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## **BMJ Open**

# Genital tract infections, the vaginal microbiome and gestational age at birth among pregnant women in South Africa: a cohort study protocol

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SCHOLARONE™ Manuscripts Genital tract infections, the vaginal microbiome and gestational age at birth among pregnant women in South Africa: a cohort study protocol

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**Keywords** 

Pregnancy complications, premature birth, reproductive tract infections, sexually transmitted infections, microbiota, South Africa

#### **Abstract**

Introduction Preterm birth complications are the most common cause of death in children under 5 years. The presence of multiple microorganisms and genital tract inflammation could be the common mechanism driving early onset of labour. South Africa has high levels of preterm birth, genital tract infections and HIV infection among pregnant women. We plan to investigate associations between the presence of multiple lower genital tract microorganisms in pregnancy and gestational age at birth.

Methods and analysis This cohort study enrols around 600 pregnant women at one public health care facility in East London, South Africa. Eligible women are ≥18 years and at <27 weeks of gestation, confirmed by ultrasound. At enrolment and 30-34 weeks of pregnancy, participants receive on-site tests for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, with treatment if test results are positive. At these visits, additional vaginal specimens are taken for: PCR detection and quantification of *Trichomonas vaginalis*, *Candida* species, *Mycoplasma genitalium*, *M. hominis*, *Ureaplasma urealyticum* and *U. parvum*; microscopy and Nugent scoring; and for 16S ribosomal ribonucleic acid gene sequencing and quantification. Pregnancy outcomes are collected from a post-natal visit and birth registers. The primary outcome is gestational age at birth. Statistical analyses will explore associations between specific microorganisms and gestational age at birth. To explore the association with the quantity of microorganisms, we will construct an index of microorganism load and use mixed effects regression models and classification and regression tree analysis to examine which combinations of microorganisms contribute to earlier gestational age at birth.

**Ethics and dissemination** This protocol has approvals from the University of Cape Town Research Ethics Committee and the Canton of Bern Ethics Committee. Results from this study will be uploaded to preprint servers, submitted to open access peer-reviewed journals and presented at regional and international conferences.

**Registration** to be registered on clinicaltrials.gov

## Article summary, strengths and limitations of the study

- This cohort study takes a holistic approach, investigating both the presence and quantity
  of multiple lower genital tract microorganisms, including vaginal microbiota, in
  pregnancy and their associations with gestational age at birth.
- The study is set in a location where the prevalence of genital tract infections and adverse pregnancy outcomes are high, uses ultrasound scans to assess gestational age at enrolment accurately, and state-of-the-art molecular diagnostic methods.
- The study setting is limited to one research site, which may affect the generalisability of the findings.
- The use of gestational age at birth as a continuous outcome, instead of preterm birth as a dichotomous outcome, might limit comparability with other studies, but we will also examine the binary outcome preterm birth in secondary analyses.

## Introduction

Preterm birth complications are the most common cause of death in children under 5 years. Close to one million infants die every year because they are born preterm (before 37 completed weeks of gestation), mainly from infectious, respiratory and neurological complications, and those that survive can experience long-term morbidity. South Africa has a high incidence of preterm birth at around 10%, around 30% of women have one or more curable sexually transmitted infections during pregnancy, and about 30% of pregnant women are living with HIV.

Microbial colonisation or infection during pregnancy, in the lower or upper genital tract, have been reported to predispose to preterm birth, as do anatomical, biochemical, endocrinological, immunological, nutritional, environmental and psychosocial factors.<sup>7,8</sup> The presence of microorganisms may contribute to early onset of labour directly, through presumed ascension from the lower to the upper genital tract, or indirectly, through a pathway of inflammatory response, or a combination of both.<sup>7,9</sup> Inflammation may be the common pathway, even if infection has not reached the amniotic cavity.<sup>10</sup>

Much of the research reporting on the role of sexually transmitted infections in pregnancy and preterm birth has focused on single infections, such as *Chlamydia trachomatis*, <sup>11</sup> *Neisseria gonorrhoeae*, <sup>12</sup> and *Trichomonas vaginalis*. <sup>13</sup> *Mycoplasma genitalium* is the most recently recognised sexually transmitted infection and, whilst an association with preterm birth has been reported, there are few studies with prospective data collection. <sup>14</sup> Bacterial vaginosis is the most common vaginal microbiota dysbiosis and is associated with adverse pregnancy outcomes, either alone, or in combination with other sexually transmitted infections. <sup>15-17</sup> Associations with adverse birth outcomes have also been observed for other genital mycoplasmas, *M. hominis, Ureaplasma urealyticum* and *U. parvum*. <sup>18</sup> For individual sexually transmitted infections, bacterial vaginosis and colonisation by other genital mycoplasmas, summary odds ratios for the association with adverse birth outcomes in meta-analyses of univariable data are generally around 1.3 to 2.0. <sup>11-14</sup>, <sup>16</sup>, <sup>18</sup> *Candida* spp. have not been found to be associated with preterm birth, but an association with more inflammatory, symptomatic yeast infection cannot be ruled out. <sup>19</sup> Most studies about these

microorganisms do not present analyses that examine the role of co-occurrence or control for confounding factors, so the presence or strength of the causal association cannot be assessed.<sup>20</sup> It is also important to include women living with HIV, amongst whom there are fewer studies about associations between genital tract infections and adverse birth outcomes than amongst women without HIV infection.<sup>21, 22</sup>

The importance of the quantity of different microorganisms as a driver of preterm birth has not been extensively studied, <sup>23-25</sup> but might be as, or more, relevant than their presence. <sup>23</sup> Together with inflammation or immune activation in the genital tract during pregnancy, organism load could be an important driver of the early onset of labour and preterm birth.8, <sup>23, 24, 26, 27</sup> This calls for a holistic approach to research studies, which combines information about the presence of different microorganisms, the quantified load and the microbiome, sociodemographic factors and HIV amongst women living with infection, most of whom are receiving antiretroviral therapy. The overall aim of this study is to investigate associations between the presence of lower genital tract microorganisms in pregnancy and preterm birth and other adverse pregnancy outcomes. This will be achieved through three objectives to explore: (1) the association between the presence of specific lower genital tract microorganisms and gestational age at birth (primary outcome), as well as secondary adverse pregnancy outcomes; (2) the association between quantified load of vaginal and sexually transmitted microorganisms and gestational age at birth (primary outcome) as well as secondary adverse pregnancy outcomes; and (3) the combinations of microorganisms that are most strongly associated with earlier gestational age at birth.

## Methods and analysis

#### STUDY DESIGN AND SETTING

This prospective closed cohort study follows women enrolled during pregnancy until after they give birth (Figure 1). The study is conducted at the antenatal clinic of one primary health care facility in Buffalo City Metropolitan Municipality, Eastern Cape Province, South Africa. This cohort study is part of a larger project, called Philani Ndiphile (meaning 'be healthy and I will be healthy' in isiXhosa), which includes a randomised implementation-

effectiveness trial of screening strategies for sexually transmitted infections in pregnancy<sup>28</sup> and a case-control study about persistent *C. trachomatis* infection.

#### **PARTICIPANTS**

Inclusion criteria: Pregnant women aged 18 years or older, who live in Buffalo City Metropolitan Municipality, intend to deliver in the same municipality and provide written informed consent to take part in the study. The eligible gestational age at enrolment, confirmed by ultrasound, was below 20 weeks at the start of the study in March 2021 and was increased to 27 weeks in September 2021 to increase enrolment and to align with another trial.<sup>29</sup>

Exclusion criteria: Participation in any other research study or inability to understand and speak a local language (English, Afrikaans, or isiXhosa).

Figure 1 Study visits and specimen collection

Abbreviations: CT, Chlamydia trachomatis; NG, Neisseria gonorrhoeae

#### **ENROLMENT**

A trained study field worker approaches all pregnant women attending an antenatal care visit at the clinic and individually informs them about the study. If a potential participant shows interest in the study, the study field worker checks for eligibility. The date of the last menstrual period is used initially to estimate gestational age. If all eligibility criteria are met, a study field worker obtains written informed consent from the participant.

#### STUDY PROCEDURES AND VISITS

At the enrolment visit, study field workers administer a questionnaire to record socio-demographic, behavioural and clinical information in an online Research Electronic Data Capture software (REDCap)<sup>30</sup> database. The study nurse examines the woman, according to the South African government standard of care.<sup>31</sup> As an additional procedure, a study nurse with training in obstetric ultrasound performs an abdominal ultrasound to estimate the gestational age. If this is later than the eligibility criterion, the participant is excluded from any further study activity. A study nurse collects vaginal samples (Figure 1) for on-site

testing for *C. trachomatis* and *N. gonorrhoeae* using the Xpert CT/NG assay on the Gene Xpert platform (Cepheid, Sunnyvale, CA, USA) and for further off-site laboratory testing (see 'Specimen collection and analysis').

If the test result for *C. trachomatis* or *N. gonorrhoeae* is positive, the woman receives immediate antibiotic treatment if still on site or is contacted by telephone and asked to return to the clinic for treatment. Antibiotic treatments are first-line regimens according to South African guidelines: for *C. trachomatis*, 1g oral azithromycin and for *N. gonorrhoeae*, 500mg intramuscular ceftriaxone (250mg until South African treatment guidelines for sexually transmitted infections changed in December 2022).<sup>32</sup> Women with vaginal discharge syndrome but with negative Xpert test results for *C. trachomatis* and *N. gonorrhoeae* receive empirical treatment for trichomoniasis with metronidazole 400 mg twice a day for 7 days. The study nurse gives advice to women with *C. trachomatis* or *N. gonorrhoeae* on safe disclosure of her diagnosis to her partner(s) and gives her a notification slip(s) to request her partner(s) to attend a clinic for treatment.

A follow-up visit at 30-34 weeks (third trimester visit) is scheduled at which clinical and obstetric information, as well as the same vaginal specimens, are collected and treatment given, if indicated.

A post-natal visit is scheduled for 3-6 days after giving birth, according to the South African government standard.<sup>31</sup> A study nurse collects information about the birth outcome and perinatal period through a questionnaire with the mother, a patient-held medical record of the baby (the Road to Health card) and/or the birth register from the public birth clinics within the study area. If the participant does not attend the post-natal visit, study staff telephone her to ask her to return to the clinic. If the participant is not able to return to the clinic, the study physician collects the information by telephone or from the birth register.

#### **OUTCOMES**

The primary outcome is gestational age at birth, measured in days, based on the ultrasound assessment at the enrolment visit. Secondary outcomes are preterm birth (<37 completed weeks of gestation), low birth weight (birth weight <2500g), miscarriage (dead foetus delivered before 28 completed weeks of pregnancy or with birth weight below 1000g) and

stillbirth (dead foetus delivered at or after 28 completed weeks of pregnancy or with birth weight above 1000g).<sup>33, 34</sup> We chose gestational age at birth as the primary outcome because, whilst the cut-off of 37 weeks is the standard definition of preterm birth, dichotomisation of a continuous variable results in a loss of statistical power.<sup>35</sup>

#### **SPECIMEN COLLECTION AND ANALYSIS**

#### DATA SOURCES AND VARIABLES

The source data are case report forms recording questionnaire data for the enrolment, third trimester and post-natal visits and forms for laboratory and specimen results, which are stored in REDCap, a secure web-based database<sup>30</sup> (online supplemental file), hosted by the Foundation for Professional Development, Pretoria, South Africa.

#### **SPECIMEN COLLECTION**

At the enrolment and the third trimester visits, a study nurse collects two vaginal smears using inoculation loops and air-dries them on glass slides. She then collects vaginal specimens by inserting swabs into the vagina up to a mark at 4 cm and rotating around the vaginal wall. Five swabs are collected in the following order: one Cepheid GeneXpert Xpert Vaginal/Endocervical Swab in a tube with Xpert Swab Transport Reagent (Cepheid, Sunnyvale, CA, USA); two Qiagen digene Female Swabs in a single tube with digene Specimen Transport Medium (Qiagen, Hilden, Germany); and two dry FLOQswabs (COPAN, Brescia, Italy) each in a separate sterile tube (Figure 1).

#### TRANSPORT AND STORAGE OF SPECIMENS

Vaginal smear glass slides are stored and transported in plastic slide carriers at room temperature. All vaginal swabs are initially stored at the clinic in a refrigerator (2-8°C with daily temperature checks). All vaginal swabs, except the Xpert swab, which is tested on-site, are transported on ice packs once a week by overnight road courier, to the laboratory at the Department of Medical Microbiology, University of Pretoria, where they are also stored in a refrigerator until DNA extraction.

#### MICROBIOLOGICAL ANALYSES

The Xpert vaginal swabs are tested on-site using the Xpert CT/NG assay (Cepheid, Sunnyvale, CA, USA) to detect *C. trachomatis* and *N. gonorrhoeae*, as per manufacturer's instructions. At the University of Pretoria, air-dried vaginal smears are heat-fixed and Gramstained.<sup>36</sup> Two qualified people record the Nugent scores (0-3: normal; 4-6: intermediate; 7-10: bacterial vaginosis) and the presence of yeasts.<sup>37</sup> In case of discrepancies a third person assesses the slide and consensus is reached by discussion. At the University of Pretoria, one vaginal FLOQswab is used for PCRs. The genomic DNA is extracted using the High Pure PCR Template Preparation Kit (Roche Diagnostics GmbH, Mannheim, Germany) as per manufacturer's instructions. Real-time PCR assays are then performed using the LightCycler 480 Probes Master Kit (Roche Diagnostics GmbH, Mannheim, Germany) on the LightCycler 480 II instrument (Roche Diagnostics GmbH, Mannheim, Germany). Previously published primer and hydrolysis probe sequences and cycling conditions are used for detection and quantification of *M. genitalium*, <sup>38</sup> *M. hominis*, <sup>39</sup> *U. parvum*, <sup>40</sup> *U. Urealyticum*, <sup>40</sup> *T. vaginalis* and *Candida* spp. <sup>42, 43</sup> The load for each assayed microorganism detected in vaginal swab specimens by real-time PCR or GeneXpert is obtained from the cycle threshold value.

