

Inclusion Pregnancy Delivery

Record ID

(C2-XXXXX-X)

Study ID should begin with "C2-", and be in the format "C2-XXXXX-X".
Please review and correct the ID for this participant.

STUDY INCLUSION COHORT ASSIGNMENT C2

Research Team

Name of RA:

- ☐ Anthony Chesang
- ☐ Caroline Kerich
- ☐ Benedine Kokwon
- ☐ Winnie Matelong
- ☐ Anthoney Opon
- ☐ Washington Rotich
- ☐ Marsha Alera
- ☐ Fred Kaemba
- ☐ Emily Abuonji
- ☐ Cleophas Cherop
- ☐ Gladys Jeptoo
- ☐ Calvin Oginga
- ☐ Lindah Muli
- ☐ Justine Kipsang

Date of Review:

Was this patient's file sampled for retrospective data entry?

- ☐ Yes
- ☐ No

The term "retrospective data entry" refers to the process of pulling a file from a prior month for retrospective data entry that is not part of the routine 'near real time' data entry for each file.

Inclusion Criteria (all must be YES to be eligible)

Has the woman delivered at the site?

- ☐ Yes
- ☐ No

Comments on inclusion criteria:

EXCLUSION

Any reason for exclusion?

Based on the responses above, this woman is ELIGIBLE for study enrollment.

Based on the responses above, this woman is INELIGIBLE for enrollment.
DO NOT PROCEED PAST THIS FORM

Consent

Did the woman consent to clarify any missing or incomplete data?

☐ Yes
☐ No

Reason for refusal to consent:

Additional Characteristics

Is this woman HIV positive?

☐ Yes, Positive
☐ No, Negative

Repeat Study Enrollments

If this woman has already been enrolled in MANGO C2 previously under a different Study ID, please enter the prior Study ID below:

Prior MANGO C2 Study ID:

IDENTIFIERS**Identity of Participant (Woman)**

Name (First Middle Last)

Date of Birth

Are any parts of the Date of Birth unknown?

☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

The Date of Birth entered above indicates the woman is < 10 years old, please review and make any corrections necessary

Hospital Number:

Linda Mama Number:

CCC number (HIV+ women only):	<div></div>
AMRS number (HIV+ women only)	<div></div>
Other medical record number 1:	<div></div>
Other Medical Record Number (1) Type:	<div></div>
Other medical record number 2:	<div></div>
Other Medical Record Number (2) Type:	<div></div>
Is client known to be HIV positive?	<div><div></div> Yes</div> <div><div></div> No</div>

DEMOGRAPHIC/CONTACT INFORMATION

Home Location

County:

- ☐ Uasin Gishu
- ☐ Trans-Nzoia
- ☐ Elgeyo-Marakwet Rift Valley
- ☐ Baringo
- ☐ Bomet
- ☐ Bungoma
- ☐ Busia
- ☐ Embu
- ☐ Garissa
- ☐ Homa Bay
- ☐ Isiolo
- ☐ Kajiado
- ☐ Kakamega
- ☐ Kericho
- ☐ Kiambu
- ☐ Kilifi
- ☐ Kirinyaga
- ☐ Kisii
- ☐ Kisumu
- ☐ Kitui
- ☐ Kwale
- ☐ Laikipia
- ☐ Lamu
- ☐ Machakos
- ☐ Makueni
- ☐ Mandera
- ☐ Marsabit
- ☐ Meru
- ☐ Migori
- ☐ Mombasa
- ☐ Murang'a
- ☐ Nairobi
- ☐ Nakuru
- ☐ Nandi Rift Valley
- ☐ Narok
- ☐ Nyamira
- ☐ Nyandarua
- ☐ Nyeri
- ☐ Samburu
- ☐ Siaya
- ☐ Taita Taveta
- ☐ Tana River
- ☐ Tharaka Nithi
- ☐ Turkana
- ☐ Vihiga
- ☐ Wajir
- ☐ West Pokot

Estate/Village:

Please use all caps in response

Phone 1:

(9-digit Number Only)

Phone 2 (if applicable) :

(9-digit Number Only)

CURRENT PREGNANCY HISTORY**Obstetric Data (in relation to current pregnancy)**

Gravida?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ >=10

Para?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ >=10

Last menstrual period (LMP)?

