

Appendix 1. Study Sites and Personnel

In addition to the authors, other members of the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network are as follows:

Clinical Centers:

Main centers are listed below. Personnel at subsites have the subsite listed in brackets.

University of Pittsburgh, Pittsburgh, PA – M. Bickus, F. Facco

University of Alabama at Birmingham, Birmingham, AL – J. Grant, A. Leath, S. Longo [Ochsner Health], M. Hendricks [Ochsner Health], K. Arias [Ochsner Health]

The Ohio State University, Columbus, OH – A. Bartholomew, M. Landon, K. Rood, P. Schneider, H. Frey, D. McKenna [Miami Valley Hospital], S. Wiegand [Miami Valley Hospital], E. K. Snow [Miami Valley Hospital], K. Fennig [Miami Valley Hospital]

University of Utah Health Sciences Center, Salt Lake City, UT – A. Nelsen [Utah Valley], M. Varner, M.S. Esplin [Intermountain Medical Center]

Brown University, Providence, RI – D. Allard, C. Pettker [Yale], J. Leventhal [Yale], J. Rousseau, J. Milano, L. Early

Columbia University, New York, NY – S. Bousleiman, R. Wapner, D. Sutton, H. Manchon, M. Hoffman [Christiana Care], C. Kitto [Christiana Care], K. Palomares [St. Peter's U. Hosp], I. Beche [St. Peter's U. Hosp.], D. Skupski [NY Presbyterian Queens], R. Chan-Akeley [NY Presbyterian Queens]

University of Texas Medical Branch, Galveston, TX – A. Salazar, L. Pacheco, S. Clark, H. Harirah, S. Jain, G. Olson, A. Saad, M. McDonold [St. David's Women's Center of Texas], L. Allen, G. Carrington, J. Cornwell, J. DeVolder

MetroHealth Medical Center-Case Western Reserve University, Cleveland, OH – W. Dalton, A. Tyhulski, A. Mayle [University Hospitals]

University of Texas Health Science Center at Houston-Children's Memorial Hermann Hospital, Houston, TX – F. Ortiz

University of North Carolina at Chapel Hill, Chapel Hill, NC – S. Timlin, L. Fried, H. Byers, C. Beamon, MD [WakeMed Health & Hospitals], J. Ferrara [Duke], A. Williams

Northwestern University, Chicago, IL – G. Mallett, M. Ramos-Brinson, B. Plunkett [NorthShore University Evanston Hospital], K. Kearns [NorthShore University Evanston Hospital], A. Palatnik [Froedert Hospital/ Medical College of Wisconsin], S. Northey [Froedert Hospital/Medical College of Wisconsin]

University of Pennsylvania, Philadelphia, PA – J. Craig, M. McCabe, A. Roche, A. Filipczak

Data Coordinating Center:

The George Washington University Biostatistics Center, Washington, DC – E. Thom, V. L. Flowers-Fanomezantsoa

NIH:

***Eunice Kennedy Shriver* National Institute of Child Health and Human Development**, Bethesda, MD – S. Archer

Metz TD, Clifton RG, Hughes BL, Sandoval G, Saade GR, Grobman WA, et al. Disease severity and perinatal outcomes of pregnant patients with coronavirus disease 2019 (COVID-19). *Obstet Gynecol* 2021;137.

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Appendix 2. Modified National Institutes of Health (NIH) Guidelines for Severity of Clinical Presentation of Coronavirus Disease 2019 (COVID-19)

COVID-19 Severity	Criteria
Mild	Any symptoms including fever, headache, shaking chills, myalgias, back or joint pain, nausea, vomiting, diarrhea, fatigue, cough, rhinorrhea, conjunctivitis, confusion, anosmia, ageusia, and sore throat
Moderate	Evidence of lower respiratory tract disease including shortness of breath or abnormal chest imaging, but with maintenance of an oxygen saturation $\geq 94\%$
Severe	Oxygen saturation $< 94\%$, ratio of arterial partial pressure of oxygen to fraction of inspired oxygen < 300 mmHg, respiratory frequency > 30 breaths per minute, or lung infiltrates $> 50\%$ of lung volume on chest imaging*
Critical	Respiratory failure, septic shock, multiorgan dysfunction, death due to COVID-19†

* Given concern for intermittent, spurious low values of oxygen saturation during a hospitalization, an oxygen saturation $< 94\%$ met criteria for severe illness only if the patient received oxygen supplementation in response to the low oxygen saturation.