#### VAGINAL MICROBIOME LABORATORY ANALYSES

The vaginal swabs stored in Qiagen digene Specimen Transport Medium will be used for DNA extraction and subsequent 16S ribosomal ribonucleic acid (rRNA) amplicon sequencing targeting the V3-V4 hypervariable regions for vaginal microbiota analyses at the Division of Medical Microbiology, University of Cape Town.

A commercial DNA extraction kit will be used and a bead-beating step included.<sup>44</sup> A DNA isolation control will be prepared from an unused vaginal swab specimen during this process. Two PCR rounds will be conducted to prepare amplicon libraries.<sup>45</sup> The aim of the first PCR round is to amplify 16S rRNA gene V3-V4 regions, using the 319F 5′-ACTCCTACGGGAGCCAGCAG-3′ forward primer and 806R 5′-GGACTACHVGGGTWTCTAAT-3′ reverse primer. The aim of the second PCR round is to barcode the V3-V4 amplicons by a dual-index approach, permitting multiplexing of up to 384 samples (including controls). Amplicon concentrations for all sample libraries are measured and normalised to form a mixed loading library. The libraries will be sequenced on an Illumina MiSeq instrument

(Illumina, San Diego, CA, USA), 2x300bp. To quantify the number of 16S rDNA copies per swab, a quantitative PCR using the same forward and reverse primers as described above will be used. Samples from enrolment and third trimester visits from the same woman will be processed in the same run.

#### VAGINAL MICROBIOTA BIOINFORMATICS

Raw sequencing reads will be processed using an established bioinformatics pipeline.<sup>46</sup> Taxonomic assignment of amplicon sequence variants (ASVs) will be done in DADA2<sup>47</sup> with SILVA<sup>48</sup> as the reference database. Vaginal microbiome composition data will be visualised in heatmaps and diagrams. For each vaginal sample, we will calculate diversity measures (alpha diversity), relative abundances and estimated concentrations of key vaginal bacteria and bacterial groups, as described.<sup>46</sup> We will use the entire sequencing dataset to design vaginal microbiota types by hierarchical clustering, and each sample will be assigned to one vaginal microbiota type.

#### SAMPLE SIZE CALCULATION

The sample size has been calculated for objective 1, with a univariable comparison between the presence of a genital tract microorganism in the mother and gestational age at birth. Figure 2 shows that, for any vaginal or sexually transmitted microorganism, or vaginal microbiota type that has a prevalence of 10% or more among all enrolled women, about 500-600 patients provides adequate power (80%) to detect a one-week difference (with standard deviation 2) in mean gestational age between the two groups using Student's t-test. Specifying an alpha of 0.83% allows for multiple hypothesis testing (6 hypotheses, using a Bonferroni correction). We enrol around 600 women and aim to have complete follow-up and outcome data on at least 550 women.

**Figure 2** Sample size requirements at different levels of exposure prevalence with power of 80% and alpha 0.83% based on Student's t-test.

Legend: panel A, standard deviation 1.5; panel B, standard deviation 2.0. The curves for % exposed are symmetrical around a prevalence of 50%, i.e., curve for 10% exposed is same as that for 90% exposed.

#### STUDY TIMELINE

Enrolment began on 28 March 2021, with an estimated date for reaching the target sample size in August 2023. Follow-up of all participants until the post-natal visit is expected to be completed by March 2024.

#### STATISTICAL ANALYSIS

This description gives an overview of the statistical methods for each objective. A detailed statistical analysis plan will be published separately and made publicly available.

We will describe the numbers of women enrolled and available at each follow-up visit in a flow chart. We will present descriptive tables of socio-demographic, behavioural and clinical characteristics and compare women with complete follow-up with those lost to follow-up.

#### OBJECTIVE 1) ASSOCIATION BETWEEN SPECIFIED EXPOSURES AND PREGNANCY OUTCOMES

1a. We will examine a primary set of microorganisms as exposures, detected at either enrolment or at the third trimester visit: *M. genitalium, M. hominis, U. urealyticum, U. parvum, T. vaginalis* and *Candida* spp. are the microorganisms for which women did not receive diagnostic tests and treatment during study visits. We will use the mean and standard deviation for the continuous outcome (gestational age) and absolute and relative frequencies for the binary outcomes (all secondary outcomes). Gestational age at birth for each exposure will be compared using Student's t-test and a mean difference with 95% confidence intervals (continuous outcome) and Fisher's exact test and a risk difference with 95% confidence intervals (binary outcomes).

To control for confounding, multivariable regression models will be fitted to all outcomes with a set of pre-specified potential confounders (age, educational level, alcohol consumption, HIV infection, prior preterm birth) for all organisms. For analyses of *M. genitalium*, *T. vaginalis*, and *Candida* spp., we will also control for bacterial vaginosis (Nugent score 7-10). The other genital mycoplasmas can be identified from 16S rRNA amplicon sequencing in women with vaginal dysbiosis, so are sometimes considered part of bacterial vaginosis. For these organisms, we will conduct descriptive analyses, stratifying by the presence of bacterial vaginosis. For continuous confounders a linear relationship will be

assumed by default but transformations (e.g., log) or more flexible approaches (e.g., splines or fractional polynomials) will be considered if there is evidence for non-linearity. For the continuous outcome we will use linear mixed effects regression models (including data from either visit and the participant as random effect) and report the result as mean difference with 95% confidence intervals. For the binary outcome we will use logistic mixed-effects regression and report the result as odds ratios with 95% confidence intervals.

1b. Comparisons for associations with timing of detection, other microorganism exposures and birth outcomes will be considered secondary analyses. Associations between vaginal microbiota composition and pregnancy outcomes will be assessed. We will use compositional multivariable analysis methods to identify bacterial taxa that are differentially abundant between binary pregnancy outcome groups at the level of individual taxon relative abundances. We will use mixed effects models (with the individual participant as the random effect and including data from both visits) to assess associations between continuous and binary pregnancy outcome and the following fixed effects derived from the vaginal microbiota data: alpha diversity, vaginal microbiota types and absolute abundances of predefined bacterial groups. 46 These models will be adjusted for confounding as described in the previous paragraph.

## OBJECTIVE 2) ASSOCIATION BETWEEN QUANTIFIED MICROORGANISM LOAD AND PREGNANCY OUTCOMES

We will investigate the hypothesis that the quantity of microorganisms with inflammatory potential is associated with gestational age at birth. For this, we will analyse the vaginal microbiota data jointly with sexually transmitted infections and *Candida* spp. diagnostic test results during pregnancy (these will be considered as additional covariates in the abovementioned regression models). We will develop a 'vaginal inflammation index', based on quantification of the vaginal microbiota and their inflammatory potential<sup>49</sup> and of yeasts. This vaginal inflammation index will also be analysed as a fixed effect in mixed effects models with pregnancy outcomes as the outcomes; these models will not include any of the infection parameters that were used to design the index.

#### OBJECTIVE 3) CLASSIFICATION AND REGRESSION TREE ANALYSIS FOR THE PRIMARY OUTCOME

We will conduct exploratory analyses to examine the combination of microorganisms that best predicts earlier gestational age at birth using classification and regression tree analysis. <sup>50</sup> This method belongs to the family of decision tree machine learning algorithms and allow for nonparametric analyses of a large number of binary, categorical or continuous predictors. They are typically easy to interpret and can detect predictors with small marginal effects when there are strong interaction effects. We will make use of the predictive potential for gestational age at birth of all sexually transmitted and genital tract microorganisms, including individual bacterial taxa or bacterial groups identified by 16S rRNA gene amplicon sequencing (as binary or continuous variables) and confounding variables identified in objective 1. We will present variable importance scores and curves of marginal effects to show how prediction of the outcome changes at different levels of the exposure of each variable in the model. To avoid overfitting, we will consider bootstrap aggregating via random forests. <sup>51</sup>

#### DATA MANAGEMENT AND CONFIDENTIALITY

#### **DATA MANAGEMENT**

Each potential participant screened for eligibility is assigned a unique participant identification number, which does not include any personal identifying information. Personal identification numbers are used to link records, specimens and laboratory test results of the participants. Data are stored in a REDCap database, 30 which is only accessible to authorised project staff. Paper records are kept in lockable fire-resistant filing cabinets. Laboratory records and journals are kept at the University of Pretoria and University of Cape Town. Forms with personal identifying information are kept separately from demographic, clinical and other data. The data manager maintains a separate, access-controlled, database that links the personal identification number with identifying information. Data quality checks are conducted by study staff onsite and data administrators at the office of the Foundation for Professional Development. All study data are stored securely at the offices of the Foundation for Professional Development in East London for up to five years after the completion of the study or as required by the institutional review board.

#### CONFIDENTIALITY

The research team is trained to adhere to guidelines on the Protection of Human Research Participants and Good Clinical Practice and fully protects the confidentiality of participants. Besides the measures described under data management, interviews are conducted in a private setting. In reports and publications, data will not be presented in a way where it could be linked to individual participants.

#### PATIENT AND PUBLIC INVOLVEMENT

There was no involvement of patients or the public in the development of the research questions or the study methods. The research findings will be shared through open access publications and in dissemination meetings with local stakeholders, healthcare providers and communities.

## **Discussion**

This project is important because of its holistic approach, which considers associations between different genital tract infections, their quantity and the vaginal microbiota on earlier gestational age at birth. Many studies in this field have focused on only one or two microorganisms and few studies involve women in sub-Saharan Africa. Strengths of this study include the study setting, where the prevalence of both genital tract infections and adverse pregnancy outcomes is high, the use of ultrasound scans at enrolment for accurate assessment of gestational age and the use of state-of-the-art molecular diagnostic tests and 16S rRNA sequencing. The residual DNA from samples collected in this study will be available for future studies, including joint analyses with other studies of the influence of vaginal microbiota on adverse pregnancy outcomes.

There are limitations to the study design. First, this study involves participants from one clinic, which might limit the generalisability of the findings. Second, using gestational age at delivery as a continuous outcome instead of preterm birth as a dichotomous outcome, might limit comparability with other studies. We will, however, examine the binary outcome preterm birth in secondary analyses. Third, the vaginal samples are taken in a fixed

sequence at each visit, which might reduce the microorganism load of later samples. Fourth, the development of the vaginal inflammation index will use information about the inflammatory potential of microorganisms,<sup>49</sup> rather than direct concentrations of inflammatory markers.

This study has the potential to generate new evidence about the role of different microorganisms in earlier gestational age at birth through analyses of the presence and quantity of individual and combinations of microorganisms, relative abundance of bacterial genera and microbiota on gestational age at birth. This study will generate new hypotheses, which can be investigated in future studies.

## Ethics and dissemination

This protocol and the informed consent forms are approved by the University of Cape Town, Research Ethics Committee (Reference: 676/2019), which includes activities at the University of Southern California, University of Alabama at Birmingham and Louisiana State University. Authorisation to analyse de-identified data at the University of Bern has been granted by the Canton of Bern Ethics Committee (Reference: 2021-01209). Results from this study will be submitted to regional and international conferences and to open access peer-reviewed journals and preprint servers.

#### Data statement

The research team will prepare datasets used in analyses, in accordance with data sharing requirements of open access journals in which manuscripts are published and in compliance with local Protection of Personal Information Act requirements. These data files will be archived with codebooks as .csv documents or R data sets and stored in REDCap. The final data files will not contain any personal identifying information of participants.

#### **Author contributions**

RG, NL, JW, and RP conceived and designed the study. JK supported the study through design of the parent study of the Philani Ndiphile project. RG, NL, JW, RP, HJ, CT, CM, SC and LB contributed to the data analysis plan. RG, NL, RP, MM and HJ were involved with the implementation and management of the study. RG and MM managed the data acquisition. RG, NL, JW, RP drafted the manuscript and all authors revised it. NL, JW, RP and JK supervised the study. All authors read and approved the final manuscript.

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## Competing interests statement

LB, SC, RG, HJ, JK, NL, MM, RP, CT, JW: no competing interests to declare.

CM has received research grant funding to her institution by Gilead Inc., Abbott Molecular, Visby, and Lupin Pharmaceuticals. She is a consultant to BioNTech, Cepheid, and BioFire Diagnostics. She has received honoraria for educational presentations and review activities from Scynexis, Visby, Abbott, Elsevier, UpToDate, and DynaMed Plus.

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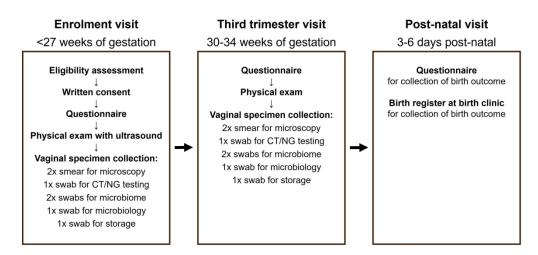


Figure 1 Study visits and specimen collection Abbreviations: CT, Chlamydia trachomatis; NG, Neisseria gonorrhoeae.

272x125mm (300 x 300 DPI)

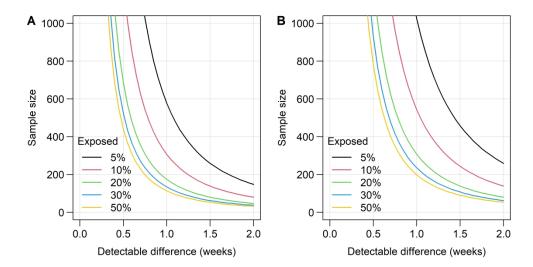


Figure 2 Sample size requirements at different levels of exposure prevalence with power of 80% and alpha 0.83% based on Student's t-test.