Are any parts of the Date of LMP unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Estimated date of delivery (EDD)?

Are any parts of the Date of EDD unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Transfer History

Was the woman transferred in from another facility for delivery?

- ☐ Yes
☐ No

Health History

Specify Complication(s):
Please select all that apply

- ☐ Primigravid and age >30
- ☐ Primigravid (age not >30)
- ☐ Age < 18
- ☐ Age >35
- ☐ Hypertension, Pre-eclampsia or Eclampsia (High BP, high blood pressure, elevated BP, PIH, Pregnancy Induced Hypertension, gestational hypertension)
- ☐ Scheduled C-section
- ☐ Prior C-section
- ☐ Other medical problem with the mother (such as heart problem, kidney problem, etc.)
- ☐ Infection
- ☐ Problem with the baby noted during antenatal care (but NOT a congenital abnormality)
- ☐ Congenital abnormality of infant noted during antenatal care
- ☐ Concern for the baby (fetal distress)
- ☐ PPRM (Preterm Premature rupture of membranes)
- ☐ PROM/SROM
- ☐ Premature Labor
- ☐ Anemia
- ☐ Antepartum hemorrhage (APH)/PV bleeding
- ☐ Bad Obstetric History (BOH)
- ☐ IUFD (fetal demise)
- ☐ CPD/Big baby (cephalo-pelvic disproportion)
- ☐ Presentation of the baby (e.g breech, footling, transverse)
- ☐ Failed induction
- ☐ Multiparous/grand multip
- ☐ Failure to progress/stalled labor/prolonged labor
- ☐ Placenta previa
- ☐ Twin (or triplet) pregnancy
- ☐ Labor Pains/ for Delivery
- ☐ Unknown
- ☐ Other

If Other reason for referral, please specify: _____

History of any diseases during pregnancy?

- ☐ Yes
☐ No

History of any of the following non-communicable diseases during the current pregnancy?

- ☐ None
- ☐ Anaemia
- ☐ Asthma
- ☐ Breast lump
- ☐ Diabetes
- ☐ Fibroids
- ☐ High blood pressure (includes hypertension, gestational hypertension, and pregnancy induced hypertension)
- ☐ Pre-eclampsia or eclampsia
- ☐ Warts, genital warts, or vulvar warts
- ☐ Rash
- ☐ Other NCD

Date of diagnosis of Anemia? _____

Are any parts of the Date of diagnosis of Anemia unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Asthma?

Are any parts of the Date of diagnosis of Asthma unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Breast lump?

Are any parts of the Date of diagnosis of Breast lump unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Diabetes?

Are any parts of the Date of diagnosis of Diabetes unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Fibroids?

Are any parts of the Date of diagnosis of Fibroids unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of High blood pressure?

Are any parts of the Date of diagnosis of High blood pressure unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Pre-eclampsia or eclampsia?

Are any parts of the Date of diagnosis of Pre-eclampsia or eclampsia unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Warts?

Are any parts of the Date of diagnosis of Warts unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Rash?

Are any parts of the Date of diagnosis of Rash unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

If Other non-communicable disease(s), please specify:

Date of diagnosis of Other non-communicable disease(s)?

Are any parts of the Date of diagnosis of Other NCD unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

History of any of the following communicable diseases during the current pregnancy?

