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Additional table 2: <u>Data extraction form for patient medical record review</u>

Basic admission details and patient characteristics:

- Study Id [＿＿＿] ; Admission ward: Maternity/labour [＿＿＿＿] ; Gynaecology [＿＿＿＿＿]
- Age [＿＿＿] ; Weight [＿＿＿] ; Height [＿＿＿＿]
- Admission date [＿＿＿] Discharge date [＿＿＿＿] Duration of hospitalization [＿＿＿]
- Gestational age (in weeks) [＿＿＿＿]
- Gravidity: [＿＿＿＿＿] ; Parity [＿＿＿＿＿]
- Type of patient: Antenatal [＿＿＿] Postnatal [＿＿＿]
- Type of delivery: Vaginal delivery [＿＿＿＿] Cesarean delivery [＿＿＿＿]
- Breast feeding :Yes [＿＿＿＿＿] No [＿＿＿＿＿]
- Known drug allergies: Yes [＿＿] No [＿＿] **;** Type of drug allergy [＿＿＿＿＿＿]

Details of admission (including vital signs):

Pregnancy outcomes and other obstetrics data (live birth, stillbirth, twin birth, postpartum haemorrhage, congenital abnormalities/birth defects, hypertension/eclampsia/HELLP, diabetes, placental abruption, etc.):

Any other maternal and perinatal outcomes:

Relevant laboratory results and investigations (Renal function test, Liver function test, Complete Blood Count (CBC), Echocardiography, Lipid Profile, Cardiac function, Electrolyte test, Glycaemic level, etc.):

Data collector: Name _____   Signature _____

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