Legend: panel A, standard deviation 1.5; panel B, standard deviation 2.0. The curves for % exposed are symmetrical around a prevalence of 50%, i.e., curve for 10% exposed is same as that for 90% exposed.

516x258mm (236 x 236 DPI)

## Supplemental online file – study questionnaire

## Genital tract infections, the vaginal microbiome and gestational age at birth among pregnant women in South Africa: a cohort study protocol

Ranjana M S Gigi,<sup>12</sup> Mandisa M Mdingi,<sup>2</sup> Hyunsul Jung,<sup>3</sup> Shantelle Claassen Weitz,<sup>4</sup> Lukas Bütikofer,<sup>5</sup> Jeffrey D Klausner,<sup>6</sup> Christina A Muzny,<sup>7</sup> Christopher M Taylor,<sup>8</sup> Janneke H H M van de Wijgert\*,<sup>9</sup> Remco P H Peters\*,<sup>234</sup> Nicola Low\*<sup>1</sup>

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- 3) Department of Medical Microbiology, University of Pretoria, Pretoria, South Africa
- 4) Department of Pathology, University of Cape Town, Cape Town, South Africa
- 5) CTU Bern, Department of Clinical Research, University of Bern, Bern, Switzerland
- 6) Keck School of Medicine, University of Southern California, Los Angeles, USA
- 7) Division of Infectious Diseases, University of Alabama at Birmingham, Birmingham, USA
- 8) School of Medicine, Louisiana State University, USA
- 9) Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, Netherlands

Record ID
Site Information
Today's Date
Study Staff Name
Start Time
Please select Study Site Name  Grey Gateway Duncan Village CHC Nontyatyambo CHC Gompo Ndevana
Introduction to the Study:
Note to RA:
In this section you will be introducing the study to the participant. Please make sure to execute the following steps:
1. Introduce the study
○ Proceed
Does the participant show interest in the study
<ul><li>Yes the participant shows interest</li><li>No the participant is not interested in the study</li></ul>
END
The participant is not interested in the study. Thank them for their time.

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Note to RA: The participant seems to show interest in the study. We need to determine their eligibility status. You will ask a series of questions to determine this. Please select "Proceed" to continue.
○ Proceed
Is the participant currently living in BCM?
○ Yes ○ No
Is the participant 18 years or older?
○ Yes ○ No
Please specify the participant's date of birth
Calculated age
Is this the participant's first ANC visit?
○ Yes ○ No
Is the participant within the first 26 weeks of her pregnancy?
○ Yes ○ No
Is the participant within the first 20 weeks of her pregnancy?
○ Yes ○ No
Gestational weeks
(if unknown, enter 99)
Is the participant intending to deliver the baby at one of our collaborating MOUs?
○ Yes ○ No
Is the participant currently involved in any other ANC/HIV research trial?
<ul><li>Yes</li><li>No</li></ul>

1 2 3	Calculated Eligibility Outcome
4 5 6 7 8 9	(1 = Eligible, 0 = Not Eligible)
	END The participant is not eligible for our research study
10 11	This will be the end of their participation. Please thank them for their time.
12 13 14 15	ELIGIBLE The participant is eligible for our research study. Please select "Proceed" to start with the consenting process.
16 17	○ Proceed
18 19 20 21 22 23 24 25 26 27	Consenting Process:
	NOTE TO RA: You will now start with the consenting process. Please make sure to do the following:
28 29 30 31 32 33	<ol> <li>Read the consent form with the participant</li> <li>Read in a language they prefer</li> <li>Allow for questions</li> <li>If willing to consent, sign all documents</li> <li>Hand a signed copy (without PIN) to the patient</li> </ol>
34 35	○ Proceed
36 37 38	Did the participant provide a signed consent to participate in the research study?
39 40 41 42	○ Yes ○ No
43 44 45 46 47	Consent refusals
48 49	Reasons for refusal
50 51 52 53 54	<ul> <li>☐ They have no time</li> <li>☐ Scared</li> <li>☐ In a different study</li> <li>☐ Other</li> </ul>
55 56 57 58 59 60	If "Other", please specify

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Refusal date
END Thank the participant for their time
Provided Consent
Consent date
Participant PIN
CONSENTED The participant has agreed to provide consent. You will now allocate a study PIN to the participant. Please use the next available PIN on the hard copy enrollment log
○ Proceed
Participant PIN
Participant PIN Verification
Pin match
PIN valid
ERROR The PINs you entered did not match up
You have entered the following PINs
first pin: [participant_pin] second pin: [participant_pin_verify]
ERROR The PIN you entered is invalid for [site_name]

You have entered the following PINs

#### Sa\_\_\_\_g /\_\_\_\_\_

You have completed the Screening and Enrollment process. Please make sure to check if all relevant fields have been selected and the information captured is accurate.

Once this is done, please select the "complete" option below and then select "Save & Exit".

To be the term only Once you have done this you will be directed to the baseline Data.

Notes

**Additional Notes** 



[]a[]e[][]e		Page 6
Staff name		
Today's Date		
Start Time		
Sociodemographics		
NOTE TO RA: You are about to start the Socio-demographics section. Please mak your tablet.	ce sure to ask the questions as the	y appear on
Please select "Proceed" to continue.		
○ Proceed		
Sociodemographics		
How would you describe yourself in terms of race?  African Coloured Mixed Race White Indian No answer		
What level of education did you complete?  \( \text{Less than Gr. 10} \) \( \text{Gr.10 or 11} \) \( \text{Gr.12} \) \( \text{Diploma} \) \( \text{Degree} \) \( \text{Refused to answer} \)		



W	hich best describes the type of house in which you live? Please choose one answer only:
C	House or brick structure on a separate stand or yard or on a farm  Traditional dwelling/hut/structure made of traditional materials
	) Flat ) Town/cluster/semi-detached house (simplex, duplex or triplex)
$\sim$	Unit in retirement village
Č	Dwelling/house/flat/room in backyard
$\subset$	Informal dwelling/shack IN the backyard of a formal house
$\subseteq$	Informal dwelling/shack NOT in backyard e.g. in an informal/squatter settlement or on farm
$\succeq$	Room/flatlet not in backyard but on a shared property e.g granny flat Caravan/tent
$\succeq$	) Worker's hostel
	Other
	other places specify
П	other, please specify.
W	hat is the main material of your house walls? Please choose one answer only:
	Bricks & plaster/finished
	) Bare brick/cement block ) Corrugated iron/zinc
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	Mixture of mud and cement
	Wattle and daub
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١٨/	hat is the main material of much have use 62 Diagraphs and a supply of the state of
VV	hat is the main material of your house roof? Please choose one answer only:
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	) Thatching
	) Asbestos ) Plastic
	) Cardboard
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	status?
○ Marria d	
Married	
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No relationship	
O No relationship	
Do you live together with your pa	artner?
○ Yes	
○ No	
Are you currently employed?	
○ Employed	
<ul> <li>Self employed</li> </ul>	
Not employed	
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What is your monthly personal in	ncome?
○ None	
○ < 1000 ZAR per month	
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What is your household's main so	ource of income?
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Personal income from employ	ment \ self employment
O Income from partner	
<ul><li>○ Grants</li><li>○ Other</li></ul>	
Other	
Have you been outside of the Eas	stern Cape or country in the past 6 months?
○ Yes	
○ No	
	e you been to in the last 6 months?
Which provinces or country have	
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Note to RA: please select all that	
Note to RA: please select all that	
Note to RA: please select all that  ☐ Free State ☐ Gauteng	
Note to RA: please select all that  Free State Gauteng Kwazulu-Natal	
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Note to RA: please select all that  Free State Gauteng Kwazulu-Natal Limpopo Mpumalanga	
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Note to RA: please select all that  Free State Gauteng Kwazulu-Natal Limpopo Mpumalanga Northern Cape North West Western Cape	
Note to RA: please select all that  Free State Gauteng Kwazulu-Natal Limpopo Mpumalanga Northern Cape North West Western Cape Outside South Africa	
Note to RA: please select all that  Free State Gauteng Kwazulu-Natal Limpopo Mpumalanga Northern Cape North West Western Cape Outside South Africa  Has your partner/husband been of	apply
Note to RA: please select all that    Free State   Gauteng   Kwazulu-Natal   Limpopo   Mpumalanga   Northern Cape   North West   Western Cape   Outside South Africa    Yes	apply
Note to RA: please select all that  Free State Gauteng Kwazulu-Natal Limpopo Mpumalanga Northern Cape North West Western Cape Outside South Africa  Has your partner/husband been of	apply
Note to RA: please select all that    Free State   Gauteng   Kwazulu-Natal   Limpopo   Mpumalanga   Northern Cape   North West   Western Cape   Outside South Africa    Yes	apply

1 2	Which provinces or country has your partner/husband been to in the last 6 months?
3 4	Note to RA: Please select all that apply
5 6 7 8 9 10 11 12 13	☐ Free State ☐ Gauteng ☐ Kwazulu-Natal ☐ Limpopo ☐ Mpumalanga ☐ Northern Cape ☐ North West ☐ Western Cape ☐ Other country
15 16	What is the main source of drinking water for your household? Please choose one answer only:
17 18 19 20 21 22 23 24 25 26 27 28 29 30	<ul> <li>Piped (tap) water in dwelling</li> <li>Piped (tap) water on site or in yard</li> <li>Neighbour's tap</li> <li>Public or communal tap (either free or paid)</li> <li>Borehole on site</li> <li>Borehole off site/communal</li> <li>Rain water tank</li> <li>Water carrier/tanker</li> <li>Flowing water/stream/river</li> <li>Stagnant water/dam/pool</li> <li>Well</li> <li>Spring</li> <li>Bottled water</li> <li>Other</li> </ul>
31 32 33 34 35 36	If other, please specify
37 38	What type of toilet does your household use? Please choose one answer only:
39 40 41 42 43 44 45 46 47	Flush toilet (connected to sewage) Flush toilet (with septic tank) Chemical toilet Pit latrine with ventilation pipe Pit latrine without ventilation pipe Bucket toilet No facility/bush/field Other
48 49 50 51 52 53 54 55 56 57	If other, please specify

What is the main source of energy for cooking in your household? Please choose one answer only:  O Electricity from mains			
<ul><li>Electricity from generator</li></ul>			
<ul><li>○ Gas</li><li>○ Paraffin</li></ul>			
○ Wood			
<ul><li>○ Coal</li><li>○ Animal dung</li></ul>			
○ Solar energy			
Other			
If other, please specify			
Does your household have any of the	ha fallowing itams in good working	a order? Road each item	
and indicate the presence of each	ie following items in good working	g order? Read each item	
	Yes	No	
Television	0	0	
Gas or Electric stove	O	0	
Fridge/freezer	O	0	
Private motor vehicle in running condition		O	
Bicycle	0	$\bigcirc$	
Bed	0	0	
Sofa or sofa set	0	$\circ$	
Kitchen sink	0	0	
Do you think that you will need to borro	ow money to pay for healthcare durir	ng your pregnancy?	
○Yes			
○ No			
How much money did you spend comir	ng to the clinic today (including trans	port costs, snacks while waiting e	
([RANDS])			
Did you lose any money from your job	because of coming to the clinic today	/?	
○ Yes			
○ No			
If yes, how much money did you lose?			
([RANDS])			
	ng to the clinic today (Hours)?		

**₹EDCap**°

How much time did you spend travelling to the clinic today (Minutes)?
([MINUTES])
Time spent travelling in minutes.
How much time do you normally spend waiting and seeing the doctor or nurse in a clinic such as this one (Hours)?
([HOURS])
How much time do you normally spend waiting and seeing the doctor or nurse in a clinic such as this one?
([MINUTES])
How much time do you normally spend waiting and seeing the doctor or nurse in a clinic such as this one in minutes?
([MINUTES])
Are you planning to wait for your results today? (New question added @13/09/2022)
○ Yes ○ No
What is your main reason why you are not intending to wait today? (New question added @13/09/2022)
<ul> <li>○ Have to get to work</li> <li>○ Have to get back to my kids/family</li> </ul>
Have to get to work  Have to get back to my kids/family  Want to go to the shop  Transport availability  Lack of privacy
○ Hungry
○ No space to wait ○ Not feeling well
<ul><li>○ Boring</li><li>○ Other</li></ul>
If "Other" , please specify. (New question added @13/09/2022)
What would make you change your mind? (New question added @13/09/2022)

Behavioral

Do you do any of the following activities in a lake / stream?  Note to RA: Please select multiple that apply  Play Bath	
□ Play	
☐ Wash blankets	
☐ Do laundry	
☐ Fish	
☐ Collect water ☐ Crossing	
None	
Behavioural Questionnaire	
NOTE TO RA: You just completed all questions related to socio-demographics. You are about	it to start w
Questionnaire.	at to start w
Please select "Proceed":	
○ Proceed	
When was the last time you had sex?	
○ In the past week	
In the past week     In the past month	
More than a month ago	
Did you use a condom the last time you had sex?	
○ Yes	
○ No	
Do you use a lubricant?	
○ Yes	
○ No	
Can you please elaborate on the type of lubricant that you use?	
What do you use to clean your vagina?	
Q Water only	
Other have held products	
<ul><li>Other household products</li><li>Other</li></ul>	
O duici	
Please specify what other things you used on your vagina.	

