1. If information on the mother is not available, was the child adopted, or in foster care?
   - Yes □ No □ Not applicable □

2. Records abstracted
   (1 = Abstracted, 2 = Attempted—record not available, 3 = Not abstracted, 4 = Attempted—will try again)
   - Prenatal care records □
   - Maternal HIV clinic records □
   - Labor and delivery records □
   - Pediatric birth records □
   - Pediatric HIV medical records □
   - Pediatirc medical records (non-HIV clinic or provider) □
   - Birth certificate □
   - Death certificate □
   - Health department records □
   - Other (Specify) □

3. Weeks’ gestation at first prenatal care visit
   __ __/__ __/__ __ __ __

4. Was the mother screened for any of the following during pregnancy?
   (Check test(s) performed before birth, but closest to date of delivery or admission to labor and delivery)
   - Group B strep □
   - Hepatitis B (HBsAg) □
   - Rubella □
   - Syphilis □
   - Bacterial vaginosis □
   - Chlamydia trachomatis infection □
   - Genital herpes □
   - Gonorrhea □
   - Group B strep □
   - Hepatitis B (HbsAg+) □
   - Hepatitis C □
   - PID □
   - Syphilis □
   - Trichomoniasis □

5. Diagnosis (for the mother) of the following conditions during this pregnancy or at the time of labor and delivery
   (See instructions for data abstraction for definitions)
   - Bacterial vaginosis □
   - Chlamydia trachomatis infection □
   - Genital herpes □
   - Gonorrhea □
   - Group B strep □
   - Hepatitis B (HbsAg+) □
   - Hepatitis C □
   - PID □
   - Syphilis □
   - Trichomoniasis □

6. Mother’s reproductive history
   - No. of previous pregnancies __ __/__ __/__ __ __ __
   - No. of previous miscarriages or stillbirths __ __/__ __/__ __ __ __
   - No. of previous live births __ __/__ __/__ __ __ __
   - No. of previous induced abortions or unknow □
   - Total No. of previous abortions __ __/__ __/__ __ __ __

7. Complete the chart for all siblings.
   - Date of birth (mm/dd/yyyy) __ __/__ __/__ __ __ __
   - Age (yrs: mos as of mm/yyyy) __ __/__ __/__ __ __ __
   - HIV serostatus (See list below) __ __/__ __/__ __ __ __
   - State Number __ __/__ __/__ __ __ __
   - City Number __ __/__ __/__ __ __ __

   Sib 1 □
   Sib 2 □
   Sib 3 □
   Sib 4 □

   HIV serostatus: 1 = Infected, 2 = Not infected, 3 = Indeterminate, 9 = Not documented, U = Unknown
8. Was substance use during pregnancy noted in the medical or social work records?  
- Yes  
- No (Go to 9)  
- Record not available (Go to 9)  
- Unknown  

8a. If yes, indicate which substances were used during pregnancy. (Check all that apply)  
- Alcohol  
- Cocaine  
- Marijuana (cannabis, THC, cannabinoids)  
- Opiates  
- Amphetamines  
- Crack cocaine  
- Methadone  
- Other (Specify)  
- Barbiturates  
- Hallucinogens  
- Methamphetamines  
- Specific drug(s) not documented  
- Benzodiazepines  
- Heroin  
- Nicotine (any tobacco product)  

8b. If substances used, were any injected?  
- Yes  
- No  
- Not documented  
- Unknown  
- Specify injected substance(s):  

9. Was a toxicology screen done on the mother (either during pregnancy or at the time of delivery)?  
- Yes, positive result (Check all that apply)  
- Alcohol  
- Amphetamines  
- Crack cocaine  
- Methadone  
- Other (Specify)  
- Barbiturates  
- Hallucinogens  
- Methamphetamines  
- Specific drug(s) not documented  
- Benzodiazepines  
- Heroin  
- Nicotine (any tobacco product)  

- Yes, negative result  
- No  
- Toxicology screen not documented  

10. Was a toxicology screen done on the infant at birth?  
- Yes, positive result (Check all that apply)  
- Alcohol  
- Amphetamines  
- Crack cocaine  
- Methadone  
- Other (Specify)  
- Barbiturates  
- Hallucinogens  
- Methamphetamines  
- Specific drug(s) not documented  
- Benzodiazepines  
- Heroin  
- Nicotine (any tobacco product)  

- Yes, negative result  
- No  
- Toxicology screen not documented  

11. Was the mother’s HIV serostatus noted in her prenatal care medical records?  
- Yes, HIV-positive  
- Yes, HIV-negative  
- No  
- No prenatal care  
- Record not available  
- Unknown  

12. Were antiretroviral drugs prescribed for the mother during this pregnancy?  
- Yes (Complete table)  
- No (Go to 12a)  
- Not documented (Go to 13)  
- Record not available (Go to 13)  
- Unknown (Go to 13)  

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug refused</th>
<th>Date drug started (mm/dd/yyyy)</th>
<th>Gestational age drug started (weeks; round down)</th>
<th>Drug stopped Yes</th>
<th>No</th>
<th>ND</th>
<th>Date stopped (if yes in preceding column) (mm/dd/yyyy)</th>
<th>Stop codes (See list on p. 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(After completing table, go to 13)  

12a. If no antiretroviral drug was prescribed during pregnancy, check reason.  
- No prenatal care  
- Mother known to be HIV-negative during pregnancy  
- Not documented  
- Unknown  
- HIV serostatus of mother unknown  
- Mother refused  
- Other (Specify)  

13. Was mother’s HIV serostatus noted in her labor and delivery records?  
- Yes, HIV-positive  
- Yes, HIV-negative  
- No  
- Record not available  
- Unknown
14. Did mother receive antiretroviral drugs during labor and delivery?