† Patients with death due to COVID-19 were included in the critical group. This is not one of the NIH criteria for disease severity.

Appendix 3. Vital Signs and Laboratory Values by COVID-19 Severity Classification*					
Through 42 days postpartum	Critical (n=43)	Severe (n=98)	Moderate (n=173)	Mild (n=326)	Asymptomatic (n=579)
Highest respiratory rate (breaths/minute)	42 (29 - 52)	34 (30 - 40)	20 (18 - 22)	20 (18 - 22)	20 (18 - 20)
Highest heart rate (beats/minute)	136 (118 - 148)	124 (114 - 136)	114 (104 - 124)	110 (100 - 122)	108 (97 - 120)
Lowest SpO2 (%)	87 (73 - 93)	91 (88 - 93)	95 (93 - 97)	96 (93 - 97)	96 (94 - 97)
Highest temperature (Celsius)	38.3 (37.7 - 39.1)	38.2 (37.4 - 38.7)	37.4 (37.1 - 38.2)	37.3 (37.1 - 37.9)	37.2 (37.1 - 37.5)
Lowest platelet count (x10 ³ /mm ³)	140 (84 - 177)	199 (157 - 237)	191 (156 - 222)	197 (159 - 242)	196 (158 - 239)
Highest ALT (U/L)	68 (40 - 199)	23 (16 - 39)	19 (12 - 31)	19 (12 - 32)	15 (10 - 22)
Highest AST (U/L)	104 (54 - 177)	36 (26 - 61)	26 (20 - 35)	24 (19 - 35)	22 (17 - 27)
Highest serum creatinine (mg/dL)	0.8 (0.6 - 1.2)	0.6 (0.5 - 0.7)	0.6 (0.5 - 0.7)	0.6 (0.5 - 0.7)	0.6 (0.5 - 0.7)
Lowest hematocrit (%)	27.6 (22.4 - 30.0)	30.1 (27.1 - 32.6)	31.0 (28.1 - 33.9)	31.9 (28.9 - 34.6)	32.0 (29.0 - 34.8)
Lowest hemoglobin (g/dL)	8.6 (7.2 - 10.0)	9.8 (8.8 - 10.8)	10.2 (9.2 - 11.2)	10.5 (9.5 - 11.5)	10.5 (9.4 - 11.5)
Lowest WBC (x10 ³ /mm ³)	6.4 (5.4 - 9.2)	6.7 (4.5 - 8.9)	8.0 (6.3 - 10.0)	8.2 (6.4 - 10.4)	9.0 (7.2 - 10.9)
Lowest lymphocytes (%)	13.9 (11.0 - 20.5)	15.4 (11.4 - 19.5)	19.9 (11.5 - 24.5)	18.0 (13.0 - 24.6)	18.2 (13.0 - 23.9)
Highest procalcitonin (ng/mL)	0.60 (0.30 - 0.90)	0.20 (0.10 - 0.50)	0.10 (0.09 - 0.20)	0.10 (0.10 - 0.40)	0.10 (0.05 - 0.10)
Highest D-dimer (ng/mL)	1438.0 (128.0 - 5250.0)	950.0 (7.2 - 1760.0)	876.0 (2.7 - 1530.0)	693.5 (7.0 - 1500.0)	932.0 (357.0 - 2099.7)
Highest ferritin (ng/mL)	178.0 (124.5 - 466.2)	95.5 (55.5 - 222.6)	33.7 (20.0 - 85.0)	23.8 (11.9 - 69.2)	25.0 (12.0 - 47.8)

Data are median (Q1 - Q3), or n (%) unless otherwise specified.

* Clinical data in this table were abstracted during the time of highest illness severity through 42 days postpartum. COVID-19 severity was classified based on data through pregnancy and delivery hospitalization.

Number of missing values: respiratory rate (n=10), heart rate (n=8), SpO2 (n=23), temperature (n=6).

Number of available laboratory values: platelets (n=1202), ALT (n=601), AST (n=610), serum creatinine (n=655), hematocrit/hemoglobin (n=1208), WBC (n=1188), lymphocytes (n=610), procalcitonin (n=182), D-dimer (n=213), ferritin (n=195).

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