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Do you do a	any vaginal douching?
○ Yes ○ No	
Please spec	cify
Do you do a	any form of vaginal cleansing?
-	any form of vaginar clearising.
○ Yes ○ No	
Please spec	cify
Do you use	anything to clean inside your vagina?
○ Yes	
○ No	
Do you inse	ert anything in your vagina for tightening?
○ Yes	
○ No	
Please spec	zify
In the past	6 months, how many sexual partners did you have?
<ul><li>○ One</li><li>○ More that</li></ul>	an one
O More the	an one
In the past (Select ALL	6 months, have you engaged in any of the following? that apply)
☐ Vaginal :	
☐ Oral sex	
☐ Anal sex	•
Have you re	ecently agreed to sex even though you did not feel like to?
○ Yes	
○ No	

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Note to RA: Discuss with participant counselling options
<ul><li>○ Yes</li><li>○ Participant doesn't need counselling</li></ul>
Please specify
In the past 6 months, have you been forced to have sex with anyone?
○ Yes ○ No
Note to RA: Discuss with participant counselling options
<ul><li>Yes</li><li>○ Participant doesn't need counselling</li></ul>
Please specify
In the past 6 months, have you received any benefits (money or goods) for sex?
○ Yes ○ No
○ No
Do you suspect your steady partner to have any other sex partners?
○ Yes ○ No
○ Unsure
When did your last menstrual period start?
Note to RA: Please ask participant to give the most accurate date.
Just before I became pregnant.
NOTE: Please tick the statement that most applies to you:
<ul> <li>○ I wanted to have a baby</li> <li>○ I had mixed feelings about having a baby</li> <li>○ I did not want to have a baby</li> </ul>
How many times have you been pregnant before your current pregnancy?
How many live children have you delivered?

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Note to RA: The numbers you have entered do not match. Please check again.  How many of your live birth's were premature?  How many of your live birth's were full term?  Delivery timing calc  Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes  No  No  Have you ever had a miscarriage?			7 αξ
Of the live births that you had, how many were "elective cesarean"?  Live birth Match  Note to RA: The numbers you have entered do not match. Please check again.  How many of your live birth's were premature?  How many of your live birth's were full term?  Delivery timing calc  Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes No	Of the live births that you ha	d, how many were normal vaginal delivery?	
Live birth Match  Note to RA: The numbers you have entered do not match. Please check again.  How many of your live birth's were premature?  How many of your live birth's were full term?  Delivery timing calc  Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes No  No  Yes No	Of the live births that you ha	d, how many were "emergency cesarean"?	
Note to RA: The numbers you have entered do not match. Please check again.  How many of your live birth's were premature?  How many of your live birth's were full term?  Delivery timing calc  Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes No  No  Yes No	Of the live births that you ha	d, how many were "elective cesarean"?	
Note to RA: The numbers you have entered do not match. Please check again.  How many of your live birth's were premature?  How many of your live birth's were full term?  Delivery timing calc  Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes  No  Yes  No	Live birth Match		
How many of your live birth's were full term?  Delivery timing calc  Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes No  No  Yes No	Note to RA: The numbers yo	u have entered do not match. Please check again.	
Delivery timing calc  Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes No  No  Yes No			
Note: The numbers you have captured do not add up  Have you ever had an ectopic pregnancy?  Yes No  Have you ever had a miscarriage?  Yes No			
Have you ever had an ectopic pregnancy?  Yes No  Have you ever had a miscarriage?  Yes No	Delivery timing calc		
<ul><li>Yes</li><li>No</li><li>Have you ever had a miscarriage?</li><li>Yes</li><li>No</li></ul>	Note: The numbers you have	captured do not add up	
<ul><li>No</li><li>Have you ever had a miscarriage?</li><li>○ Yes</li><li>○ No</li></ul>	Have you ever had an ectop	c pregnancy?	
	○ Yes ○ No		
○ No	Have you ever had a miscar	iage?	
Have you ever had a stillbirth?	○ Yes ○ No		
	Have you ever had a stillbirt	n?	
○ Yes ○ No	Yes     No     No		

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Do you smoke cigarettes?
<ul><li>Yes</li><li>No</li></ul>
Have you used any of the following since you found out you were pregnant? (select multiple) (Select ALL that apply.)
☐ Alcohol ☐ Tik ☐ Dagga ☐ Grandpa ☐ Other ☐ None
Please specify
Do you know your current HIV status?
<ul> <li>○ HIV negative (tested today by clinical staff)</li> <li>○ HIV positive on ART</li> <li>○ HIV positive, not on ART</li> <li>○ Don't know (never tested)</li> <li>○ Don't know (no yet tested today)</li> </ul>
Was the participant newly diagnosed within the past week?
<ul><li>Yes</li><li>No</li></ul>
Can we test you for HIV today?
○ Yes ○ No
Unknown HIV Status:
Note to RA/ Nurse: HIV test needs to be conducted
O Proceed to test
HIV rapid test result:
<ul><li>○ Positive</li><li>○ Negative</li></ul>
HIV confirmatory test
<ul><li>○ Positive</li><li>○ Negative</li></ul>
Elisa blood barcode

Have you ever been treated for an STI in the last year?
<ul> <li>Yes, I had discharge</li> <li>Yes, I had ulcers</li> <li>Yes, I had genital warts</li> <li>Yes, no symptoms but notified by partner</li> <li>No</li> </ul>
Does the participant have pre-existing diabetes?
○ Yes ○ No
Are you on treatment for your diabetes?
○ Yes ○ No
Does the participant have pre-existing hypertension?
○ Yes ○ No
Are you currently on medication for your hypertension?
○ Yes ○ No
Does the participant have pre-existing thyroid disease?
○ Yes ○ No
Is the participant taking medication for her thyroid disease?
○ Yes ○ No
Do you know your partner's HIV status?
<ul><li>Yes, HIV positive on ART</li><li>Yes, HIV positive but not on ART</li><li>Yes, HIV negative</li><li>No</li></ul>
You have completed the baseline questionnaire. Please make sure to log out of your REDCap account.
Once you have done this you can hand the process over to the nurse who will conduct the clinical history.

Additional notes



Staff Name			
Foday's Date			
Start time			
ou are about to administer t	he questions associated wit	h the physical exam.	
Please select "Proceed" to co	ntinue.		
○ Proceed			
Clinical History			
Do you currently have any of	the following symptoms?		
RA: Please select all that app	ly		
☐ Abnormal vaginal dischard ☐ Pain during urination ☐ Lower abdominal pain ☐ Pain related to intercourse ☐ Vaginal bleeding related to ☐ Genital itchiness ☐ Any skin abnormalities ☐ None	2	2.	
How many days ago did your	abnormal vaginal discharge	e start?	
How many days ago did the p	pain during urination start?		
Provide further details			
Have you received treatment	for these symptoms?		
◯ Yes ◯ No			

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Where did you get the treatment from?
<ul><li>○ Over the counter</li><li>○ Healthcare facility</li><li>○ Traditional healer</li></ul>
Please provide further details
If you were told you had an STI would you disclose to your partner(s)?
<ul><li>Yes, to steady partner</li><li>Yes, to casual partner(s)</li><li>Yes, to all steady and casual partner(s)</li><li>No</li></ul>
Co-Morbidities
You are about to start asking questions related to co-morbidities.
Please select "Proceed" to continue.
○ Proceed
Did the participant screen positive for any TB symptoms?
○ Yes ○ No
The participant shows signs of TB. A specimen needs to be collected for further testing. Please select below to specify whether a specimen was collected successfully.
○ Yes ○ No
Instruction: Please record the specimen tracking number below
Are you on cotrimoxazole prophylaxes?
<ul><li>Yes, on cotrimoxazole</li><li>Yes, started today</li><li>No</li></ul>
Did the participant start antiretroviral therapy today?
<ul><li>Yes</li><li>No</li></ul>
Specify reason for not starting

Was blood taken today for the participant's CD4 count?
<ul><li>Yes</li><li>No</li></ul>
Please record barcode for blood tube for CD4 count testing?
Is the participant's most recent CD4 count within the last 12 months available?
○ Yes
Ŏ No
What was the date of the CD4 specimen collection?
What was the participant's most recent CD4 count?
(if no number listed, enter 9999)
Was blood taken today for the participant's viral load?
○ Yes ○ No
Please record barcode for blood tube for viral load testing?
Is the participant's most recent viral load within the past 12 months available?
○ Yes
○ No
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
(if no number listed, enter 0000)
Was blood taken today for the participant's viral load?
Please record the barcode for viral load testing?

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Is the participant's most recent viral load available?
○ Yes ○ No
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
Which regimen for ART were you started on today?
○ TLD
○ TEE ○ AZT/3TC/LPV
Other
Which regimen for ART were you on so far?
○ TLD ○ TEE
<ul><li>○ AZT/3TC/LPV</li><li>○ Other</li></ul>
Has the regimen for ART been changed today?
○ Yes
○ No
To which regimen for ART has it been changed today?
O TLD
○ TEE ○ AZT/3TC/LPV
○ Other
Please select "Proceed" to collect blood for viral load testing.
○ Proceed
Did you successfully collect blood for viral load testing?
<ul><li>○ Yes</li><li>○ No</li></ul>
Please capture the barcode associated with the blood tube used for testing viral load.

Was a CD4 count test done?
<ul><li>Yes</li><li>Yes, but no result available</li><li>Not done</li></ul>
Please specify last known CD4-cell count.
Was blood taken today for the participant's CD4 count ?
○ Yes ○ No
Please record the barcode for CD4 testing?
Is the participant's most recent CD4 available?
○ Yes ○ No
What was the date of the CD4 specimen collection?
What was the participant's most recent CD4 Count?
Has a syphilis test been done for the participant?
○ Yes ○ No
Instruction: Please conduct a rapid test for syphilis.
Specify if the participant agreed to testing / you managed to execute the test.
○ Yes ○ No
Which syphilis test have you used?
<ul> <li>○ Alere Syphilis TP (provided by FPD)</li> <li>○ HIV/Syphilis Duo (provided by FPD)</li> <li>○ No rapid test used only NHLS bloods for RPR</li> <li>○ Other please specify</li> </ul>
Please specify

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Syphilis result
<ul><li>Positive</li><li>Negative</li><li>Indeterminate</li></ul>
Titer value 1:
Please collect blood for further syphilis testing and specify if the blood was collected successfully.
○ Yes ○ No
Treatment given
Out of stock
Please contact the study clinician and specify treatment given to participant
Please capture the barcode below.
Participant weight in kilograms
Participant height in cm
Participant systolic blood pressure
Participant diastolic blood pressure
How was Hemoglobin measured?
<ul><li>○ Hb meter at the clinic</li><li>○ Hb at NHLS</li></ul>
Please capture Hb result

(1 Decimal Place)

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml



 Par	ticipant MUAC in cm
(1 [	Decimal Place)
Plea	ase collect participant's urine for later testing.
Ult	rasound Results
Υοι	u are about to start capturing information pertaining to the ultrasound results.
Ple	ase select "Proceed" to continue.
0	Proceed
Ultr	ra-sound scan date
\\\.	
	s the pregnancy confirmed?
	Yes, intra-uterine Yes, extra-uterine
$\bigcirc$	No
NO.	TE: Please refer immediately
NO.	
Due the	e to the status of the pregnancy, the participant is no longer eligible to continue with the study. This is the enc eir involvement in the study. Please thank them for their time. Also do the following:
- Sa	ave and Exit the form
- Co	omplete a Study Note confirming termination of study participation
Ple	ase specify the number of foetus

You are about to capture the gestational age of the foetuses. Please select "Proceed" and then capture the number of weeks followed by days.
○ Proceed
Gestational age in weeks
Gestational age in days
Calc: Gestational age in days
EDD based on ultra-sound
Calc: Days to EDD
Calc assist for EDD
The number of days must be equal to 280.
Note to Nurse:
You did not enter either gestational age or EDD correctly.
Calc: Eligibility
END The participant is not eligible for our research study
This will be the end of their participation. Please thank them for their time.
STI Clinical Examination (To be done By Nurse)
You are about to capture information related to STI clinical examination.
Please select "Proceed" to continue
○ Proceed

During your examination,	were there any signs of abnormal vaginal discharge?	
○ Yes ○ No		
During your examination,	were there any signs of inguinal lymphadenopathy?	
○ Yes ○ No		
Are these bubo?		
Yes No		
Note to RA: Please contact	t study clinician and specify treatment given to participant	
During your examination,	were there any signs of lower abdominal pain?	
○ Yes		
○ No		
	where there any signs of scratch marks?	
Yes     No		
During your examination,	where there any signs of skin conditions?	
○ Yes		
○ No		
Please specify the nature	of the skin conditions	
During your examination	where there any other observations that need to be noted?	
burning your examination,	where there any other observations that need to be noted:	

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You are about to capture the results from the dipstick testing
Please select "Proceed" to continue
○ Proceed
Blood - Hemoglobin
○ Negative ○ Ca. 10
○ Ca. 50 ○ Ca. 250/300
Blood - Erythrocytes
<ul><li>○ Negative</li><li>○ Ca. 5 -10</li></ul>
○ Ca. 50 ○ Ca. 250/300
Urobilinogen
○ Normal ○ 2
○ 4 ○ 8 ○ 13
<u>○ 12</u>
Bilirubin
<ul><li>○ Negative</li><li>○ 1 plus</li></ul>
○ 2 plus ○ 3 plus
Not available
Protein
<ul><li>○ Negative</li><li>○ 30</li></ul>
○ 100 ○ 500
Nitrate
<ul><li>○ Negative</li><li>○ Positive</li></ul>

Keton
<ul> <li>Negative</li> <li>1 plus</li> <li>2 plus</li> <li>3 plus</li> <li>Not available</li> </ul>
Glucose
<ul> <li>Negative</li> <li>Normal</li> <li>50</li> <li>150</li> <li>500</li> <li>≥1000</li> </ul>
рН
<ul> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>Not available</li> </ul>
SG
<ul> <li>1.000</li> <li>1.005</li> <li>1.010</li> <li>1.015</li> <li>1.020</li> <li>1.025</li> <li>1.030</li> <li>Not available</li> </ul>
Leucocytes
<ul><li>○ Negative</li><li>○ 25</li><li>○ 75</li><li>○ 500</li></ul>
NOTE The participant's clinical gestational age is more than 20 weeks. They are not eligible to proceed with the study activities.
Please do the following:
<ol> <li>Explain the reason for study termination</li> <li>Complete the study electronic termination tool</li> <li>Complete the study termination document and place in file</li> </ol>
○ End

□	
Additional Notes	

You have completed capturing the information from the clinical exam. Please make sure to check that you have completed all the fields.

