**Instructions:** Complete staff initials next to procedures completed. If a procedure listed on the checklist is not performed, enter “ND” for “not done” or “NA” for “not applicable” beside the item and record the reason why (if not self-explanatory); initial and date this entry. If any procedures are not conducted on the date recorded above, ensure the date procedure conducted is included in the comments section.

| **Procedure** | | **Staff Initials** | **Comments:** |
| --- | --- | --- | --- |
|  | Indicate which participants are present for visit.   * Maternal * Infant(s)   Confirm identity and PIDs for present participants |  |  |
|  | Has pregnancy outcome visit been completed?   * Yes🡪 CONTINUE. * No 🡪 STOP. Complete this visit using the Pregnancy Outcome Checklist but enter all CRFs under the Post-Natal Visit that is open in REDCap. |  |  |
|  | Review elements of informed consent as needed. Explain procedures to be performed at today’s visit. |  |  |
|  | Review/update **Participant Locator Form,** adding any enrolled infant information |  |  |
|  | *If indicated,* obtain maternal blood pressure and document on **Vitals CRF** (MATERNAL) |  |  |
|  | *Required at V202 and if indicated at V203,* Administer maternal depression screener using the **EPDS CRF.** If needed, refer per SOP. |  |  |
|  | Complete **Post-natal Care CRF** (MATERNAL) to capture maternal outcome data, including procedures 9-14 below. |  |  |
|  | Assess/review new delivery, postnatal records for maternal care, infant care, medical events/condition, and medications. |  |  |
|  | Update/review **Health Care Provider Form** with any changes, including for postnatal care for the mother or infant |  |  |
|  | Record new/update existing maternal medical events on MATERNAL **Medical Event/Conditions CRF.** Refer to ***Medical and Medications Guide.*** |  |  |
|  | Record new/update existing maternal medications on MATERNAL **Medications CRF.** Refer to ***Medical and Medications Guide.***  *Note: DO NOT include PrEP method use. DO include PEP use, if relevant* |  |  |
|  | Complete one **PrEP Use CRF** (MATERNAL)foreach month since lastvisit. For the current month, assess the month based on PrEP use through today’s date.  *Note: Review the CRF for the last month recorded at the previous visit to reassess PrEP use for the full month.* . |  |  |
|  | Record new/update infant existing medical events on INFANT **Medical Event/Conditions CRF.** Refer to ***Medical and Medications Guide.*** |  |  |
|  | Review new/update infant medications on INFANT **Medications CRF.** Refer to ***Medical and Medications Guide.*** |  |  |
|  | Complete **Infant Feeding Assessment CRF** (INFANT) |  |  |
|  | Perform infant physical exam, including surface exam and growth measurements, and document on the **Infant Physical Exam CRF** (INFANT).   * Plot weight, length, and head circumference on respective WHO growth charts by gender; file in participant chart.   *Note: omit if non-live birth.* |  |  |
|  | ***If indicated,*** confirm photo/video consent (on Enrollment consent) and take photos/video of the infant to document any congenital abnormalities if mother agrees. Upload to the GBD App and document on **Infant Physical Exam CRF** (INFANT) and in chart notes.  Notify the MATRIX-007 Safety Sub-Committee of the congenital anomaly |  |  |
|  | Complete *HIV Testing* section of **Test Results CRF** (Maternal) toassess availability of recent HIV test result/ART documentation or if testing is needed for maternal participant.   * Documentation available; no testing needed at visit. Make certified copy of results and file in participant chart.   + *If a seroconversion,* document condition on the **Medical Events/Conditions CRF** and submit query to Safety Sub-committee. * HIV rapid testing needed at visit |  |  |
|  | Complete *Syphilis Testing* section of **Test Results CRF** (Maternal)toassess availability of recent syphilis testing documentation or if testing is needed for maternal participant *(only if clinically indicated).*   * New test documentation available.   + Make certified copy of results and file in participant chart * No testing needed at visit   **OR**   * *If indicated,* syphilis rapid testing needed at visit.   *Note: document any new syphilis diagnosis on the Medical Events/Conditions CRF and submit query to Safety Sub-Committee.* |  |  |
|  | Identify HIV and/or syphilis rapid testing needed:   * HIV only * Syphilis/HIV combo * Neither   *Note: If only syphilis testing is needed, the syphilis/HIV combo test will be used, which will also provide a HIV test outcome.* |  |  |
|  | * N/A - no testing needed   *If HIV testing,* provide HIV pre-testing and HIV/STI risk reduction counseling using the ***HIV Testing and Counseling Guide****.*  Perform fingerpick and process needed rapid test. |  |  |
|  | * N/A - no testing * HIV test results: * If test negative 🡪 uninfected. * If positive 🡪 Refer for confirmation testing per site SOP * N/A - Syphilis test results: * N/A (combo test not done). * If test negative 🡪 uninfected, continue. * If positive 🡪 infected, continue. Refer for Tx and clinical mgmt. per site SOP. *Note: document any new syphilis diagnosis on the Medical Events/Conditions CRF and submit query to Safety Sub-committee.*   *If HIV testing,* provide HIV post-test counseling using the ***HIV Testing and Counseling Guide****.*  If syphilis/HIV combo rapid, document on the **Syphilis/HIV Testing Log**. If HIV rapid only, document on the **HIV Testing Log**. Document all results on the **Test Results CRF** (Maternal)**.** |  |  |
|  | *If indicated,* collect urine, perform hCG testing and document on the **Pregnancy Testing Log** and **Testing Results CRF** (MATERNAL)   * Negative * Positive 🡪 assess if participant is interested to enroll for the subsequent pregnancy. |  |  |
|  | *If reported,* document any SAE or Social Harm for either maternal or infant participants on the respective **Medical Event/Condition CRF** and **Social Harms CRF,** respectively.Following reporting procedures to notify the Safety Sub-committee. |  |  |
|  | *If indicated,* refer for clinical care based on clinical assessments. |  |  |
|  | *If indicated (not exited),* schedule next visit and document on [**Participant Tracker** or site-specific document]. Refer to the **Participant Scheduling CRF.** |  |  |
|  | *Visit 203 or if indicated,* exit maternal and/or infant participants by completing the **Study Exit CRF** for each exited participant.  *Note: reasons for exit could be end of scheduled follow-up, maternal death, infant death, withdraw of consent.* |  |  |
|  | Provide IRB-approved reimbursement. |  |  |
|  | Complete **Study Visit CRF** (MATERNAL) and update **Participant Tracker.** |  |  |
|  | Check visit checklist is complete, QC data, and record chart note with any salient information, including types/sources of any medical records or test results reviewed. |  |  |
|  | Perform QC review and ensure that data is entered in REDCap for the following CRFs/forms:  Required CRFs   * Post-natal care (Maternal) * Testing Results Maternal) * Infant Feeding assessment (Infant(s)) * Infant Physical Exam (Infant(s)) * Study Visit (Maternal)   *As needed*   * Medical Events/Conditions (Maternal and Infant(s)) * Medications (Maternal and Infant(s)) * Vitals (Maternal) * Social Harms   Paper Forms:   * Participant Locator Form * Healthcare Provider Form * WHO Growth Charts (one each for length, weight, head circumference) (Infant(s)) * HIV, Syphilis, and/or hCG Testing Logs *(if indicated)* * Participant Tracker |  |  |