- ☐ None
☐ Abscess
☐ Candida/Candidiasis
☐ Cervicitis/STD/Vaginal Discharge Syndrome (VDS)
☐ Covid-19
☐ Diarrhoea, gastroenteritis
☐ Ear infection
☐ Eye infection
☐ Fever (unknown cause)
☐ Herpes (HSV)
☐ Malaria
☐ PID (pelvic inflammatory disease)
☐ Pneumonia
☐ Rubella
☐ Sore throat/tonsillitis
☐ Syphilis
☐ Toxoplasmosis
☐ Tuberculosis
☐ Urinary track infection (UTI)
☐ Varicella (chicken pox or zoster)
☐ Other communicable disease

Date of diagnosis of Abscess?

Are any parts of the Date of diagnosis of Abscess unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Candida/Candidiasis?

Are any parts of the Date of diagnosis of Candida/Candidiasis unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Cervicitis/STD/Vaginal Discharge Syndrome (VDS)?

Are any parts of the Date of diagnosis of Cervicitis/STD/VDS unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Covid-19?

Are any parts of the Date of diagnosis of Covid-19 unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Diarrhoea, gastroenteritis?

Are any parts of the Date of diagnosis of Diarrhoea unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Ear infection?

Are any parts of the Date of diagnosis of Ear infection unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Eye infection?

Are any parts of the Date of diagnosis of Eye infection unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Fever?

Are any parts of the Date of diagnosis of Fever unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Herpes (HSV)?

Are any parts of the Date of diagnosis of HSV unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Malaria?

Are any parts of the Date of diagnosis of Malaria unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown
-

Date of diagnosis of PID?

Are any parts of the Date of diagnosis of PID unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown
-

Date of diagnosis of Pneumonia?

Are any parts of the Date of diagnosis of Pneumonia unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown
-

Date of diagnosis of Rubella?

Are any parts of the Date of diagnosis of Rubella unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown
-

Date of diagnosis of Sore throat/tonsillitis?

Are any parts of the Date of diagnosis of Sore throat/tonsillitis unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown
-

Date of diagnosis of Syphilis?

Are any parts of the Date of diagnosis of Syphilis unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown
-

Date of diagnosis of Toxoplasmosis?

Are any parts of the Date of diagnosis of Toxoplasmosis unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Tuberculosis?

Are any parts of the Date of diagnosis of Tuberculosis unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Urinary track infection (UTI)?

Are any parts of the Date of diagnosis of UTI unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Date of diagnosis of Varicella?

Are any parts of the Date of diagnosis of Varicella unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

If Other communicable disease(s), please specify:

Date of diagnosis of Other communicable disease(s)?

Are any parts of the Date of diagnosis of Other communicable disease unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

HIV Status

Is the woman HIV positive?

- ☐ Yes
☐ No

EXPOSURES

Key Exposures

HIV and PMTCT:
for HIV+ women only

- ☐ None
☐ ART (If YES, enter ART in the Current Pregnancy History form)
☐ CTX prophylaxis

Start Date of ART?

Are any parts of the Date of ART start unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Start Date of CTX Prophylaxis?

Are any parts of the Start Date of CTX unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of CTX Prophylaxis?

Are any parts of the End Date of CTX unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

HIV and PMTCT:
for HIV- women only

- ☐ None
☐ HIV pre-exposure prophylaxis (PrEP)

Start Date of PREP?

Are any parts of the Start Date of PREP unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of PREP?

Are any parts of the End Date of PREP unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

TB:

- ☐ IPT (isoniazid preventive therapy / TB prophylaxis)
☐ TB Treatment
☐ None

Start Date of IPT?

Are any parts of the Start Date of IPT unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

EndDate of IPT?

Are any parts of the End Date of IPT unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Start Date of TB Treatment?

Are any parts of the Start Date of TB Treatment unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of TB Treatment?

Are any parts of the End Date of TB Treatment unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

If Yes to anti-TB medication, please select all that apply:

- ☐ Rifampin (Rif, the "R" in RHZE)
☐ INH (Isoniazid, the "H" in RHZE)
☐ Pyrazinamide (PZA, the "Z" in RHZE)
☐ Ethambutol (the "E" in RHZE)
☐ Streptomycin (this is given as an IV or IM)
☐ Rifabutin
☐ Amikacin
☐ Levofloxacin
☐ Unknown

Vitamins

- ☐ Antenatal vitamin
☐ Folate (folic acid) supplement
☐ Iron supplement
☐ Vitamin C
☐ None

Start Date of Antenatal vitamins?

