Sample Maternal Child Health PrEP Surveillance Register

Record when breastfeeding	PrEP i g woma	is initia an.	ted by pı	regnant or	Record at end of pregnancy or when pregnancy outcome is known.								Record if any PrEP use in breastfeeding		Record after finished breastfeeding	infant is 1, 3,		1, 3,
Full Name	ID #	Age	PrEP Start Date	Gestational Age in Weeks at PrEP Start Record only if PrEP use during pregnancy	Side effects attributed to PrEP that prompted PrEP discontinuation during pregnancy 1=yes (by client) 2=yes (by provider) 3=no	Date of Pregnancy Outcome Record date of pregnancy loss or delivery	Type of Pregnancy Outcome 1= pregnancy loss 2=stillbirth 3=livebirth	Gestational Age at Pregnancy Outcome Estimated gestational age in weeks at time of pregnancy outcome	Birth- weight In grams	1=yes (specify cause of death if known) 2=no	Major Congenital Anomaly 1=yes (specify) 2=no 3=unknown	Duration PrEP During Pregnancy Total number of months of PrEP use during pregnancy	PrEP Use During Breastfeeding 1=yes 2=no 3=unknown	Any other medications during pregnancy or breastfeeding Record name of medication(s)	Total Months on PrEP During Breastfeeding Total number of months on PrEP during breastfeeding	Infant health and development 1=alive and well 2=suspected growth or development issue 3=deceased 4=N/A (stillbirth) 5=unknown 1M 3M 6M		
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