

Django administration

WELCOME, JUSTINE. [VIEW SITE](#) / [DOCUMENTATION](#) / [CHANGE PASSWORD](#) / [LOG OUT](#)

[Home](#) › [td_maternal](#) › [Maternal Off Studys](#) › [085-40990421-5 maternal](#)

Change Maternal Off Study

1. Maternal visit:



2. Report Date:

Date: Today |Time: Now |

Note: You are 6 hours behind server time.

If reporting today, use today's date/time, otherwise use the date/time this information was reported.

3. Off-study Date:

 Today |

Note: You are 6 hours behind server time.

4. Please code the primary reason participant taken off-study:

- Multiple (2 or more) viable gestations seen on ultrasound
- Miscarriage or abortion (fetal demise < 20 weeks GA)
- fetal Death at >= 20weeks GA (IUFD) or still born
- Maternal seroconversion after 33 weeks GA
- Mother took ART for less than 4 weeks during pregnancy
- Maternal death PRIOR to delivery (complete the Death Report Form AF005)
- Maternal death POST delivery (complete the Death Report Form AF005)
- Participant stated she will be moving out of the study area or unable to stay in study area PRIOR delivery
- Participant stated she will be moving out of the study area or unable to stay in study area POST delivery
- Participant lost to follow-up/unable to locate PRIOR to delivery
- Participant lost to follow-up/unable to locate POST to delivery
- Participant lost to follow-up, contacted but did not come to study clinic PRIOR to delivery
- Participant lost to follow-up, contacted but did not come to study clinic POST to delivery
- Mother changed mind and withdrew consent PRIOR to delivery
- Mother changed mind and withdrew consent POST to delivery
- Father of the baby refused to participate, hence participant withdrew consent PRIOR delivery
- Father of the baby refused to participate, hence participant withdrew consent POST delivery
- Other family member refused to participate, hence participant withdrew consent PRIOR delivery
- Other family member refused to participate, hence participant withdrew consent POST delivery
- Infant found to be HIV infected
- Infant death (complete infant Death Report Form)
- Completion of protocol required period of time for observation (see Study Protocol for definition of "Completion") (skip to end of form)
- Unable to confirm GA by Ultrasound.
- Enrolled erroneously – did not meet eligibility criteria
- Mother did not complete ANV1 (1010) visit.
- Other

5. ...if "Other", specify:

6. Comment:

Save and add another Save and continue editing SAVE

Specimen Consent (complete) | Antenatal Enrollment (complete) | Antenatal Visit Membership (complete) | **Delivery (new)** |

APPOINTMENTS

add continuation appointment

CODE	DESCRIPTION	TYPE	APPT. DATE	STATUS	VISIT REPORT	VISIT REASON	ACTION
1000M.0	Maternal Enrollment Visit	Clin	2018-02-21 Wed	In Progress *	2018-02-21 Wed	scheduled	show appointments

V1_V3

SCHEDULED FORMS FOR VISIT '1000M'

#	TITLE	STATUS	DUE	USER	CREATED/MODIFIED	COMMENT	BROWSE	AUDIT
1	Maternal Ultra Sound Initial	NOT_REQUIRED	2018-02-21					
2	Maternal Obsterical History	NOT_REQUIRED	2018-02-21					
3	Maternal Medical History	NOT_REQUIRED	2018-02-21					
4	Maternal Demographics	NOT_REQUIRED	2018-02-21					
5	Maternal ARV Lifetime History	NOT_REQUIRED	2018-02-21					
6	Maternal ARV In This Preg	NOT_REQUIRED	2018-02-21					
7	Maternal Clinical Measurements One	NOT_REQUIRED	2018-02-21					
8	Maternal Off Study	KEYED	2018-02-21	jlegbedze	2018-03-13 22:53/2018-03-13 22:53		Browse	Audit trail visit