Are any parts of the Start Date of Antenatal vitamins unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of Antenatal vitamins?

Are any parts of the End Date of Antenatal vitamins unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Start Date of Folate supplement?

Are any parts of the Start Date of Folate supplement unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of Folate supplement?

Are any parts of the End Date of Folate supplement unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Start Date of Iron supplement?

Are any parts of the Start Date of Iron supplement unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of Iron supplement?

Are any parts of the End Date of Iron supplement unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Start Date of Vitamin C?

Are any parts of the Start Date of Vitamin C unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of Vitamin C?

Are any parts of the End Date of Vitamin C unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Anti-infectives

- ☐ Anti-malarial (either for treatment or prevention)
☐ Antibiotic
☐ Deworming
☐ None

Start Date of Anti-malarial?

Are any parts of the Start Date of Anti-malarial unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of Anti-malarial?

Are any parts of the End Date of Anti-malarial unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

If Yes to anti-malarial, please select all that apply:

- ☐ Chloroquine
☐ Atovaquone/Proguanil (Malarone)
☐ Coartem (artemether lumefantrine)
☐ Quinidine
☐ Other

If Other anti-malarial, please specify:

Start Date of Antibiotic?

Are any parts of the Start Date of Antibiotic unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of Antibiotic?

Are any parts of the End Date of Antibiotic unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

If Yes to antibiotic, please select all that apply:

- ☐ Amoxicillin
☐ Ceftriaxone
☐ Cloxacillin
☐ Cotrimoxazole (CTX)
☐ Doxycycline
☐ Erythromycin
☐ Metronidazole
☐ Penicillin
☐ Other

If Other antibiotic, please specify:

Start Date of Deworming medicine?

Are any parts of the Start Date of De-worming medicine unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of Deworming medicine?

Are any parts of the End Date of De-worming medicine unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Deworming medication name(s):

- ☐ Mebendazole
☐ Other

If Other deworming medication, please specify:

Substance Use During Pregnancy:

- ☐ Alcohol
☐ Tobacco
☐ Other illicit drug
☐ None

If other illicit drug, please specify:
(e.g. methamphetamine, cannabis, cocaine, heroin)

Other Therapeutic Exposures During Pregnancy

Other Medication 1:

Start Date of [othermed1]?

Are any parts of the Start Date of [othermed1] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed1]?

Are any parts of the End Date of [othermed1] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 2:

Start Date of [othermed2]?

Are any parts of the Start Date of [othermed2] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed2]?

Are any parts of the End Date of [othermed2] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 3:

Start Date of [othermed3]?

Are any parts of the Start Date of [othermed3] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed3]?

Are any parts of the End Date of [othermed3] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 4:

Start Date of [othermed4]?

Are any parts of the Start Date of [othermed4] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed4]?

Are any parts of the End Date of [othermed4] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 5:

Start Date of [othermed5]?

Are any parts of the Start Date of [othermed5] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed5]?

Are any parts of the End Date of [othermed5] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 6:

Start Date of [othermed6]?

Are any parts of the Start Date of [othermed6] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed6]?

Are any parts of the End Date of [othermed6] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 7:

Start Date of [othermed7]?

Are any parts of the Start Date of [othermed7] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed7]?

Are any parts of the End Date of [othermed7] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 8:

Start Date of [othermed8]?

Are any parts of the Start Date of [othermed8] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed8]?

Are any parts of the End Date of [othermed8] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 9:

Start Date of [othermed9]?

Are any parts of the Start Date of [othermed9] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed9]?

Are any parts of the End Date of [othermed9] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Medication 10:

Start Date of [othermed10]?

Are any parts of the Start Date of [othermed10] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

End Date of [othermed10]?

