

**Table SI.** Questionnaire of follow-up.

Mother's name: _____ age: _____ years                      Father's name: _____ age: _____ years Contact number: _____ Archive No.: _____ Cycle No.: _____ Address: _____	
<input type="checkbox"/> Pregnant <input type="checkbox"/> Non-pregnant                      Date and Recorder: _____	
Profile of early pregnancy	<input type="checkbox"/> Biochemical pregnancy <input type="checkbox"/> Clinical pregnancy Date: _____ Serum HCG (mIU/ml): _____ Serum P(ng/ml): _____ Recorder: _____ Date: _____ Serum HCG (mIU/ml): _____ Serum P(ng/ml): _____ Recorder: _____ Date: _____ Serum HCG (mIU/ml): _____ Serum P(ng/ml): _____ Recorder: _____ Other situations: _____
Site of pregnancy	<input type="checkbox"/> Intrauterine pregnancy No. of gestational sac(s): _____ No. of fetal heart(s): _____ No. of embryo(s) implanted: _____ Other situations: _____ <input type="checkbox"/> Ectopic pregnancy Date of diagnosis: _____ No. of extrauterine embryo(s): _____ No. of intrauterine embryo(s): _____ Site of ectopic pregnancy: _____ Medical intervention: _____ Date of intervention: _____ Other situations: _____ Date and Recorder: _____
Embryo reduction	<input type="checkbox"/> Spontaneous embryo reduction Date: _____ No. of reduction(s): _____ No. of embryo(s) remained: _____ Other situations: _____ <input type="checkbox"/> Artificial embryo reduction Date: _____ No. of reduction(s): _____ No. of embryo(s) remained: _____ Other situations: _____

	Date and Recorder: _____						
Pregnancy outcome	<input type="checkbox"/> Live birth <input type="checkbox"/> Abortion <input type="checkbox"/> odinopoeia						
	Date of abortion: _____ Gestational age(days): _____ Type of abortion: _____						
	Method of abortion: _____ Cause(s): _____						
	Other situations: _____						
	Date of odinopoeia: _____ Gestational age (days): _____ Cause(s): _____						
Neonatal birth outcome	More description: _____						
	Date of live birth: _____ Gestational age (days): _____ Mode of delivery: _____						
	No. of neonate(s) delivered: _____						
	Hospital where the delivery occurred: _____						
	Other situations: _____						
	Date and Recorder: _____						
Neonatal birth outcome	Neonate #1	Sex	Weight (g)	Height (cm)	Apgar score	Birth defect	Other situations
	Neonate #2	Sex	Weight (g)	Height (cm)	Apgar score	Birth defect	Other situations
	Medical intervention(s) when necessary: _____						
_____ Date and Recorder: _____							
Maternal health status after delivery: _____							
_____ Date and Recorder: _____							

HCG, human chorionic gonadotropin; P, progesterone.