

Appendix 1. Checklist and reading guide for pregnant mothers' medical records

	Reviewed items	Sub items
	Demographic characteristics and information during pregnancy of women with COVID-19 and healthy	
1	Age	
2	BMI before pregnancy or early pregnancy	Low weight(<18.5) <input type="checkbox"/>
		Normal(18.5-24.9) <input type="checkbox"/>
		25< Overweight <40 <input type="checkbox"/>
3	Education level	Up to diploma <input type="checkbox"/>
		Higher than diploma <input type="checkbox"/>
4	Occupation	Housekeeper <input type="checkbox"/>
		Employee/Student <input type="checkbox"/>
5	Accommodation	Urban <input type="checkbox"/>
		Village <input type="checkbox"/>
6	Insurance coverage	Yes <input type="checkbox"/>
7	Social support	Hausband <input type="checkbox"/> , Family <input type="checkbox"/> , Friends and acquaintances <input type="checkbox"/> , Nobody <input type="checkbox"/> , Emdad committee <input type="checkbox"/> , welfare office <input type="checkbox"/>
8	Drug abuse	<input type="checkbox"/>
9	History of risky behaviors ^a	<input type="checkbox"/>
10	Housing	Owner <input type="checkbox"/> tenant <input type="checkbox"/> other.....
11	Medical drug allergy	Type of medicine..... Allergy symptoms.....
12	Food allergy	Type of food..... Allergy symptoms.....
13	Other allergens	Allergen substance..... Allergy symptoms.....
14	Oral health status
	The date of the first day of the last menstrual period
15	Gravidity	1 <input type="checkbox"/>
		2 <input type="checkbox"/>
		3 <input type="checkbox"/>
		≥4 <input type="checkbox"/>
16	Parity	1 <input type="checkbox"/>
		2 <input type="checkbox"/>
		3 <input type="checkbox"/>
		≥4 <input type="checkbox"/>
17	Taking of prenatal care	<input type="checkbox"/>

18	History of double or multiple births		<input type="checkbox"/>	
19	Fertility with assisted reproduction methods ^b		<input type="checkbox"/>	
20	History of dystocia		<input type="checkbox"/>	
21	History of abortion		<input type="checkbox"/>	
22	History of stillbirth		<input type="checkbox"/>	
23	Duration of breastfeeding in previous pregnanciesMonths		
24	Getting any sick during pregnancy	<input type="checkbox"/>	
25	Having an underlying disease before pregnancy		<input type="checkbox"/>	
			<input type="checkbox"/>	
26	History of any diseases before pregnancy	<input type="checkbox"/>		
27	Having History of preterm labor		<input type="checkbox"/>	
Maternal outcomes in the current pregnancy				
1	Spotting during pregnancy		<input type="checkbox"/>	
2	Preterm labor <37 weeks		<input type="checkbox"/>	
3	Long-term labor(more than 24 hours of hospitalization before delivery)		<input type="checkbox"/>	
4	Pregnancy outcome	Alive newborn	<input type="checkbox"/>	
		Abortion/IUFD ^c	<input type="checkbox"/>	
5	Postpartum vaginal bleeding		<input type="checkbox"/>	
6	Blood transfusion (any number of units)		<input type="checkbox"/>	
7	Delivery method	Normal delivery	<input type="checkbox"/>	
		Cesarean section(CS)	Elective/planned CS	<input type="checkbox"/>
			Emergency CS	<input type="checkbox"/>
			CS by doctor's order	<input type="checkbox"/>
			CS without mentioning the reason	<input type="checkbox"/>
Instrumental vaginal delivery such as forceps and vacuum extraction	<input type="checkbox"/>			
8	Double or multiple births		<input type="checkbox"/>	
9	Weight loss in the third trimester of pregnancy		<input type="checkbox"/>	
10	Placenta Previa		<input type="checkbox"/>	
11	Post term labor		<input type="checkbox"/>	

12	Placental abruption		<input type="checkbox"/>
13	Severe vomiting during pregnancy (To the extent that it causes weight loss and serious problems)		<input type="checkbox"/>
14	Surgery during pregnancy Surgery type.....		<input type="checkbox"/>
15	Other maternal outcomes	Abortion	<input type="checkbox"/>
		Abnormal labor	<input type="checkbox"/>
		Preeclampsia	<input type="checkbox"/>
		Eclampsia	<input type="checkbox"/>
		Hospitalization during pregnancy	<input type="checkbox"/>
16	Pre term labor		<input type="checkbox"/>
17	Type of labor anaesthesia	without anaesthesia	<input type="checkbox"/>
		General anaesthesia	<input type="checkbox"/>
		Spinal anaesthesia	<input type="checkbox"/>

- a. High-risk behaviours included smoking or being exposed to secondhand smoke, being imprisoned by yourself or your spouse, injecting drug addiction, drug use, self-inflicted use of drugs, overeating and excessive weight gain, exposure to pollutants, and inappropriate exercise.
- b. Assisted reproduction methods: various methods, such as in vitro fertilization (IVF), intrauterine insemination (IUI), and fertility medications.
- c. Intrauterine fetal death

Neonatal outcomes in the current pregnancy

	Reviewed items	Sub items	
1	Birth weight	2500-4000	<input type="checkbox"/>
		<2500/>4000	<input type="checkbox"/>
2	Height at birth	46-54	<input type="checkbox"/>
		<46/>54	<input type="checkbox"/>
3	Head circumference at birth	32-36	<input type="checkbox"/>
		<32/>36	<input type="checkbox"/>
4	APGAR score	7-10	<input type="checkbox"/>
		0-6	<input type="checkbox"/>
5	Premature newborn		<input type="checkbox"/>
6	Respiratory distress		<input type="checkbox"/>
7	Hospitalization of the newborn		<input type="checkbox"/>
8	Neonatal icterus		<input type="checkbox"/>

9	Newborn's blood bilirubin level	
10	Fetus presentation	Cephalic	<input type="checkbox"/>
		Breech	<input type="checkbox"/>
		Mix	<input type="checkbox"/>
		Shoulder	<input type="checkbox"/>
11	Other neonatal outcomes	Cephalopelvic disproportion	<input type="checkbox"/>
		The presence of any birth defects	<input type="checkbox"/>

Checklist for contracting COVID-19

	Reviewed items	Sub items	
1	Getting infected with COVID-19 during pregnancy based on a positive test	<input type="checkbox"/>	
2	The time of getting infected COVID-19	Week.....	Month.....
3	Hospitalized status at the time of COVID-19 sampling	Outpatient	<input type="checkbox"/>
		Hospitalized	<input type="checkbox"/>
4	Hospitalization during pregnancy because of COVID-19	<input type="checkbox"/>	
5	Duration of hospitalization	
6	Seasonal flu vaccination	<input type="checkbox"/>	
7	Symptoms	Nasal congestion <input type="checkbox"/> Radiological signs <input type="checkbox"/> Convulsion <input type="checkbox"/> Redness of conjunctiva <input type="checkbox"/> Restlessness <input type="checkbox"/> Shivering <input type="checkbox"/> Nausea & vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Sleeplessness <input type="checkbox"/> Fatigue <input type="checkbox"/> Myalgia <input type="checkbox"/> Anorexia <input type="checkbox"/> Fever <input type="checkbox"/> Hypotension <input type="checkbox"/> Vertigo <input type="checkbox"/> Headache <input type="checkbox"/> Recurrence of fever and cough after recovery <input type="checkbox"/>	
8	Taking COVID-19 drugs Names of Drugs:	<input type="checkbox"/>

8	Termination of pregnancy due to COVID-19	<input type="checkbox"/>
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