Please select "Complete" then "Save and Exit".

You will now proceed to collecting study specimens and randomization



S[e][e][a][a][a][a][a][a][a][a][a][a][a][a][a]
Staff Name
Today's Date
Start time
Specimen Collection
NOTE You will now start with the process of specimen collection. You will need to collect several specimens from the participant. These specimens need to be collected in the order in which they are presented here. The outcome of t randomization will have an impact on whether these specimens will be tested immediately or whether they will need to be prepared for storage.
The following specimens will need to be collected:  1. Vaginal loop to be used to prepare two slides  2. Vaginal swab to be used for STI testing  3. Vaginal swab to be used for profiling  4. Vaginal swab to be used for microbiome  5. Vaginal swab to be used for cytokine
○ Done
NOTE You will now start with the process of specimen collection. You will need to collect several specimens from the participant. These specimens need to be collected in the order in which they are presented here.
The following specimens will need to be collected:  1. 1 x Vaginal loop to be used to prepare two slides  2. 1 x Vaginal swab to be used for STI testing  3. 1 x Vaginal swab to be used for profiling  4. 2 x Vaginal swab to be used for microbiome  5. 1 x Vaginal swab to be used for cytokine
○ Done
Vaginal Smear
Please specify the vaginal pH
(if not available, enter 99)



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Please select which pH strips are used to measure vaginal pH
<ul><li>○ CardinalHealth pH Indicator Strips (range 3.6-6.1)</li><li>○ pH Indicator Strips pH 0-14</li><li>○ Natureland vaginal pH test (range 3.5-6.5)</li></ul>
You will need to use a single loop to collect vaginal smear on two glass slides for microscopy
○ Done
Confirm the PIN associated with the first vaginal slide that will be used for Nugent score
○ [participant_pin]-S1
Confirm the PIN associated with the second vaginal slide that will be used for yeast microscopy
○ [participant_pin]-S2
Vaginal Swabs
NOTE You will now collect four vaginal swabs. They will be used as follows:
1. STI testing (test for arms 1 and 2, store for arm 3) 2. Profiling (stored) 3. Microbiome (stored) 4, Cytokine
○ Done
NOTE You will now collect four vaginal swabs. They will be used as follows:
1. STI testing 2. Profiling (stored) 3. Microbiome (stored) 4, Cytokine
○ Done
Please confirm the PIN associated with the urine for Schistosomiasis testing. (2022/10/21 - Stopped collecting the urine specimen)
○ [participant_pin] - UD1
Please confirm the PIN associated with the vaginal swab that will be used for STI testing.
○ [participant_pin] - BV1
Please confirm the PIN associated with the vaginal swab that will be used for profiling.
○ [participant_pin] - BV2
Please confirm the PIN associated with the vaginal swab that will be used for microbiome.
○ [participant_pin] - BV3

Please confirm the PIN associated with the vaginal swab that will be used for cytokines.  [participant_pin] - BV4  NOTE  You have finished the collection of the vaginal swabs. Please ensure specimens have been prepared to shipment. The vaginal swab that is collected for STI testing should be kept aside following the outcomendomization. If the participant is in arm 1 or 2 the specimen should be used for immediate testing participant is randomized to arm 3, you can store the specimen.  Please select "Proceed" to start the process of randomization  Done  Randomization  Arm 1  Arm 2  Arm 3  Activities Associated with "[randomization]"  NOTE  The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done  NOTE:	ne of the
NOTE You have finished the collection of the vaginal swabs. Please ensure specimens have been prepared to shipment. The vaginal swab that is collected for STI testing should be kept aside following the outcome andomization. If the participant is in arm 1 or 2 the specimen should be used for immediate testing. The participant is randomized to arm 3, you can store the specimen.  Please select "Proceed" to start the process of randomization  Done  Randomization  Arm 1  Arm 2  Arm 3  Activities Associated with "[randomization]"  NOTE The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done	ne of the
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Randomization  Arm 1 Arm 2 Arm 3  Activities Associated with "[randomization]"  NOTE The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done	
Randomization  Arm 1 Arm 2 Arm 3  Activities Associated with "[randomization]"  NOTE The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done	
Activities Associated with "[randomization]"  NOTE The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done	
Activities Associated with "[randomization]"  NOTE The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done	
NOTE The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done	
The participant has been randomized to "[randomization]". You will now need to do the following:  1. Prepare the STI swab for testing using the GeneXpert  Done	
O Done	
NOTE:	
1. Prepare the STI swab for testing using the GeneXpert 2. Screen for symptoms 3. Provide treatment and partner referral if positive  O Done	
NOTE: The participant has been randomized to "[randomization]". You will now need to do the following:	
Screen for symptoms     Provide treatment and partner referral if positive	
○ Done	
NOTE You will now need to do the following:	
1. Prepare the STI swab for testing using the GeneXpert	
O Done	
STI Results	
Positive Negative	
$\circ$	е

	BMJ Open	Page 58 of 165 Page 34
NG		
TV	0	0
NOTE: See Calculation:		
The result from the STI test?		
(0 = Negative, 1 = Positive, 2 = No result)		
Date the result was obtained		
Did the participant wait for her STI results? (New question added @ 03/11/2022)		
○Yes		
○ No		
Symptomatic Screening Outcome Following Negative	e Test	
The result from the GeneXpert was negative.		
Was the participant reporting STI symptoms or show	ed symptoms during the clinical assessme	nt?
○ Yes		
○ No	`	
Does the participant report any medication allergies?		
○ Yes ○ No		
Please contact study clinician before giving any treat treatment plan with study clinician	ment. Please specify discussed medication	i allergies and
The following treatment has been provided		
☐ Azithromycin 1g stat dose		
☐ Azithromycin 2g stat dose ☐ Ceftriaxone 250mg IM injection		
☐ Ceftriaxone 1g IM injection		
<ul><li>☐ Metronidazole 400mg bd x 1 week</li><li>☐ Metronidazole 2g stat dose</li></ul>		
☐ Clotrimazole pessary and/or cream ☐ Trimethoprim/sulfamethoxazole 400/80 mg 2 tbl.	hds for 5 days (bactrim)	
☐ Ceftriaxone 500mg IM injection	,,	
Date treatment given		

1)	New question added @13/09/2022)			
P	artner notification provided			
C	Yes, 1 Yes, multiple No			
P	lease explain why the partner notification note was not provided?			
Т	LIGIBLE he participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the onsenting process.			
(	) Proceed			
Did the participant provide a signed consent to participate in the chlamydia case control study?				
	Yes No			
R	easons for refusal			
	They have no time Scared In a different study Other			
lf	"Other", please specify			
C	Consent or refusal date			
N	IOTES			
P	articipant successfully enrolled			
_	dditional notes			

You are done with all activities associated with "[randomization]". Please hand the tablet over to the RA to capture the remaining schedule dates.

You are done with all activities. Please hand the tablet over to the RA to capture the remaining schedule dates.



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Scheduling of Dates Associated with [randomization].
NOTE You are about to schedule dates associated with [randomization] participants.
Please select "Proceed".
○ Proceed
Scheduling of Dates Associated
NOTE: You are about to schedule dates associated with microbiome participants.
Please select "proceed"
○ Proceed
Scheduling Dates for 3-Week ToC
NOTE: The participant tested positive and therefore we need to schedule a date, exactly 3-weeks from today to conduct a test-of-cure.
Calculator Assist
The number here must be equal to 21
Scheduling the 3-week ToC
NOTE: Please schedule a date, 3 weeks from today treatment given. Please use the calculator assistance to ensure that you schedule a date exactly 21 days from today.
ERROR The field does not equal to 21, please change it
Have you handed the TOC date to the participant?
○ Yes ○ No
Scheduling Dates Associated with ToC Reminder
Schedule date for REMINDER of 3-week ToC visit

Calculator Assist for scheduling ToC reminder date
The reminder phone call will be made 18 days following the treatment date. The number of days need to equal to 18.
ERROR You did not enter the date correctly. The number should equal to 18. Please redo the date.
Scheduling Dates Associated with 3-Week ToC Missed Visit Date
NOTE: You have successfully scheduled the reminder date.
Please select "proceed" to schedule the missed visit date for the 3 week ToC visit.
○ Proceed
Schedule the date for the MISSED VISIT of the ToC visit.
This date should be 3 weeks after the date on which the participant received their test result.
Calculator Assist for scheduling 3-week ToC Missed Visit
The participant's time period allowed for attending a ToC will start 35 days after they received their result and will close 35 days after the date they received their result.
The number here must show 35
ERROR You did not enter the date correctly. The number should equal to 35. Please redo the date.
NOTE: You have successfully scheduled the 3-week ToC close date
Please select "proceed" to start scheduling the next visit dates
○ Proceed
Dates Associated with reminder for the 28 Week call
NOTE: You are about to schedule dates for the call reminder at 28 weeks.
Please select "Proceed".
○ Proceed
Note: Schedule the date for the 28 week call. We will contact each participant to ask the date for their 30 weeks clinic visit is.



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Calculation assist for scheduling the 32-week reminder date.	
This number must equal to 196	

Days to call reminder

## **ERROR**

The number you have entered does not match 196. Please select a different date so that the number equals to 196.

## **CONGRATULATIONS**

You have finished scheduling all dates.

## **NOTES**

Notes box



Staff
Date
Time
You are about to capture results of specimens collected during the baseline visit.
Please select "Proceed" to continue
○ Proceed
Hb results received
○ Yes ○ No
Please capture Hb result
Please capture the barcode for Hb
Please capture the results of the sputum for TB testing
<ul> <li>MTB Negative</li> <li>MTB Positive Rifampicin Susceptible</li> <li>MTB Positive Rifampicin Resistant</li> <li>Not suitable</li> <li>Specimen missing</li> <li>Invalid</li> <li>Not applicable</li> </ul>
Please contact participant
Please recollect specimen on participant next visit
CD4 count results received?
<ul><li>○ Yes</li><li>○ Clotted blood</li><li>○ Missing</li></ul>
Please recollect blood or collect outcome from ART clinic
Please record the barcode for CD4 count testing

Please capture the result of the blood tube collected for CD4 count testing
Date sample for CD4 count was taken
Viral load results received?
<ul><li>○ Yes</li><li>○ Clotted blood</li><li>○ Missing</li></ul>
Please recollect blood or collect outcome from ART clinic
Please capture the result of the blood tube collected for viral load testing
Date sample for viral load was taken
Please record barcode for viral load testing
Please capture the result of the syphilis testing
<ul><li>○ RPR Negative</li><li>○ RPR Positive</li><li>○ RPR Indeterminate</li><li>○ Not received</li></ul>
Please contact participant
Notes
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Staff	
Date	
Time	
You are about to capture results of specimens collected during the baseline visit.	
Please select "Proceed" to continue	
○ Proceed	
Please capture the result for the Nugent score testing	
<ul><li>○ Slide reading not satisfactory</li><li>○ Slide reading was satisfactory</li></ul>	
Please capture the result for the Nugent score testing	
Please specify if yeast was present	
○ Yes	
○ No	
Please capture the result for the yeast infection testing	
○ Slide reading not satisfactory	
○ Slide reading was satisfactory	
Please capture the result for the Yeast Infection testing	
Please specify if candida was present	

Please capture the result for the schistosomia	asis
O Positivo	
<ul><li>○ Positive</li><li>○ Negative</li></ul>	
○ Indeterminate	
Please specify the result for the schistosomia	ısis
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Note:	
Diagonatify the study stirisis	
Please notify the study clinician	
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Staff Name	
Today's Date	
Time	
Opening date for Week 30-34	
Closing date for Week 30-34	
NOTE: You are about to call a participant to remind them of a specific visit. Please make sure to do the following:	
<ol> <li>Obtain all relevant contact numbers for the participant on their record</li> <li>Ensure that you have checked what the exact date is when the participant is expected to present</li> <li>Make sure to give the participant a brief description of what will be done at the visit.</li> <li>You will make up to 3 attempts to get hold of the participant.</li> </ol>	
Please select "Proceed"	
○ Proceed	
The presentation dates are below:	
TOC	
Date: [baseline_arm_1][toc_3week]	
WEEK 28 CALLING	
WEEK 28 CALLING  Date: [baseline_arm_1][sched_28w_rem]	
WEEK-32	
30-34 Week Open Date: [week_28_arm_1][calling_wk30_34_open_date]	
30-34 Week Close Date: [week_28_arm_1][calling_wk30_34_close_date]	
30-34 Week Actual Date: [week_28_arm_1][week32_visit_date]	
POST-NATAL VISIT	

