	<input type="radio"/>	Headache	<input checked="" type="radio"/>	<input type="radio"/>
Chest pain	<input checked="" type="radio"/>	<input type="radio"/>	Diarrhea	<input checked="" type="radio"/>	<input type="radio"/>	Acute visual problems	<input checked="" type="radio"/>	<input type="radio"/>
Myalgias / arthralgias	<input checked="" type="radio"/>	<input type="radio"/>	Conjunctivitis	<input checked="" type="radio"/>	<input type="radio"/>	Right hypochondrium pain	<input checked="" type="radio"/>	<input type="radio"/>
Fatigue	<input checked="" type="radio"/>	<input type="radio"/>	Lymphadenopathies	<input checked="" type="radio"/>	<input type="radio"/>	Less or no fetal movements	<input checked="" type="radio"/>	<input type="radio"/>
						Painful uterine contractions	<input checked="" type="radio"/>	<input type="radio"/>

place:

specify:

Respiratory rate (Rpm)	Heart rate (Lpm)	Temperature °C
<input type="text" value="20"/>	<input type="text" value="65"/>	<input type="text" value="38.2"/>

ADMISSION

no yes

day month year

PRESCRIPTIONS AT ADMISSION

Oral fluids	<input type="radio"/> no	<input checked="" type="radio"/> yes	specify:	
Parenteral fluids	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Antiviral fluids	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Interferon	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Antibiotics	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Antifungal drugs	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Antimalarial drugs	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Experimental drugs	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Antipyretic	<input type="radio"/>	<input checked="" type="radio"/>	specify:	Paracetamol
ACE Inhibitors	<input checked="" type="radio"/>	<input type="radio"/>	specify:	

BRail	<input checked="" type="radio"/> no	<input type="radio"/> yes	specify:	
Convalescent plasma	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Ivermectine	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Anticonvulsants	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Antinausea	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Vitamins micronutrients	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Tocolytics	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Labour induction	<input checked="" type="radio"/>	<input type="radio"/>	specify:	
Steroids for lung maturation	<input checked="" type="radio"/>	<input type="radio"/>	specify:	

ON GOING LIFE SUPPORT

Oxygen

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L/min

Ventilation

invasive no invasive

inotropics no yes specify

ECMO

Inotrop. 1 <input type="radio"/> <input type="radio"/> Inotrop. 2 <input type="radio"/> <input type="radio"/> Inotrop. 3 <input type="radio"/> <input type="radio"/>	

SÍNTOMAS Y SIGNOS DE INFECCIÓN RESPIRATORIA PREVIOS

fecha del inicio de los síntomas

día	mes	año
03	04	20

historia de fiebre	<input checked="" type="radio"/> no <input type="radio"/> si	cefaleas	<input type="radio"/> no <input checked="" type="radio"/> si
tos	<input checked="" type="radio"/> no <input type="radio"/> si	dolor abdominal	<input type="radio"/> no <input checked="" type="radio"/> si
tos seca	<input type="radio"/> no <input checked="" type="radio"/> si	vómitos / nauseas	<input type="radio"/> no <input checked="" type="radio"/> si
tos con secreción	<input checked="" type="radio"/> no <input type="radio"/> si	diarrea	<input type="radio"/> no <input checked="" type="radio"/> si
dolor de garganta	<input checked="" type="radio"/> no <input type="radio"/> si	anosmia / hiposmia	<input type="radio"/> no <input checked="" type="radio"/> si
rinorrea	<input checked="" type="radio"/> no <input type="radio"/> si	ageusia	<input type="radio"/> no <input checked="" type="radio"/> si
mialgias / artralgias	<input checked="" type="radio"/> no <input type="radio"/> si	hemorragia	<input type="radio"/> no <input checked="" type="radio"/> si
fatiga	<input checked="" type="radio"/> no <input type="radio"/> si	otras	<input type="radio"/> no <input checked="" type="radio"/> si
falta de aire	<input checked="" type="radio"/> no <input type="radio"/> si	especificar	<input type="text"/>

MEDICAMENTOS ANTES DEL DIAGNÓSTICO

¿Tomaba en los 14 días previos al diagnóstico alguno de los siguientes medicamentos?

inhibidores de la enzima convertidora de la Angiotensina	<input checked="" type="radio"/> no <input type="radio"/> si	antinausea	<input checked="" type="radio"/> no <input type="radio"/> si	especificar: _____
bloqueadores de los receptores de la Angiotensina II	<input checked="" type="radio"/> no <input type="radio"/> si	vitaminas	<input checked="" type="radio"/> no <input type="radio"/> si	especificar: _____
antinflamatorios no esteroideos	<input checked="" type="radio"/> no <input type="radio"/> si	micronutrientes	<input checked="" type="radio"/> no <input type="radio"/> si	especificar: _____
antitérmicos	<input checked="" type="radio"/> no <input type="radio"/> si	antivirales	<input checked="" type="radio"/> no <input type="radio"/> si	especificar: _____
anticonvulsivantes	<input checked="" type="radio"/> no <input type="radio"/> si	antibióticos	<input checked="" type="radio"/> no <input type="radio"/> si	especificar: _____



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