Are any parts of the End Date of [othermed10] unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Other Exposures During Pregnancy

Please specify any other exposures during pregnancy:

ANC PROFILE

Date of ANC Data Extraction:

Haemoglobin (Hb):

_____ (g/dl (with 1 decimal))

Date of Haemoglobin (Hb):

Are any parts of the Date of Haemoglobin unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Blood Group:

- ☐ A
☐ B
☐ O
☐ AB

Rhesus (Rh):

- ☐ Positive
☐ Negative

Serology (VDRL/RPR)

- ☐ Positive
☐ Negative

Date of Serology (VDRL/RPR):

Are any parts of the Date of Serology unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

HIV Test Result:

- ☐ Positive (reactive)
☐ Negative (non-reactive)
☐ Indeterminate
☐ Not tested
☐ Not applicable (known positive)

Date of HIV test:

Are any parts of the Date of HIV Test unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Urine protein result:

- ☐ No urine protein documented
☐ Trace Protein
☐ 1+ Protein
☐ 2+ Protein
☐ 3+ Protein

Date of urine protein:

Are any parts of the Date of Urine Protein unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

LABOR AND DELIVERY

Duration of labor?

(hours)

Pregnancy Outcome?

- ☐ Live birth
☐ Stillbirth (≥ 24 weeks gestation)
☐ Miscarriage (< 24 weeks gestation)
☐ Termination of Pregnancy
☐ Ectopic Pregnancy
☐ Molar pregnancy
☐ Not pregnant
☐ Other

If Other pregnancy outcome, please specify:

Was labor induced?

- ☐ Yes
☐ No

Date of delivery?

Time of delivery?

Mode of delivery?

- ☐ SVD (spontaneous vaginal delivery)
☐ SBD (spontaneous breech delivery)
☐ Elective CS (c-section)
☐ Emergency CS (c-section)
☐ AVD (assisted vaginal delivery)

How many children were delivered?

- ☐ 1
☐ 2 or more

Peripartum HIV testing and treatment

HIV test result

- ☐ Positive (reactive)
☐ Negative (non-reactive)
☐ Indeterminate
☐ Not tested
☐ Not applicable (known positive)

Date of HIV test:

After Delivery

Did the mother receive IV zidovudine (AZT) during labor (HIV+ women only)?

- ☐ Yes
☐ No

Blood Loss (mls)?

(mls)

Other delivery complications?

Umbilical cord appearance?

- ☐ Normal
☐ Abnormal
-

Umbilical cord comments:

Placenta appearance?

- ☐ Normal
☐ Abnormal
-

Placenta comments:

Peripartum complications:
Please select all that apply

* Note: enter conditions diagnosed during pregnancy
under the Current Pregnancy History section and not in
this field

- ☐ Gestational hypertension
☐ Pre-eclampsia (PET)
☐ Eclampsia
☐ Antepartum hemorrhage (APH)
☐ Postpartum hemorrhage (PPH)
☐ Prolonged labor
☐ Cardiomyopathy / Cardiac disease
☐ Psychosis
☐ Puerperal sepsis, Endometritis or Postpartum
metritis
☐ None of the above
-

Mother alive at discharge?

- ☐ Yes
☐ No
-

If mother not alive, please enter date of death:

If mother not alive, please enter cause of death:

Comments

Additional Comments

Pregnancy Imaging Results

Research Team

Name of RA:

- ☐ Anthony Chesang
- ☐ Caroline Kerich
- ☐ Benedine Kokwon
- ☐ Winnie Matelong
- ☐ Anthoney Opon
- ☐ Washington Rotich
- ☐ Marsha Alera
- ☐ Fred Kaemba
- ☐ Emily Abuonji
- ☐ Cleophas Cherop
- ☐ Gladys Jeptoo
- ☐ Calvin Oginga
- ☐ Linda Muli
- ☐ Justine Kipsang

Imaging

Type of Imaging:

- ☐ Ultrasound
- ☐ X ray
- ☐ CT scan
- ☐ ECHO
- ☐ Other
- ☐ None

Please specify other imaging study?

