

# Flourish Caregiver

WELCOME, **SAMUEL**. [VIEW SITE](#) / [CHANGE PASSWORD](#) / [LOG OUT](#)

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## Change Birth Form

HISTORY

VIEW ON SITE >

### INSTRUCTIONS:

Please complete the form below. Required questions are in bold. When all required questions are complete click SAVE or, if available, SAVE NEXT. Based on your responses, additional questions may be required or some answers may need to be corrected.

### 1. Subject Identifier:

B142-040990255-7

### 2. Associated Child Identifier:

B142-040990255-7-60

### 3. Report date:

Date: 2024-11-18

Today | 

Time: 12:22:25

Now | 

### 4. Date and time of delivery :

Date: 2024-11-17

Today | 

Time: 12:25:30

Now | 

If TIME unknown, estimate

### 5. Is the delivery TIME estimated?

Yes

No

### 6. Place of delivery? :

Gaborone(PMH)

G.West Clinic

BH3 Clinic

Lesirane Clinic

Old Naledi

- Mafitlhakgosi
- Other health facilities not associated with study site

If 'OTHER', specify below

7. If Other, specify ...

8. How long prior to delivery, in HRS, did labour begin? :

9. What was the mode of delivery?

- spontaneous vaginal
- vaginal forceps
- elective C-section
- emrgent C-section
- Other delivery mode not listed above

If 'OTHER', specify below

10. If Other, specify ...

11. If C-section was performed, indicate reason below:

- Not Applicable
- Arrest
- Non-reassuring fetal heart rate
- Malpresentation/breech fetus
- Interruption of HIV transmission
- Failue to progress/descend
- Fetal anomaly
- Other reason for csection not listed above.

If 'OTHER', specify below

12. If Other, specify ...

13. Were any of the following complications present at delivery? :

Available Were any of the following complications present at delivery?

Placenta previa  
Other  
Chorioamnionitis or sus. chorioamnionitis  
Intrapartum fever  
Uterine rupture

Choose all 



Chosen Were any of the following complications present at delivery?

None

 Remove all

If 'OTHER', specify below Hold down "Control", or "Command" on a Mac, to select more than one.

14. If Other, specify ...

15. How many babies are you registering to the study? :

0

16. How many still births or miscarriages?

1

17. (Interviewer) If HIV+ve, has the participant been on the ART regimen for at least 4 weeks in pregnancy?

- Yes  
 No  
 Not applicable

If not 4 or more weeks then participant will go OFF STUDY.

18. (Interviewer) If on ART, when did the participant initiate therapy for this pregnancy?

2021-01-12

Today 

19. List any additional information about the labour and delivery (mother only) :

20. Comment if any additional pertinent information :

21. How was the infant being fed immediately after delivery?

- Breastfeed only
- Formula feeding only
- Both breastfeeding and formula feeding
- Medical complications: Infant did not feed

[Audit \(Show\)](#)

SAVE

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