- □ Yes (Complete table)
- □ No (Go to 14a)
- □ Not documented (Go to 15)
- □ Record not available (Go to 15)
- □ Unknown (Go to 15)

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug refused</th>
<th>Date received (mm/dd/yyyy)</th>
<th>Time received (See military time)</th>
<th>Type of administration</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
<td>/ / /</td>
<td>: :</td>
<td>Oral</td>
</tr>
<tr>
<td>ii.</td>
<td></td>
<td>/ / /</td>
<td>: :</td>
<td>IV</td>
</tr>
<tr>
<td>iii.</td>
<td></td>
<td>/ / /</td>
<td>: :</td>
<td>Not documented</td>
</tr>
<tr>
<td>iv.</td>
<td></td>
<td>/ / /</td>
<td>: :</td>
<td>Oral</td>
</tr>
<tr>
<td>v.</td>
<td></td>
<td>/ / /</td>
<td>: :</td>
<td>IV</td>
</tr>
<tr>
<td>vi.</td>
<td></td>
<td>/ / /</td>
<td>: :</td>
<td>Not documented</td>
</tr>
</tbody>
</table>

(After completing the table, go to 15)

Military time: noon = 12:00; midnight = 00:00

14a. If no antiretroviral drug was received during labor and delivery, check reason.

- □ Precipitous delivery/STAT
- □ HIV serostatus of mother unknown
- □ Mother tested HIV-negative during pregnancy
- □ Not documented
- □ Other (Specify)
- □ Birth not in hospital
- □ Mother refused
- □ Unknown

15. Was mother referred for HIV care after delivery?

- □ Yes
- □ No (Go to 17)
- □ Not documented (Go to 17)
- □ Record not available (Go to 17)
- □ Unknown

16. If yes, indicate mother’s first CD4 result or first viral load result after discharge from hospital (up to 6 months after discharge).

16a. CD4 result

<table>
<thead>
<tr>
<th>Result</th>
<th>Not done</th>
<th>Not available</th>
<th>Date blood drawn (mm/dd/yyyy)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16b. Viral load result

<table>
<thead>
<tr>
<th>Result in copies/mL</th>
<th>Not done</th>
<th>Not available</th>
<th>Date blood drawn (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Birth information

- □ Birth not in hospital
- □ Record not available

<table>
<thead>
<tr>
<th>Onset of labor</th>
<th>Admission to labor and delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (See military time)</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>/ : /</td>
<td>/ / /</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rupture of membranes</th>
<th>Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time (See military time)</td>
<td>Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>/ : /</td>
<td>/ / /</td>
</tr>
</tbody>
</table>

Military time: noon = 12:00; midnight = 00:00

18. If Cesarean delivery, mark all the following indications that apply.

- □ HIV indication (high viral load)
- □ Previous Cesarean (repeat)
- □ Malpresentation (breech, transverse)
- □ Prolonged labor or failure to progress
- □ Mother’s or physician’s preference
- □ Fetal distress
- □ Placenta abruptia or p. previa
- □ Other (e.g., herpes, disproportion) (Specify)
- □ Not specified
- □ Not applicable

19. Was mother’s HIV serostatus noted on the child’s birth record?

- □ No
- □ Yes, HIV-positive
- □ Yes, HIV-negative
- □ Record not available
- □ Unknown
20. Were antiretroviral drugs prescribed for the child?

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Drug refused</th>
<th>Date drug started (mm/dd/yyyy)</th>
<th>Time started (See military time)</th>
<th>Drug stopped Yes No ND UNK</th>
<th>Stop date (if therapy not completed) (mm/dd/yyyy)</th>
<th>Stop codes (See list)</th>
</tr>
</thead>
<tbody>
<tr>
<td>i.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>iv.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>v.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vi.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Military time: noon = 12:00; midnight = 00:00

20a. If no antiretroviral drug was prescribed, indicate reason.

- HIV serostatus of mother unknown
- Mother known to be HIV-negative during pregnancy
- Mother refused
- Not documented

Stop codes (2 codes allowed; if more, choose the 2 most important)

- S1 = Adverse events (toxicity, lack of tolerance)
- S2 = ART completed
- S3 = Drug resistance detected
- S4 = Poor adherence
- S5 = Inadequate effectiveness
- S6 = Strategic treatment interruption (planned drug holiday)
- S7 = Drug interactions
- S8 = Mother’s choice
- S9 = Pregnancy
- S10 = Child determined not to be HIV infected
- S11 = Improving effectiveness
- S12 = Improving convenience
- S13 = Reason not indicated; unknown
- S14 = Mother couldn’t afford drugs
- Sxx = Other reason

List of abbreviations

- ART = antiretroviral therapy
- ND = not documented
- PCP = Pneumocystis jirovecii pneumonia [jirovecii is now preferred to carinii; abbreviation is the same]
- PID = pelvic inflammatory disease
- STAT = immediately (statim)

Comments

Please include comments or clinical information you consider relevant to the overall understanding of this child’s HIV exposure or infection status. State the date and source of the information.