Date of Imaging?

Are any parts of the Date of study unknown?

- ☐ No, Date is Exact
- ☐ Day is Unknown
- ☐ Month is Unknown
- ☐ Day and Month are Unknown

Report Upload:

Please upload file/image of report if available:

Report Upload:

Additional space to upload imaging report

Report Upload:

Additional space to upload imaging report

Comments:

Substudy Enrollment

Is this participant co-enrolled in a MANGO sub-study?

- ☐ Yes
☐ No
☐ Approached but not enrolled

Sub-study participant is enrolled in:

- ☐ JOZI
☐ Tabiri / DAPP

Date of consent and enrollment in sub-study:

(DD-MM-YYYY)

Comments:

Newborn Birth Details / CA

NEWBORN BIRTH DETAILS

Research Team

Name of RA:

- ☐ Anthony Chesang
- ☐ Caroline Kerich
- ☐ Benedine Kokwon
- ☐ Winnie Matelong
- ☐ Anthoney Opon
- ☐ Washington Rotich
- ☐ Marsha Alera
- ☐ Fred Kaemba
- ☐ Emily Abuonji
- ☐ Cleophas Cherop
- ☐ Gladys Jeptoo
- ☐ Calvin Oginga
- ☐ Lindah Muli
- ☐ Justine Kipsang

Birth Details

Infant Number?

Infant ID (auto generated):

Date of delivery?

The maternal date of delivery specified on a previous form was

[c2_data_extraction_arm_1][deliv_d]

Gestational age (completed weeks)?

Mode of gestational age assessment?

- ☐ LMP
- ☐ Ultrasound
- ☐ SFH (symphysial fundal height)

Outcome at birth?

- ☐ Live birth
- ☐ Fresh stillbirth
- ☐ Macerated stillbirth

If stillbirth, please specify all causes:

Sex?

- ☐ Male
- ☐ Female
- ☐ Ambiguous

Birth Weight?

(kg (MUST include 1 decimal))

Birth Length?

(cm)

Head circumference?

(cm)

Foot Length?

(cm)

APGAR at 1 minute?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

APGAR at 5 minutes?

- ☐ 0
☐ 1
☐ 2
☐ 3
☐ 4
☐ 5
☐ 6
☐ 7
☐ 8
☐ 9
☐ 10

Documentation of any congenital abnormality?

- ☐ Yes
☐ No

Comments

Additional Comments:

CONGENITAL ABNORMALITIES

Presence of any potential congenital abnormality?

- ☐ Yes
☐ No

Was a surface exam done by the study team?

- ☐ Yes
☐ No

Was an MTRH surface exam form in the file?

- ☐ Yes, completed
☐ Yes, but not completed
☐ No

Congenital anomaly description

Description of abnormality (please include as much detail as possible)

Abnormality is an extra digit

- ☐ Yes
☐ No
☐ Unknown

Position of extra digits

- ☐ Left hand
☐ Right hand
☐ Left foot
☐ Right foot

Left hand - location of extra digit

- ☐ Near 5th digit (little finger)
☐ Near thumb
☐ Other place

Left hand - appearance of extra digit

- ☐ Fully formed extra digit (looks like a finger and has a bone in it)
☐ Soft, without a bone (sometimes hanging by a stalk)

Right hand - location of extra digit

- ☐ Near 5th digit (little finger)
☐ Near thumb
☐ Other place

Right hand - appearance of extra digit

- ☐ Fully formed extra digit (looks like a finger and has a bone in it)
☐ Soft, without a bone (sometimes hanging by a stalk)

Left foot - location of extra digit

- ☐ Near 5th digit (little toe)
☐ Near big toe
☐ Other place

Left foot - appearance of extra digit

- ☐ Fully formed extra digit (looks like a finger and has a bone in it)
☐ Soft, without a bone (sometimes hanging by a stalk)