Date of the attempt

Calling notes

Today's date  Start time  NOTE Did the participant present within the specified dates presented below:  Start: [baseline_arm_1][toc_reminder_date]  Actual: [baseline_arm_1][toc_aweek] End: [baseline_arm_1][toc_close_date]  Yes No  The participant did not have a positive baseline STI result and therefore a ToC visit is not applicable. Activities associated with this visit will need to be captured under the "Ad-Hoc" tool  Note You are about to start activities associated with the Test-of-Cure visit for participants in arm 1. The following activities are associated with this visit:  1. Collect 1 Loop with 2 slides 2. Collect 3 vaginal Swabs Test of Cure Test Profiling (Storage) Microbiome (Storage) Microbiome (Storage) Microbiome (Storage) Proceed  Specimen Collection_ToC  NOTE Please collect one vaginal loop and prepare 2 slides. Please remember to do the following:  1. Pack slides individually in their own package 2. Record the PIN on the outside of package 3. Complete the lab CRF with the matching PINs and test instructions Select "Proceed" to confirm the PINs associated with the slides.	<i>T</i>		
Start time  NOTE Did the participant present within the specified dates presented below:  Start: [baseline_arm_1][toc_reminder_date] Actual: [baseline_arm_1][toc_dawek] End: [baseline_arm_1][arm1_toc_close_date]  Yes No  The participant did not have a positive baseline STI result and therefore a ToC visit is not applicable. Activities associated with this visit will need to be captured under the "Ad-Hoc" tool  Note You are about to start activities associated with the Test-of-Cure visit for participants in arm 1. The following activities are associated with this visit:  1. Collect 1 Loop with 2 slides 2. Collect 3 vaginal Swabs Test of Cure Test Profiling (Storage) 3. Running the Test-of-Cure 4. Collect Clinical History, Adherence and Disclosure data Please select "Proceed"  Proceed  Specimen Collection_ToC  NOTE Please collect one vaginal loop and prepare 2 slides, Please remember to do the following: 1. Pack slides individually in their own package 2. Record the PIN on the outside of package 3. Complete the Iab CRF with the matching PINs and test instructions Select "Proceed" to confirm the PINs associated with the slides.	Staff Name		
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Please collect one vaginal loop and prepare 2 slides. Please remember to do the following:  1. Pack slides individually in their own package 2. Record the PIN on the outside of package 3. Complete the lab CRF with the matching PINs and test instructions  Select "Proceed" to confirm the PINs associated with the slides.	Specimen Coll	ection_ToC	
2. Record the PIN on the outside of package 3. Complete the lab CRF with the matching PINs and test instructions Select "Proceed" to confirm the PINs associated with the slides.	NOTE Please collect on	ne vaginal loop and prepare 2 slides. Please remember to do the following:	
	2. Record the PI	N on the outside of package	
Proceed For peer review only - http://bmionen.hmi.com/site/about/quidelines.yhtml	Select "Proceed"	' to confirm the PINs associated with the slides.	
	○ Proceed	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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Did you manage to collect the vaginal loop?
Date of vaginal loop specimen collection
Please confirm the pin for the first vaginal swab that will be used for Nugent score
○ [baseline_arm_1][participant_pin]-TL1
Please confirm the pin for the second vaginal swab that will be used for yeast microscopy
○ [baseline_arm_1][participant_pin]-TL2
NOTE: You are about the start with the process of collecting the following 3 vaginal swabs:
<ol> <li>Swab to be used to conduct ToC (Immediately)</li> <li>Swab for profiling</li> <li>Swab to be used for microbiome</li> </ol>
Please select "Proceed"
○ Proceed
Please specify the vaginal pH
Please confirm the PIN associated with the vaginal swab that will be used for STI testing.
○ [baseline_arm_1][participant_pin] - TCV1
Did you manage to collect the vaginal swab for profiling
○ Yes ○ No
Please confirm the PIN associated with the vaginal swab that will be used for profiling.
This must be stored
○ [baseline_arm_1][participant_pin] - TCV2
Did you manage to collect the vaginal swab for microbiome testing?
<ul><li>Yes</li><li>No</li></ul>
Please confirm the PIN associated with the vaginal swab that will be used for microbiome.
This must be stored
○ [baseline_arm_1][participant_pin] - TCV3

Da	Date of specimen collection for vaginal swabs			
Yo dii so	OTE but have collected all specimens associated with this visit. Once you select the "Proceed" option below you will be rected to the start of the clinical history questionnaire. The completion of the questionnaire might take some time it would be a good idea to start running the vaginal swab to conduct the Test of Cure in line with the below asseline results.			
NO	G: [baseline_arm_1][sti_result_ng]			
T∖	/: [baseline_arm_1][sti_result_tv]			
СТ	T: [baseline_arm_1][sti_result_ct]			
С	Proceed			
CI	inical History Review			
	ou are done trying to collect specimens. Because your were not able to collect a Vaginal Swab for STI testing you Il not be able to run a test. Please proceed to completing the clinical history.			
С	) Proceed			
	you currently have any of the following symptoms? ultiple selection			
	Abnormal vaginal discharge  Pain during urination  Lower abdominal pain  None			
W	hen did these symptoms start for abnormal vaginal discharge?			
	After previous visit Persistent since previous visit Recurrent since previous visit			
W	hen did these symptoms start for pain during urination?			
Č	After previous visit Persistent since previous visit Recurrent since previous visit			

NOTE The following questions pertain to adherence to the STI medication.
Select Proceed
○ Proceed
Did you finish the whole course of treatment?
○ Yes ○ No
How many days did you take treatment for?
Did you throw up within 2 hours after taking any of the STI treatment?
○ Yes
○ No
Did you take any other non-chronic treatment at the time?
○ Yes ○ No
What type of treatment were you taking ?
NOTE You are done with questions related to Adherence. You are about to start asking questions associated with Disclosure.
Please select "Proceed"
○ Proceed
Disclosure
Did you have sex in the past month?
○ Yes ○ No

How many different male partners did you have sexual intercourse with in the past month?
○ 1 ○ 2 ○ More than 2 partners
Please specify how many partners?
What type of sex did you have with partner 1 (Husband/ Steady partner)?
□ Vaginal □ Anal □ Oral
Did you use a condom the last time you had sex with this partner?  Yes No
Did you notify him of your STI result?  O Yes I gave him the notification slip O Yes I told him No
What was his reaction when you told him of your STI infection?  Supportive Angry Violent Disengaged
How did disclosure affect your relationship?  Continued as before Started using a condom He engaged with other partners He refused sex Relationship ended
Did he take the treatment?
<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>
Where did he seek treatment?
<ul><li>○ Private</li><li>○ Public</li><li>○ Traditional</li></ul>

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Why did you not notify this partner?
<ul> <li>○ I didn't feel it was necessary</li> <li>○ I am embarrassed</li> <li>○ I'm afraid he gets angry</li> <li>○ I'm afraid he gets violent</li> <li>○ I'm afraid he will end the relationship</li> </ul>
What type of sex did you have with partner 2?
☐ Vaginal ☐ Anal ☐ Oral
Did you use a condom the last time you had sex with this partner?
○ Yes ○ No
Did you notify him of your STI result?
<ul><li>○ Yes I gave him the notification slip</li><li>○ Yes I told him</li><li>○ No</li></ul>
What was his reaction when you told him of your STI infection?
<ul><li>Supportive</li><li>Angry</li><li>Violant</li><li>Disengaged</li></ul>
How did disclosure affect your relationship?
<ul> <li>Continued as before</li> <li>Started using a condom</li> <li>He engaged with other partners</li> <li>He refused sex</li> <li>Relationship ended</li> </ul>
Did he take the treatment?
<ul><li>○ Yes</li><li>○ No</li><li>○ Don't know</li></ul>
Where did he seek treatment?
<ul><li>○ Private</li><li>○ Public</li><li>○ Traditional</li></ul>

1 2	Why did you not notify your partner?			
3	○ I didn't feel it was necessary			
4 5	I am embarrassed			
6	<ul><li>I'm afraid he gets angry</li><li>I'm afraid he gets violent</li></ul>			
7 8	I'm afraid he will end the relations	nip		
9 10	Did you tell anyone else of your STI in	fection?		
11	○ Yes			
12 13	○ No			
14 15	Who did you tell?			
16	(Select multiple)			
17 18	☐ Family member			
19	☐ Friend ☐ Healthcare worker			
20 21	☐ Other			
22	NOTE:			
23 24	You have completed the ToC question	naire. Please select "Proce	eed" to capture the outcon	ne of the STI test.
25 26	○ Proceed			
27				
28 29	ToC Outcome			
30	CT	Positive	Negative	Did not test
31 32	CT			
33	NG	0		0
34 35	TV	0	0	O
36	NOTE: See calculation			
37 38			/1 Pariting O. Namet	2
39	The result from the STI result		(1 = Positive, 0 = Negat)	ive)
40 41	Does the participant show any symptom	oms of an STI?		
42 43	○ Yes			
44	○ No			
45 46	Please contact the study clinician and	discuss treatment.		
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The participant tested/screened positive for an STI. Please specify the treatment that has been provided.
☐ Azithromycin 1g stat dose ☐ Azithromycin 2g stat dose ☐ Ceftriaxone 250mg IM injection ☐ Ceftriaxone 1g IM injection ☐ Metronidazole 400mg bd x 1 week ☐ Metronidazole 2g stat dose ☐ Ceftriaxone 2g stat dose
☐ Clotrimazole pessary and/or cream ☐ Ceftriaxone 500mg IM injection
Date treatment given
Please specify if a partner notification has been given to the patient.
○ Yes ○ No
NOTE The patient did not test positive or show any signs of an infection
Select "Proceed" to conclude visit
○ Proceed
Notes
Additional notes
You have completed the ToC Visit Activities. Please make sure to check if all relevant fields have been selected and the information captured is accurate.
Once this is done, please select the "Complete" option below and then select "Save & Exit".

Tee	Pag
You are about to capture the results of the first loop used for Nugent scoring.	
Please select "Proceed" to continue	
○ Proceed	
Was the reading satisfactory for the Nugent score?	
○ Yes ○ No	
Please specify the Nugent score	
Please specify if candida was present	
○ Yes ○ No	
Additional comments	
You are about to capture the results of the second loop used for smear microscopy.	
Please select "Proceed" to continue	
○ Proceed	
Was the reading satisfactory?	
○ Yes ○ No	
Please specify the Nugent score	

Please specify if candida was present	
○ Yes ○ No	
Additional comments	



$S \square e \square \square \square g \square \square e$
Scheduling the Dates Associated with the 32 Week Gestational Visit
The pregnancy (in days) is currently:
NOTE You are about the start scheduling dates associated with the 32-week visit. You will need to schedule the following associated dates:
1. Week 32 date - Actual visit
2. Week 32 reminder date
3. Week 30 date - Visit window opens
4. Week 35 date - Visit window closes
Select "Proceed" to start scheduling
○ Proceed
Schedule the date for the 32 week gestational age, visit
Note to RA: please make sure that this date does not fall on Friday, weekend, and public holidays.
Hote to Ital please make sure that this date does not fail of Triday, weekend, and public holidays.
Calculate assist for 32-week visit
The number here must between 210 and 244.
Days Difference (the difference between 32 weeks & Gestational age)
Makab
Match
The date you have entered does not meet the 93 day criteria. Does the intended or original date fall on a Friday weekend or public holiday?
○ Yes ○ No
ERROR The numbers you have entered does not match. Please select a different date so that the numbers match.
Dates Associated with reminder for the 32 Week Gestational Age Visit



] a] e]  a]  ] a] e]  ] ] ] ] e 32   ee] ] ge] ]a] ]] a] e]   a] e]  ] ]] ]
NOTE: You have successfully scheduled the 32-week date.
We will need to contact the participant at least 3 days before the scheduled visit to remind them.
Select "Proceed" to schedule the reminder date for the 32 week visit.
○ Proceed
Note: Schedule the date for the 32 week reminder. We will contact each participant starting 3 days prior to their 32-week gestation date. That means the date scheduled here should be 3 days earlier then the scheduled date for the 32-week visit. If the date falls on a weekend choose the closest week date.
Calculation assist for scheduling the 32-week reminder date.
This number must be between 1 and 4.
ERROR The date that you have entered is invalid. Please select a different date so that the number is less than or equal to 3.
NOTE: You have successfully scheduled the 32-week reminder date.
Select "Proceed" to schedule the 32 week open visit date.
○ Proceed
Schedule the date for the 32 weeks opening visit date.
Note: Participants will have from 30 weeks of gestation to present for their 32-week visit date.
Calculation Assist for scheduling the 32-Week opening visit date.
This number must equal to 210
ERROR The number you have entered does not match 210. Please select a different date so that the number equals 210.
NOTE:

You have successfully scheduled the 32-week opening date.

Select "Proceed" to schedule the 32 weeks missed visit date.

Proceed

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Sche	edule the date for the 32 weeks missed visit date.
	e: Participants will have until 34 weeks of gestation to present for their 32-week visit date after which the visit will losed out.
Calc	ulation Assist for scheduling the 32-Week missed visit date.
This	number must equal to 244
ERRO The	OR number you have entered does not match 244. Please select a different date so that the number equals to 244.
Ecti	mated Delivery Date
	are about the schedule the Estimated Delivery Date.
	se select "proceed"
○ P	roceed
Estin	nated Delivery Date
Davs	s difference between estimated date of delivery and gestational age
Calc	ulation Assist for scheduling the Estimated Date for Delivery date.
This	number must equal to [edod_calc]
Matc	<u></u>
ERR(	OR number you have entered does not match. Please select a different date so that the numbers match
You	have completed all the scheduling dates.
Pleas	se check that all dates entered comply with the "calculation assistance".

You are about the schedule dates associated with the following events:
1. Pre-birth check-inn
○ Proceed
Check-In Calling at 37 Weeks
Proceed to the check-in calling date
○ Proceed
Check-in calling date
Colondation Assist for about in calling data
Calculation Assist for check-in calling date  This number must equal to 259
This number must equal to 239
NOTE The date you have entered is incorrect. Please make sure that the numbers correspond.
CONGRATULATIONS
You have finished scheduling all dates.



82 <u> </u> ee	Pag
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oday's date 	
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id the participant present within the dates presented below:	
0-34 Week Start Date: [week_28_arm_1][sched_32w_open_date]	
0-34 Week Actual Date: [week_28_arm_1][week32_visit_date]	
0-34 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]	
) Yes ) No	
pen ad-hoc visit to capture relevant information	
Specimen Collection_32-Week	
OTE but will now start with the process of specimen collection. You will need to collect several specimens from the articipant. These specimens need to be collected in the order in which they are presented here.	
he following specimens will need to be collected:  1 x Vaginal loop to be used to prepare two slides  1 x Vaginal swap to be used for STI testing (Arm 2 and Microbiome (Empilweni); immediate testing: Arm 1 a	nd
torage) . 1 x Vaginal swab to be used for profiling . 2 x Vaginal swab to be used for microbiome	ı
) Proceed	
aginal Smear	
lease specify the vaginal pH	
f not available, enter 99)	
	and time  did the participant present within the dates presented below:  0-34 Week Start Date: [week_28_arm_1][sched_32w_open_date]  0-34 Week Actual Date: [week_28_arm_1][sched_32w_inst_date]  0-34 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-34 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-36 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-39 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-39 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-30 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-31 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-32 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-32 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-34 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-35 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-35 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-36 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-37 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-38 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-38 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]  0-39 Week Closing Date: [week_28_arm_1][sched_32w_mv

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riease select which ph strips are used to measure vaginal ph
<ul><li>○ CardinalHealth pH Indicator Strips (range 3.6-6.1)</li><li>○ pH Indicator Strips pH 0-14</li><li>○ Natureland vaginal pH test (range 3.5-6.5)</li></ul>
You will need to use a single loop to collect vaginal smear on two glass slides for microscopy (if not available, enter 99)
○ Done
Confirm PIN associated with the first Vaginal Loop to be used to test for Nugent score
○ [baseline_arm_1][participant_pin] - WL1
Confirm PIN associated with the second Vaginal Loop to be used to test for Yeast microscopy
○ [baseline_arm_1][participant_pin] - WL2
Vaginal Swabs
NOTE You will now collect four vaginal swabs. They will be used as follows:
<ol> <li>STI testing (Arm 2 and Microbiome (Empilweni): immediate testing; Arm 1 and 3: Storage)</li> <li>Profiling (stored)</li> <li>Microbiome (stored)</li> <li>Cytokine (stored)</li> </ol>
○ Done
Confirm PIN associated with the vaginal swab to be used to test for STI
○ [baseline_arm_1][participant_pin] - WV1
Please confirm PIN associated with the vaginal swab to be used for Profiling
○ [baseline_arm_1][participant_pin] - WV2
Please confirm PIN associated with the vaginal swab to be used for microbiome
○ [baseline_arm_1][participant_pin] - WV3
Please confirm the PIN associated with the vaginal swab that will be used for cytokines.
○ [baseline_arm_1][participant_pin] - WV4
NOTE The participant is in arm 2 and therefore an immediate STI test is conducted at the 32-week visit. Please prepare the swab for testing before you continue to the questionnaires.
○ Proceed
NOTE You are done with all specimen collection and will now proceed to administering the clinical history.
Please select "Proceed"
○ Proceed



Have you been to the clinic since the last visit with us?
○ Yes ○ No
What was the purpose of your visit?
☐ ANC Visit ☐ HIV/ART ☐ STI Treatment ☐ Other
Summary notes from visit
Have you used any of the following since the first study visit? Select multiple
☐ Alcohol       ☐ Tik       ☐ Dagga       ☐ Grandpa       ☐ Other       ☐ None
Please specify other drugs used?
Do you currently have any of the following symptoms?
RA: Please select all that apply
<ul> <li>□ Abnormal vaginal discharge</li> <li>□ Pain during urination</li> <li>□ Lower abdominal pain</li> <li>□ Pain related to intercourse</li> <li>□ Vaginal bleeding related to intercourse</li> <li>□ Genital itchiness</li> <li>□ Any skin abnormalities</li> <li>□ None</li> </ul>
When did these symptoms start for abnormal vaginal discharge?
<ul><li>○ After previous visit</li><li>○ Persistent since previous visit</li><li>○ Recurrent since previous visit</li></ul>

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When did these symptoms start for pain during urination?
<ul><li>○ After previous visit</li><li>○ Persistent since previous visit</li><li>○ Recurrent since previous visit</li></ul>
When did these symptoms start for the lower abdominal pain?
<ul><li>○ After previous visit</li><li>○ Persistent since previous visit</li><li>○ Recurrent since previous visit</li></ul>
When did these symptoms start for the pain related to intercourse?
<ul><li>○ After previous visit</li><li>○ Persistent since previous visit</li><li>○ Recurrent since previous visit</li></ul>
When did these symptoms start for vaginal bleeding related to intercourse?
<ul> <li>○ After previous visit</li> <li>○ Persistent since previous visit</li> <li>○ Recurrent since previous visit</li> </ul>
When did these symptoms start for genital itchiness?
<ul> <li>○ After previous visit</li> <li>○ Persistent since previous visit</li> <li>○ Recurrent since previous visit</li> </ul>
Please specify any skin abnormalities
Baseline Treatment Date: [baseline_arm_1][sti_treatment_date]
TOC Treatment Date: [toc_arm_1_arm_1][toc_sti_treatment_date]
Did the participant receive any STI treatment at their last study visit?
○ Yes ○ No
Are you planning to wait for your results today? (New question added @13/09/2022)
○ Yes ○ No

1 2 3	What is your main reason why you are not intending to wait today? (New question added @13/09/2022)
4 5 6 7 8 9 10 11 12 13 14	<ul> <li>○ Have to get to work</li> <li>○ Have to get back to my kids/family</li> <li>○ Want to go to the shop</li> <li>○ Transport availability</li> <li>○ Lack of privacy</li> <li>○ Hungry</li> <li>○ No space to wait</li> <li>○ Not feeling well</li> <li>○ Boring</li> <li>○ Other</li> </ul>
15 16 17 18 19 20 21	If "Other", please specify. (New question added @13/09/2022)
22 23 24 25 26 27 28	What would make you change your mind? (New question added @13/09/2022)
29 30 31	You are done with questions associated with clinical history review. You will now start with questions associated with Adherence.
32 33 34	○ Proceed
35 36 37 38	Adherence
39 40	Did you finish the whole course of STI treatment
41 42 43	○ Yes ○ No
44 45 46 47 48	How many days did you take treatment for?
49 50	Did you throw up within 2 hours after taking any of the STI treatment
51 52 53 54	○ Yes ○ No
55	Did you take any other non-chronic treatment at the time
56 57	○ Yes
58 59	○ No
60	What type of treatment

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You are done with questions associated with the adherence. You are about to start asking questions associated with disclosure.
○ Proceed
Disclosure
Did you notify your partner of your STI result?
<ul><li>Yes I gave him the notification slip</li><li>Yes I told him</li><li>No</li></ul>
What was his reaction when you told him of your STI infection
<ul><li>Supportive</li><li>Angry</li><li>Violent</li><li>Disengaged</li></ul>
How did disclosure affect your relationship?
<ul> <li>Continued as before</li> <li>Started using a condom</li> <li>He engaged with other partners</li> <li>He refused sex</li> <li>Relationship ended</li> </ul>
Did he take treatment?
<ul><li>Yes</li><li>No</li><li>I don't know</li></ul>
Where did he seek treatment
<ul><li>○ Private</li><li>○ Public</li><li>○ Traditional</li></ul>
Why did you not notify your partner?
<ul> <li>○ I didn't feel it was necessary</li> <li>○ I am embarrassed</li> <li>○ I'm afraid he gets angry</li> <li>○ I'm afraid he gets violent</li> <li>○ I'm afraid he will end the relationship</li> </ul>
Did you tell anyone else of your STI infection?
Yes     No     No

1	Who did you tell?
2	☐ Family member
4	☐ Friend
5	☐ HCW
6	□ Other
7	
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12	Behavioral Questionnaire
13 14	NOTE TO RA:
15	You just completed all questions related to Disclosure. You are about to start with the Behavioral Questionnaire.
16	Please select "Proceed":
17 10	
18 19	○ Proceed
20	
21	Did you have sex since the last visit?
22 23	○Yes
24	○ No
25	
26	How many different male partners did you have sexual intercourse with in the past month?
27 28	$\bigcirc$ 1
29	$\bigcirc$ 2
30	omore than 2
31 32	Ware any of these new partners than the ones from the last visit
33	Were any of these new partners than the ones from the last visit
34	○Yes
35	○ No
36	
37 38	What type of sex did you have with partner 1 (Husband/ Steady partner)?
39	□ Vaginal
40	Anal
41	□ Oral
42 43	
44	Did you use a condom the last time you had sex with partner 1 (Husband/ Steady partner)?
45	○ Yes
46 47	Ŏ No
47 48	
49	What type of sex did you have with partner 2?
50	□ Vaginal
51	☐ Anal
52 53	☐ Oral
54	
55	Did you use a condom the last time you had sex with partner 2?
56 57	○ Yes
57 58	○ No
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What type of sex did you have with the rest of the partners?
☐ Vaginal ☐ Anal ☐ Oral
Did you use a condom the last time you had sex with one of them?
○ Yes ○ No
Where are you planning to deliver?
<ul><li>○ Frere</li><li>○ CMH</li><li>○ Nontyantyambo</li><li>○ Empilweni</li><li>○ Bisho</li><li>○ Other</li></ul>
Please specify
You are done with the questions associated with Behavioral Questionnaire. You will now start asking questions associated with the Physical Examination.
○ Proceed
Physical Examination
Weight of mother
Systolic blood pressure
Diastolic blood pressure
How was Hemoglobin measured?
<ul><li>○ Hb meter at the clinic</li><li>○ Hb at NHLS</li></ul>
Please capture Hb result"

Please capture the barcode for Hb
Fundal height
Progression of pregnancy
<ul><li>Progressing normal</li><li>Abnormality detected</li></ul>
Provide further details of abnormality
During your examination, were there any signs of abnormal vaginal discharge?
○ Yes ○ No
During your examination, were there any signs of inguinal lymphadenopathy?
○ Yes ○ No
Are these bubo?
○ Yes ○ No
Note to RA: Please contact the study clinician and specify treatment given to the participant
During your examination, were there any signs of lower abdominal pain?
○ Yes ○ No
During your examination, where there any signs of scratch marks?
○ Yes ○ No
During your examination, were there any signs of skin conditions?
Yes     No     No
Please specify the nature of the skin conditions

**REDCap**°

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During your examination, were there any other observations that need to be noted?
You have completed the questions associated with the Physical Examination. You will now start capturing the results from the rapid tests.
○ Proceed
Rapid Test Results
Nupra reservesures
Do you know your current HIV status?
○ HIV negative (tested today by clinical staff)
<ul><li>○ HIV positive on ART</li><li>○ HIV positive, not on ART</li></ul>
O Don't know (never tested)
O Don't know (no yet tested today)
Was the participant newly diagnosed with HIV today
○ Yes
○ No
Please conduct an HIV Rapid test and capture the result below
○ Positive
○ Negative
Please conduct a confirmatory HIV Rapid test and capture the result below
<ul><li>○ Positive</li><li>○ Negative</li></ul>
Did you collect a tube of blood for CD4 count?
○ Yes
○ No
Please record barcode for blood tube for CD4 count testing?
Is the participant's most recent CD4 count since Baseline available?
○ Yes
○ No
What was the date of the CD4 specimen collection?
·

What was the participant's most recent CD4 count?
(if no number listed, enter 9999)
Did you collect a tube of blood for viral load?
<ul><li>○ Yes</li><li>○ No</li></ul>
Please record barcode for blood tube for viral load testing?
Is the participant's most recent viral load since Baseline available?
○ Yes ○ No
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
(if no number listed, enter 0000)
Which regimen for ART were you started on today?
O TLD
○ TEE ○ AZT/3TC/LPV
Other
Which regimen for ART were you on so far?
○ TLD ○ TEE
○ AZT/3TC/LPV
Other
Has the regimen for ART been changed today?
<ul><li>○ Yes</li><li>○ No</li></ul>
To which regimen for ART has it been changed today?
<ul> <li>☐ TLD</li> <li>☐ TEE</li> <li>☐ AZT/3TC/LPV</li> <li>☐ Other</li> </ul>

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Has a syphilis test been done for the participant?
○ Yes ○ No
Which syphilis test have you used?
<ul> <li>○ Alere Syphilis TP (provided by FPD)</li> <li>○ HIV/Syphilis Duo (provided by FPD)</li> <li>○ No rapid test used only NHLS bloods for RPR</li> <li>○ Other please specify</li> </ul>
Please specify
Syphilis result.
<ul><li>○ Positive</li><li>○ Negative</li><li>○ Indeterminate</li></ul>
Titer value 1:
(If RPR is non-reactive, enter 0)
Blood needs to be collected for further syphilis testing. Please confirm if blood was collected.
○ Yes ○ No
Collect blood for RPR and capture barcode PIN below
Treatment given
<ul><li>Benzathine penicillin 2.4 MU IM weekly x3</li><li>Out of stock</li></ul>
Please contact study clinician and specify treatment given
Please collect participant's urine for testing

You a	re about to capture the results from the dipstick testing
Pleas	e select "Proceed" to continue
○ Pr	oceed
Blood	l - Hemoglobin
○ Ne	egative
○ Ca	n. 10 n. 50
O Ca	a. 250/300
Blood	I - Erythrocytes
○ Ne	egative
$\bigcirc$ Ca	a. 5 -10
<ul><li>○ Ca</li><li>○ Ca</li></ul>	a. 250/300
Urobi	linogen
○ No	ormal
○ 2	
○ 4 ○ 8	
Ŏ 12	
Biliru	bin egative plus plus plus plus pt available
○ Ne	egative
0 1   0 2	plus
$\bigcirc$ 3	plus ot available
○ No	ot available
Prote	in and the state of the state o
$\bigcirc$ Ne	egative
<ul><li>30</li><li>10</li></ul>	, 00
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Nitrat	re
○ Ne	egative
○ Po	sitive

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Keton
<ul><li>○ Negative</li><li>○ 1 plus</li><li>○ 2 plus</li><li>○ 3 plus</li><li>○ Not available</li></ul>
Glucose
<ul> <li>Negative</li> <li>Normal</li> <li>50</li> <li>150</li> <li>500</li> <li>≥1000</li> </ul>
рН
<ul> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>Not available</li> </ul>
SG
<ul> <li>○ 1.000</li> <li>○ 1.005</li> <li>○ 1.010</li> <li>○ 1.015</li> <li>○ 1.020</li> <li>○ 1.025</li> <li>○ 1.030</li> <li>○ Not available</li> </ul>
Leucocytes
<ul><li>○ Negative</li><li>○ 25</li><li>○ 75</li><li>○ 500</li></ul>
STI Results and Screening

reed	
t Outcome	
evious STI results of the participants are:	
e seline_arm_1][sti_result_ng]	
seline_arm_1][sti_result_ct]	
seline_arm_1][sti_result_tv]	
c_arm_1_arm_1][toc_ng]	
_arm_1_arm_1][toc_ct]	
_arm_1_arm_1][toc_tv]	
Negative	Positive
0	$\circ$
0	0
culation _ w32	
ne result was obtained.	
participant wait for her STI results? uestion added @ 03/11/2022)	
e participant reporting STI symptoms or showed symptoms during the clinic	cal assessment?
ne participant report any medication allergies?	

