

Paroxysmal nocturnal hemoglobinuria and pregnancy before the eculizumab era: the French experience

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Supplementary Figure S1. Paroxysmal nocturnal hemoglobinuria and pregnancy questionnaire.

PNH and pregnancy: Questionnaire

Identity: NAME: _____ **Surname:** _____ **Date of birth:** _____

PNH diagnosis: date: _____ circumstances: Cytopenias / Thromboses / Hemolysis
 PNH diagnosis before pregnancy: YES/NO PNH-pregnancy delay: _____
 Number of previous pregnancies: _____ Early miscarriages? _____ No. of children: _____
 Pregnancy starting date: _____

PREGNANCY

THROMBOSES	<ul style="list-style-type: none"> - Treatment during pregnancy: Cyclosporine A: YES/NO - Thrombosis history before pregnancy: YES/NO Type and location: _____ - Venous Thrombotic Event: YES/ NO Date: _____ Location: _____ - Antithrombotic treatment during pregnancy YES/ NO prophylactic/curative intent <ul style="list-style-type: none"> - Aspirin starting date: _____ stopping date: _____ - LMWH starting date: _____ stopping date: _____ - Unfractionated heparin starting date: _____ stopping date: _____ - Danaparoid starting date: _____ stopping date: _____ - AVK: starting date: _____ stopping date: _____ 																		
CYTOPENIAS	<ul style="list-style-type: none"> - ANEMIA: Hb (g/dL) before pregnancy: _____ Nadir Hb: _____ date (AW): _____ <ul style="list-style-type: none"> - No. of erythroid transfusions during pregnancy: _____ - THROMBOPENIA: Plq (10⁹/L) before pregnancy: Nadir Plq: date (AW): _____ <ul style="list-style-type: none"> - No. of platelet transfusions during pregnancy: _____ - APLASTIC ANEMIA (Camitta): YES/NO 																		
MATERNAL AND FETAL COMPLICATIONS	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">RCIU:</td> <td style="width: 30%;">YES/NO</td> <td style="width: 40%;">date: _____</td> </tr> <tr> <td>Hemorrhage</td> <td>YES/NO</td> <td>date: _____</td> </tr> <tr> <td>Arterial Hypertension</td> <td>YES/NO</td> <td>date: _____</td> </tr> <tr> <td>Eclampsia</td> <td>YES/NO</td> <td>date: _____</td> </tr> <tr> <td>In utero death</td> <td>YES/NO</td> <td>date: _____</td> </tr> <tr> <td>Others (specify): _____</td> <td>YES/NO</td> <td>date: _____</td> </tr> </table>	RCIU:	YES/NO	date: _____	Hemorrhage	YES/NO	date: _____	Arterial Hypertension	YES/NO	date: _____	Eclampsia	YES/NO	date: _____	In utero death	YES/NO	date: _____	Others (specify): _____	YES/NO	date: _____
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In utero death	YES/NO	date: _____																	
Others (specify): _____	YES/NO	date: _____																	

DELIVERY

Date: _____ term: _____ AW _____ preterm/term
 Delivery: spontaneous/therapeutically induced Cesarean section? YES/NO
 Newborn: alive/dead Birth weight: _____
 Maternal complications? _____ Date: _____

POSTPARTUM

MATERNAL Complications: - THROMBOSES: YES/NO Type: _____ Date: _____
 - Worsening CYTOPENIA:
 at delivery: Hb: _____ Plq: _____ PNN: _____
 6 months postpartum: Hb: _____ Plq: _____ PNN: _____
 Others (specify): _____ Date: _____

- Antithrombotic treatment? YES/NO Type: _____ Starting date: _____ Stopping date: _____
 - CHILD complications:
 Cytopenia: YES/NO
 Growth trouble: YES/NO
 Others: _____

LAST NEWS

Date: _____ Mother status: _____

Mother: Subsequent pregnancies: _____
 DEATH: YES/NO Date: _____ cause: _____

Child: Status:
 DEATH: YES/NO Date: _____ cause: _____