Right foot - location of extra digit

- ☐ Near 5th digit (little toe)
☐ Near big toe
☐ Other place

Right foot - appearance of extra digit

- ☐ Fully formed extra digit (looks like a finger and has a bone in it)
☐ Soft, without a bone (sometimes hanging by a stalk)

Head and neck exam abnormal (includes skull, fontanelles, eyes, ears, nose, jaw)

- ☐ No
☐ Yes
☐ Unknown

Describe abnormality (please include as much detail as possible)

Evidence of hydrocephalus (swollen head)

- ☐ No
☐ Yes
☐ Unknown

Defect in the skull	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Description of skull defect	<input type="radio"/> Completely covered by skin <input type="radio"/> Partly covered by skin <input type="radio"/> Covered by a thin sac/membrane <input type="radio"/> Not covered by skin (brain tissue visible) <input type="radio"/> Unknown
Mouth, lip and palate exam abnormal	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	_____
Chest exam abnormal (including shape and respiratory movements)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	_____
Abdominal and anal exam abnormal (including any masses, umbilical hernia, and abdominal wall defects)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	_____
Arms and legs abnormal (including length, shape, missing parts)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	_____
Fingers and toes abnormal (including nails, number, dangling, shape, missing parts, abnormally large or small)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	_____
Spine exam abnormal (including lumps, cysts, tufts of hair, bulging at back of neck, thorax or lumbar area)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	_____
Location of spine defect	<input type="checkbox"/> Cervical <input type="checkbox"/> Thoracic <input type="checkbox"/> Lumbosacral <input type="checkbox"/> Unknown

Description of spine defect	<input type="radio"/> Covered in hair and NOT bulging out <input type="radio"/> Covered in hair and bulging out <input type="radio"/> Bulging out and completely covered with skin <input type="radio"/> Bulging out and partly covered with skin <input type="radio"/> Bulging out and covered with only a sac/thin membrane <input type="radio"/> Open - can see the spine/spinal cord <input type="radio"/> Unknown
Hips and genitalia abnormal (including urethra, testes, penile shaft, vagina, labia)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	<hr/>
Skin exam abnormal (including pale, blue, birth marks, large very red areas)	<input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Unknown
Describe abnormality (please include as much detail as possible)	<hr/>
Describe any other abnormality, unusual finding or comment about the abnormality	<hr/>

CA Assessment

Congenital anomaly assessment (completed by CA panel)

Diagnosis documented

- ☐ No
☐ Yes
☐ Unknown

Diagnosis made by

- ☐ Registered Nurse
☐ Medical Officer
☐ Pediatrician
☐ Obstetrician
☐ Geneticist

Specify diagnosis

Congenital abnormality reviewed by geneticist

- ☐ No
☐ Yes
☐ Unknown

Final diagnosis by geneticist

ICD 10 code for diagnosis 1

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

ICD 10 code for diagnosis 2

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

ICD 10 code for diagnosis 3

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

ICD 10 code for diagnosis 4

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

ICD 10 code for diagnosis 5

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

ICD 10 code for diagnosis 6

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

ICD 10 code for diagnosis 7

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

ICD 10 code for diagnosis 8

Certainty of diagnosis:

- ☐ Definite
☐ Probable
☐ Possible
☐ Uncertain

Date of geneticist diagnosis

(if date unknown 11/11/1911)

Name of geneticist

Classification of abnormality (check all that apply)

