***Instructions:*** *For each new pregnancy in HOPE, complete the following table in real time and email to your FHI 360 CRM and CAT Leadership (Katherine Bunge,* [*kbunge@mail.magee.edu*](mailto:kbunge@mail.magee.edu)*; Catherine Chappell,* [*chappellca@upmc.edu*](mailto:chappellca@upmc.edu)*; and Devika Singh,* [*devika@mtnstopshiv.org*](mailto:devika@mtnstopshiv.org)*). Completed worksheets should be stored securely and accessible only to authorized study staff.*

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| **Site:** |  |
| **Date of Report:** |  |
| **PTID:** |  |
| **Visit Month/Date of first positive pregnancy test:** |  |
| **Is participant HIV positive?**  *If so, please provide a status on referral to PMTCT.* |  |
| **MTN-016 Enrollment Status:** |  |
| **Status of antenatal care referrals:** |  |
| **Describe the events surrounding the pregnancy:**  *For example, what type of contraception was the participant on, if any, at the time of conception? How long had the participant been on this method? Were there challenges with using the prescribed method? Does the participant have a history of method switching, and if so, what were the reasons for switching? What is the participant’s attitude towards the pregnancy?* |  |
| *After discussing the details surrounding the pregnancy, the clinician should provide feedback on the following based on his/her general impression of whether the pregnancy was intended or unintended:*   * **If the pregnancy was intended, did the participant disclose her intent to study staff prior to falling pregnant? Why or why not?** * **If the pregnancy was unintended, what do you think happened that led to this unintended pregnancy (e.g. method failure, adherence issue, provision failure)?** |  |
| **Site to consider and provide feedback on any gaps in contraceptive counseling or contraceptive provision that this case identifies, and whether any changes to current approaches/counseling messages are warranted:** |  |