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| Participant PTID: |  |

Eswatini Birth Outcomes Study

**Assessment of Birth Outcomes in Eswatini after Transition to Dolutegravir-Based Treatment**

**Chart Abstraction Form for live births, stillbirths and miscarriages**

|  |  |
| --- | --- |
| Maternity Name  Mbabane Government Hospital  1  Raleigh Fitkin Memorial Hospital  2  Good Shepherd Hospital  3  Hlatikhulu Hospital  4  Mankayane Government Hospital  5 | |
| Data Collector’s name/ID:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ID: \_\_\_\_\_\_\_\_\_\_\_ | day / month / year of abstraction:  \_\_\_ \_\_\_ /\_\_\_ \_\_\_ / 2 0 \_\_\_ \_\_\_ |
| Data Collection Point:  Maternity  OPD/Gynecology |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | | **Variables** | **Response Options** | **Directions** |
| **Pregnancy and HIV history, Source: registers** | | | | |
|  | Date of admission  *(dd/mm/yyyy)* | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_ |  |
|  | Mother’s age | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years  1  Unknown/not documented  87 |  |
|  | Gravidity | | \_\_\_ # of pregnancies  1  Unknown/ not documented  87 |  |
|  | Parity | | \_\_\_ # of births  1  Unknown/not documented  87 |  |
|  | Last menstrual period (LMP) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Gestational age at L&D booking  *Not applicable for miscarriages/ medical induced abortions* | | \_\_\_\_\_\_ weeks, \_\_\_\_\_\_ days  1  Don’t know/not documented  87  N/A  99 |  |
|  | HIV status at L&D/admission | | HIV positive  1  HIV negative  2  Never tested for HIV  4  Unknown/not documented  87 |  |
|  | Tested for HIV at L&D *(indicate yes if there is a date of HIV test entered)*  *Not applicable for miscarriages/ medically induced abortions* | | Yes  1  No  2  Unknown/not documented  87  N/A  99 | *SKIP TO Q*  *SKIP TO Q*  *SKIP TO Q* |
|  | HIV test result at L&D  *Not applicable for miscarriages* | | HIV positive  10  HIV negative  20  Inconclusive  30  N/A  99 |  |
|  | Date of most recent HIV test prior to L&D  *(dd/mm/yyyy)*  *Not applicable for miscarriages* | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  1  Unknown/not documented  87  N/A  99 |  |
| **Birth outcomes, Source: registers** | | | | |
|  | Birth outcome | | Live birth  10  Stillbirth  20  Miscarriage  30  Medically induced abortion  40 | *If miscarriage or abortion, go to Q22* |
|  | Single or multiple birth  *Not applicable for miscarriages/ medically induced abortions* | | Single  10  Twin  20  Triplet  30  N/A  99 | For options 2 and 3, form will return to Q12 to ask for each subsequent child while retaining the same maternal information |
|  | Gestational age at delivery | | \_\_\_\_\_\_ weeks, \_\_\_\_\_\_ days  10  Unknown/not documented  87 |  |
|  | Mode of delivery | | Normal vaginal delivery (NVD)  10  Assisted vaginal delivery (AVD)  20  Elective C-section (ELCS)  30  Emergency C-section (EMCS)  40 |  |
|  | Date of delivery  *(dd/mm/yyyy)* | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  1 |  |
|  | If stillbirth | | FSB (fresh)  1  MSB (macerated)  2  N/A – live birth  99 |  |
|  | Sex of baby | | Male  10  Female  20  Ambiguous  30 |  |
|  | Weight at birth | | \_\_\_ grams  1  Unknown/not documented  87 |  |
|  | Neonatal death before discharge | | Yes  10  No  20 | *Skip to Q* |
|  | Causes of infant death | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1  Unknown/not documented  87 |  |
|  | Infant age at death | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours  1  Unknown/not documented  87 | *For all responses go to Q25* |
|  | If miscarriage or abortion, date of miscarriage/abortion  *(dd/mm/yyyy)* | | Same as date of admission  1  Different from admission date:  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  2  Unknown/not documented  87 |  |
|  | Gestational age at time of miscarriage/abortion | | \_\_\_ # of births  1  Unknown/not documented  87 |  |
|  | Pregnancy condition | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Was a birth defect identified? | | Yes  1  No  2  Unknown/not documented  87  N/A  99 |  |
|  | ***Comments:*** Please use this section to indicate any additional relevant information found in source documents, including maternal complications (e.g., preeclampsia, diabetes, etc.) or child’s condition (e.g., birth defect, jaundice, prematurity).  *Applies to all infants/birth outcomes.* | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Antiretroviral Therapy (ART), Sources: registers, electronic database** | | | | |
|  | ART regimen | | Yes  1  No  2 | *SKIP to Q* |
|  | First two drugs (‘NRTI backbone’) listed in the CURRENT ART regimen: | | ABC/3TC  10  AZT/3TC  20  TDF/3TC  30  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | Third drug listed in the CURRENT ART regimen: | | NVP  1  EFV  2  ATV/r  3  LPV/r  4  DTG  5  DRV  6  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | Date started CURRENT ART regimen | | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  *(dd/mm/yyyy)*  Unknown/not documented  87 |  |
|  | If unknown, when was current regimen started? | | During pregnancy  1  Before pregnancy  2  Unknown/not documented  87 |  |
|  | Changes in ART regimen in the past 12 months *(from date of admission)* | | Yes  1  No  2 | *SKIP to Q* |
|  | Number of changes in ART regimen in past 12 months | | One  1  Two  2  Three  3 |  |
| **FIRST change in ART regimen in the last 12 months from date of admission. Must be different from CURRENT regimen. Source: electronic database** | | | | |
|  | First two drugs (‘NRTI backbone’) listed in the CURRENT ART regimen: | | ABC/3TC  1  AZT/3TC  2  TDF/3TC  3  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | Third drug listed in the CURRENT ART regimen: | | NVP  1  EFV  2  ATV/r  3  LPV/r  4  DTG  5  DRV  6  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | ART regimen start date *(dd/mm/yyyy)* | | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | ART regimen stop date  *(dd/mm/yyyy)* | | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | Reason for stopping | | Side effects  10  Treatment failure  20  Drug interactions (e.g., TB treatment)  30  Pregnancy  40  Change in treatment protocol  50  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
| **SECOND change in ART Regimen in the last 12 months from date of admission. Must be different from CURRENT regimen. Source: electronic database** | | | | |
|  | | First two drugs (‘NRTI backbone’) listed in the CURRENT ART regimen: | ABC/3TC  1  AZT/3TC  2  TDF/3TC  3  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | | Third drug listed in the CURRENT ART regimen: | NVP  1  EFV  2  ATV/r  3  LPV/r  4  DTG  5  DRV  6  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | | ART regimen start date  *(dd/mm/yyyy)* | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | | ART regimen stop date  *(dd/mm/yyyy)* | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | | Reason for stopping | Side effects  10  Treatment failure  20  Drug interactions (e.g., TB treatment)  30  Pregnancy  40  Change in treatment protocol  50  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
| **THIRD change in ART Regimen in the last 12 months from date of admission. Must be different from CURRENT regimen. Source: electronic database** | | | | |
|  | | First two drugs (‘NRTI backbone’) listed in the CURRENT ART regimen: | ABC/3TC  1  AZT/3TC  2  TDF/3TC  3  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | | Third drug listed in the CURRENT ART regimen: | NVP  1  EFV  2  ATV/r  3  LPV/r  4  DTG  5  DRV`  6  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
|  | | ART regimen start date  *(dd/mm/yyyy)* | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | | ART regimen stop date  *(dd/mm/yyyy)* | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | | Reason for stopping | Side effects  10  Treatment failure  20  Drug interactions (e.g., TB treatment)  30  Pregnancy  40  Change in treatment protocol  50  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_  88  Unknown/not documented  87 |  |
| **Pre-exposure Prophylaxis (PrEP), Source: electronic database** | | | | |
|  | | Receipt of PrEP in pregnancy *(indicated from log)* | Yes  1  No  2  Unknown/not documented  87 | *END* |
|  | | PrEP regimen | TDF + 3TC  1  Cabotegravir (injection)  2  Dapivirine  3  Unknown/not documented  87 |  |
|  | | Date started PrEP  *(dd/mm/yyyy)* | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | | Date stopped PrEP  *(dd/mm/yyyy)* | Known  1  Date: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  Unknown/not documented  87 |  |
|  | | Select yes if abortion | Yes  10  No  20 | Select ‘Yes’ if it’s an abortion and the woman is available for an interview. If yes, conduct entire interview.  Select “No” if it is an abortion and women is not available for an interview. If “No”, skip to PART V: BIRTH DEFECT QUESTIONS on the women interview form. |