- ☐ Unknown
- ☐ Absent radius, bilateral
- ☐ Albino
- ☐ Ambiguous genitalia
- ☐ Amniotic band syndrome
- ☐ Anencephaly
- ☐ Ascites
- ☐ Bifid digit
- ☐ Birth injury
- ☐ Blue-black patch
- ☐ Cebocephaly
- ☐ Cleft lip
- ☐ Cleft palate
- ☐ Cryptophthalmus
- ☐ Cystic hygroma
- ☐ Dental cyst
- ☐ Disseminated hairy nevus
- ☐ Downs syndrom (T21)
- ☐ Dysmorphic facial features
- ☐ Encephalocele
- ☐ Foreskin defect
- ☐ Hydrocephalus
- ☐ Hyperextended limb
- ☐ Hypospadias, glandular
- ☐ Hypospadias, perineal
- ☐ Hypospadias, penile
- ☐ Imperforate anus
- ☐ Isolated bowed tibia
- ☐ Limb-body wall defect
- ☐ Multiple abnormalities of unknown origin
- ☐ Myelomeningocele, lumbo-sacral
- ☐ Natal teeth
- ☐ Omphalocele
- ☐ Phimosi
- ☐ Postaxial polydactyly, unilateral hand
- ☐ Postaxial polydactyly, bilateral hand
- ☐ Postaxial polydactyly, unilateral foot
- ☐ Postaxial polydactyly, bilateral foot
- ☐ Preaxial polydactyly, unilateral hand
- ☐ Preaxial polydactyly, bilateral hand
- ☐ Preaxial polydactyly, unilateral foot
- ☐ Preaxial polydactyly, bilateral foot
- ☐ Preauricular skin tag
- ☐ Short limbs
- ☐ Skeletal dysplasia
- ☐ Calcaneovalgus deformity
- ☐ Talipes varus, unilateral (clubfoot)
- ☐ Talipes varus, bilateral (clubfoot)
- ☐ Tongue tie
- ☐ Umbilical hernia
- ☐ Vaginal tag

Neural tube defect

- ☐ Yes (photo available)
- ☐ Probable (no photo available)
- ☐ No
- ☐ Unknown

Major abnormality

- ☐ Yes (photo available)
- ☐ Probable (no photo available)
- ☐ No (photo available)
- ☐ Unlikely (no photo available)
- ☐ Unknown
- ☐ Not an abnormality

Comments

Additional Comments:

Newborn Imaging Results

Type of Imaging?

- ☐ None
- ☐ Ultrasound
- ☐ ECHO
- ☐ X-ray
- ☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
- ☐ Day is Unknown
- ☐ Month is Unknown
- ☐ Day and Month are Unknown

Imaging Report:

Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
- ☐ Ultrasound
- ☐ ECHO
- ☐ X-ray
- ☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
- ☐ Day is Unknown
- ☐ Month is Unknown
- ☐ Day and Month are Unknown

Imaging Report:

Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Enter Additional Imaging Below

Type of Imaging?

- ☐ None
☐ Ultrasound
☐ ECHO
☐ X-ray
☐ CT scan

Date of Imaging?

Are any parts of the Date of Imaging unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

Imaging Report:
Please upload file/image if available

Imaging Comments:

Newborn Followup

Date of documentation?

Date of discharge after delivery?

Newborn alive at discharge?

- ☐ Yes
☐ No

Has the newborn passed away?

- ☐ No
☐ Yes

Date of death?

Fetal autopsy completed?

- ☐ Yes
☐ No

Fetal autopsy findings:

Was the baby given supportive care measures during the first 24 hours of life?
Please select all that apply

- ☐ None
☐ Oxygen
☐ Intubation

Newborn required NBU admission prior to discharge?

- ☐ Yes
☐ No

If admitted in NBU, please enter the in-patient number if available:

If yes, please specify all reasons neonate required NBU:

Was the baby given an HIV test any time after delivery?

- ☐ Yes
☐ No

Date of HIV test?

Are any parts of the Date of HIV test unknown?

- ☐ No, Date is Exact
☐ Day is Unknown
☐ Month is Unknown
☐ Day and Month are Unknown

HIV test result?

- ☐ Positive
☐ Negative

ARV Medication given after birth?
Select all that apply

- ☐ None
- ☐ Kaletra (KTL)
- ☐ Nevirapine (NVP)
- ☐ Zidovudine (AZT)
- ☐ Lamivudine (3TC)
- ☐ Unknown

Comments

Additional Comments:
