

PWID: _____ - _____

This form applies to ALL enrolled BPOS participants
Complete after conclusion of routine Antenatal Care Booking Visit Procedures

Date of Data Abstraction:	/ / DD MMM YYYY										Initials of Data Abstractor:															
Participant Full Name:	Name:										Participant Date of Birth:	/ / DD MMM YYYY														
	Surname:																									
Participant National ID											Provincial Folder Number: (specify 3 letter facility prefix; GUP or other)	G	U	P												
Gravidity								Parity					Miscarriages													

Year	Gestation	Delivery	Weight	Sex	Outcome	Complications

THIS Pregnancy Healthy: ☐ YES ☐ NO If <u>NO</u> tick all options that apply	☐ Hypertension ☐ Epilepsy ☐ Cardiac ☐ TB ☐ Other: _____ Further details if any of the above selected: _____ Any Medications: <i>please specify</i> _____
Previous Pregnancies ☐ Family History	☐ Twins ☐ Diabetes ☐ TB ☐ Congenital ☐ Other: _____ Further details if any of the above selected: _____ _____

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Details of Booking Examination

Date	____ / ____ / ____ DD MMM YYYY	BP	____ / ____ Systolic Diastolic	HB	____ g/dl
Height: ____ cm	Weight: ____ kg		MUAC: ____ cm		
SFH: ____ cm					

RPR Result	Neg	Pos	Titre if pos: ____	Rhesus: ____	ABO Bloodgroup: ____
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1 st HIV Test	____ / ____ / ____ DD MMM YYYY			RESULT			2 nd HIV Test	____ / ____ / ____ DD MMM YYYY			RESULT		
	POS	NEG	Decline	POS	NEG	Decline							
On ART	Y	N	Initiation Date	____ / ____ / ____ DD MMM YYYY			Regimen						

EDD Estimation

Date of assessment #1	____ / ____ / ____	# 1: Type	Date / LNMP	SFH	USS
Gestational Age (weeks):		EDD: ____ / ____ / ____ DD MMM YYYY			
Date of assessment #2	____ / ____ / ____	#2: Type	Date / LNMP	SFH	USS
Gestational Age (weeks):		EDD: ____ / ____ / ____ DD MMM YYYY			
Date of assessment #3	____ / ____ / ____	#3: Type	Date / LNMP	SFH	USS
Gestational Age (weeks):		EDD: ____ / ____ / ____ DD MMM YYYY			

Additional Notes:

Signed by Abstractor: _____