CRF – Pregnancy Outcome

No.	Question	Response
001	Enter today's date:	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
002	What type of visit is this?	0 = Pregnancy Outcome Visit (V201) 1 = Postnatal Visit 1 (V202) 2 = Postnatal Visit 2 (V203) 3 = Data Abstraction Only 97 = Interim Visit
003	Where did the delivery/outcome occur?	Review/update Healthcare Provider Form 0 = At health facility 1 = At home/other location
004	Did the participant seek follow-up care for themselves or the baby after the outcome?	Respond only if [003 = 1] 0 = No 1 = Yes
005	Please specify the facility:	
006	Date of pregnancy outcome	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
007	Is date certain?	0 = No 1 = Yes

008	Were there any complications associated with the mother?	Select all that apply If selected [2-11] document on the maternal **Medical Event/Conditions CRF** 0 = No complications 1 = Hypertension/Hypertensive disorders 2 = Chorioamnionitis 3 = Puerperal sepsis 4 = Endometritis 5 = Antepartum hemorrhage 6 = Postpartum hemorrhage 7 = Preterm premature rupture of membranes (PPROM) 8 = Fever of undetermined etiology 9 = Surgical site infection 10 = Maternal death 11 = Other
009	Specify the complications related to the outcome:	Respond only if [008 = 11]
010	Where any medical records reviewed? Note: document record type in chart notes	Select all that apply 0 = No 1 = Yes, handheld along with participant report 2 = Yes, abstracted from medical records
012	Are there any new ultrasound results available?	0 = No 1 = Yes | Document on Ultrasound Results CRF
013	Have there been any new or changes to existing maternal medical events/conditions related to this pregnancy and/or outcome?	0 = No 1 = Yes | Document on Medical Events/Conditions CRF

014	Have there been any new or changes to existing medications for the maternal participant?	`0 = No` `1 = Yes |` `Document on Medications CRF`
015	Has the participant used PEP during the pregnancy since the last visit?	`0 = No` `1 = Yes |` `Document on Medications CRF`

016	Has the participant received any health care since experiencing the outcome for the index pregnancy (e.g., postnatal care, postpartum family planning, or follow-up for pregnancy loss)?	`0 = No`
		`1 = Yes |` `Review/update Healthcare Provider Form`
		`2 = Plans to obtain care |` `Review/update Healthcare Provider Form`

017	How many of fetus/infants came from this pregnancy? For enrolled infant(s), complete the **Infant Outcome CRF** under the infant casebook. Otherwise, complete **Infant Outcome CRF** under the maternal casebook	
018	CRF Notes	