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Please contact the study clinician before giving any treatment. Please specify discussed medication allergies and treatment plan with the study clinician
The following treatment has been provided
<ul> <li>Azithromycin 1g stat dose</li> <li>Azithromycin 2g stat dose</li> <li>Ceftriaxone 250mg IM injection</li> <li>Ceftriaxone 1g IM injection</li> <li>Metronidazole 400mg bd x 1 week</li> <li>Metronidazole 2g stat dose</li> <li>Clotrimazole pessary and/or cream</li> <li>Trimethoprim/sulfamethoxazole 400/80 mg 2 tbl. bds for 5 days (bactrim)</li> <li>Ceftriaxone 500mg IM injection</li> </ul>
Date treatment given
What made you change your mind about waiting for the results? (New question added @13/09/2022)
Partner notification provided
<ul><li>Yes, 1</li><li>Yes, multiple</li><li>No</li></ul>
Please explain why the partner notification note was not provided?
You have completed capturing the information from the 32 week exam. Please make sure to check that you have completed all the fields.
Please select "Complete" then "Save and Exit".
Notes
Additional notes

Yοι	u are about to capture the results of specimens collected during the 32-week visit
Ple	ase select "Proceed" to continue
0	Proceed
Hb	Results received
	Yes No
Ple	ase capture the Hb result
<u></u>	ase capture the barcode for Hb
i ic	ase capture the barcode for rib
$\circ$	ase specify whether the reading was satisfactory for the loop used for Nugent score Yes No
Ple	ase capture the score for the loop used for Nugent scoring
Ple	ase specify if candida was present for the loop used for Nugent scoring
	Yes No
Ple	ase specify whether the reading was satisfactory for the loop used for yeast microscopy
	Yes No
DIA	ase capture the nugent score for the loop used for yeast microscopy

Please specify if candida was present for the loop used for yeast microscopy
○ Yes ○ No
Please capture the results for the blood used for Syphilis testing
<ul><li>○ RPR Negative</li><li>○ RPR Positive</li><li>○ RPR Indeterminate</li></ul>
Please capture the result for viral load testing
Is the participant's most recent viral load available?
○ Yes ○ No
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
Notes
Notes

	□a□□□g Re□□□□=□_2
	Staff Name
	Today's Date
)   <u>?</u>	Time
}  -  -  -	The presentation dates are below:
5 7 3 9	TOC Date: [baseline_arm_1][toc_3week]
<u>)</u>	WEEK 28 CALLING
	Date: [baseline_arm_1][sched_28w_rem]
,	WEEK-32
	30-34 Week Actual Date: [week_28_arm_1][week32_visit_date]
	Call In Check
	Week 37 Call In Check: [week_28_arm_1][cic_date]
	POST-NATAL VISIT
	Visit open date: [predelivery_checki_arm_1][pd_remind_date_schedpd]
	Visit open date: [predelivery_checki_arm_1][pd_remind_date_schedpd]  Visit close date: [predelivery_checki_arm_1][pd_close_date_schedpd]
	Date of Delivery: [predelivery_checki_arm_1][pd_remind_date_delivery]
	6-WEEK IMMUNIZATION VISIT
	Actual Date: [predelivery_checki_arm_1][sixw_im_schedpd]
	NOTE: You are about to call a participant to remind them of a specific visit. Please make sure to do the following:
7 3 )	<ol> <li>Obtain all relevant contact numbers for the participant on their record</li> <li>Ensure that you have checked what the exact date is when the participant is expected to present</li> <li>Make sure to give the participant a brief description of what will be done at the visit.</li> <li>You will make up to 3 attempts to get hold of the participant.</li> </ol>
	Please select "Proceed"

 $\bigcirc$  Proceed

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

**₹EDCap**°

Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.
Details of Calling Attempt 2
Outcome of the attempt
<ul> <li>○ Successful - Participant</li> <li>○ Successful - Family member</li> <li>○ Unsuccessful - Voicemail</li> <li>○ Unsuccessful - Invalid</li> </ul>
Date of the attempt

Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.
<del></del>
Details of Calling Attempt 3
Outcome of the attempt
Outcome of the attempt
<ul><li>○ Successful - Participant</li><li>○ Successful - Family member</li><li>○ Unsuccessful - Voicemail</li></ul>
<ul><li>○ Unsuccessful - Voicemail</li><li>○ Unsuccessful - Invalid</li></ul>
Date of the attempt
Did de delle and
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.
NOTE. HISTIACT to come to the site.
Makas
Notes
Calling notes

S[[]e[]][]e []a[][][]g [[][] 38 []ee[][]
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Did you schedule the 38 weeks call
○ Yes ○ No
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>○ Successful - Participant</li> <li>○ Successful - Family member</li> <li>○ Unsuccessful - Voicemail</li> <li>○ Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Details of Calling Attempt 2
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt

Did she deliver?
○ Yes ○ No
Details of Calling Attempt 3
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Schedule calling for 39 weeks
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Did you schedule the 39 weeks call
○ Yes ○ No
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt

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Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.
Details of Calling Attempt 2
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Details of Calling Attempt 3
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt

Did she deliver?
<ul><li>Yes</li><li>No</li></ul>
Calling notes
Schedule calling for 40 weeks
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Did you schedule a call for 40 weeks
○ Yes ○ No
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
Yes     No     No
Capture delivery Date
NOTE: instruct to come to the site.

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Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Details of Calling Attempt 3
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Calling notes
Did she deliver?
○ Yes ○ No
Schedule calling for 41 weeks
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt

Did you schedule a call for 41 weeks
○ Yes ○ No
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Details of Calling Attempt 2
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes
○ No
Details of Calling Attempt 3
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Calling water
Calling notes

Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.
Schedule calling for 41 weeks (293 days)
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Did you schedule a call for 41 weeks
○ Yes ○ No
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Details of Calling Attempt 1
Outcome of the attempt  Successful - Participant Successful - Family member Unsuccessful - Voicemail Unsuccessful - Invalid
Calling notes
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.

	$S \square e \square e \square e \square g \square 42 \square e e \square 296 \square e \square g$
<u>′</u> 3	NOTE FW: Please make sure that you call the participant once per week.
1 5 5	○ Proceed
7 2	Please select the calling attempt
)    0  1	☐ First Attempt ☐ Second Attempt ☐ Third Attempt
12 13	Did you schedule a call for 42 weeks
14 15 16 17 18	○ Yes ○ No
19	Details of Calling Attempt 1
20 21	Outcome of the attempt
22 23 24 25 26	<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
27 28 29 30 31	Date of the attempt
33 34	Did she deliver?
35 36 37	○ Yes ○ No
38 39	Details of Calling Attempt 2
10 11 12 13 14	
16 17	Outcome of the attempt
18 19 50 51	<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
53 54 55 56	Date of the attempt
57 58	

Did she deliver?
○ Yes ○ No
Details of Calling Attempt 3
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Outcome of the call
Did the participant deliver?
○ Yes ○ No
Calling notes
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.

$S \square e \square \square \square g P \square \square \square e \square \square e \square \square$
You are about the schedule dates associated with the following events:
Post-Delivery Appointment     6-Weeks Immunization Appointment
○ Proceed
Post-Delivery Study Visit
You will now schedule dates associated with the post-delivery study visit.
The following dates are associated with this visit:  1. Calling reminder date / Visit opening date  2. Visit closing date
Select "Proceed" to continue
○ Proceed
Please capture the date of delivery
Please schedule the date for the post-delivery reminder call.
Please note that the Delivery date is [pd_remind_date_delivery]. The reminder call will happen 1 day following delivery.
Calculation Assist for Post Delivery reminder call
This number must equal to: 1
Match
NOTE The date you have entered is incorrect. Please make sure that the numbers correspond.

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The post-delivery closing date.
Calculation Assist for Post Delivery closing date
The participant will have 14 days post-delivery to present at the clinic. The delivery date was [pd_remind_date_delivery]. This number must therefore equal to: 14
Match
NOTE
The date you have entered is incorrect. Please make sure that the numbers correspond.
Facility delivered  OFrere OMH Nontyantyambo Empilweni Bisho Other
Please specify the facility of delivery
C. Waald Improved and Visit
6-Week Immunization Visit
NOTE: In this section you will schedule all dates associated with the 6-Week Immunization Study Visit. These dates will include:
<ol> <li>Calling reminder date for 6-Weeks Immunization visit</li> <li>Scheduled date of 6-Weeks Immunization visit</li> <li>Closing date for attending the 6-Weeks Immunization visit</li> </ol>
Select Proceed to continue
○ Proceed
Please schedule the date for the 6-weeks immunization reminder

delivery date. The updated	delivery date for the participant was [calling_delivery_date_37weeks].
This number must therefore	e equal to: 35 and 40
Match	
NOTE	
rne date you nave entered	is incorrect. Please make sure that the numbers correspond.
	r the 6-weeks immunization visit. This visit is scheduled to take place 6 weeks (42 day ated delivery date is [calling_delivery_date_37weeks]
Calculation Assist for 6-wee	ks immunization visit
This number must equal to:	42
Match	
NOTE The date you have entered	is incorrect. Please make sure that the numbers correspond.
Please schedule the date fo	r the 6-weeks immunization visit closing date.
Calculation Assist for 6-Wee this visit. This means 56 da	eks Immunization visit Close Date. Mothers will have up to 8 weeks post delivery to att ys following the delivery.
This number must equal to:	56
Match	

## NOTE

The date you have entered is incorrect. Please make sure that the numbers correspond.

## **CONGRATULATIONS**

You have finished scheduling all dates.



	Pa
Participant PIN	
[baseline_arm_1][participant_pin]	
Staff name	_
Today's date	
Start time	_
You are about to capture data retrieved from the birth registry. Please select "Proceed" to start	
○ Proceed	
Delivery Details	
Delivery site  Frere CMH Nontyantyambo Empilweni Bisho Other	
Please specify name of delivery facility	
Clinic file number	
Delivery date	
Calculated gestational age  (Added @22/03/2023)	_

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Please specify the number of babies during pregnancy
<ul><li>○ 1</li><li>○ 2</li><li>○ 3</li></ul>
Outcome type for baby 1
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Outcome type for baby 2
<ul><li>Live birth</li><li>Still birth</li><li>Early Neonatal Death</li></ul>
Outcome type for baby 3
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Type of delivery for baby 1
<ul> <li>Born before arrival</li> <li>Normal Vaginal Delivery</li> <li>Assisted Vaginal Delivery</li> <li>Elective Cesarean Section</li> <li>Emergency Cesarean Section</li> </ul>
Type of delivery for baby 2
<ul> <li>Born before arrival</li> <li>Normal Vaginal Delivery</li> <li>Assisted Vaginal Delivery</li> <li>Elective Cesarean Section</li> <li>Emergency Cesarean Section</li> </ul>
Type of delivery for baby 3
<ul> <li>Born before arrival</li> <li>Normal Vaginal Delivery</li> <li>Assisted Vaginal Delivery</li> <li>Elective Cesarean Section</li> <li>Emergency Cesarean Section</li> </ul>
Please specify reason
Please specify reason

Please specify reason		
Gender - Baby 1		
<ul><li>○ Female</li><li>○ Male</li></ul>		
Gender - Baby 2		
<ul><li>○ Female</li><li>○ Male</li></ul>		
Gender - Baby 3		
<ul><li>○ Female</li><li>○ Male</li></ul>		
Complications in labor/Delivery		
Induction of labour	Yes	No
Antepartun haemorrhage	0	$\circ$
Post Partum haemorrhage	0	0
Severe pre-eclampsia	0	0
Eclampsia		O
Prolonged rupture of membranes		0
Ruptured uterus		
Sepsis		
Obstructed or prolonged labour	0	0
Retained Placenta		O
Manual removal of placenta	O	
Maternal outcome	•	
○ Live ○ Death		
APGAR score at 5 minutes for baby 1		
APGAR score at 5 minutes for baby 2		
APGAR score at 5 minutes for baby 3		
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Birth weight for baby 1 in grams
Birth weight for baby 2 in grams
Birth weight for baby 3 in grams
Did you breastfeed your baby/ies within 1 hour of giving birth?
○ Yes ○ No
Infant feeding (New question added @15/11/2022)
<ul><li>Exclusive Breast Feeding (EBF)</li><li>Exclusive Formula Feeding (EFF)</li></ul>
Any birth defects to note for baby 1
○ Yes ○ No
Any birth defects to note for baby 2
○ Yes ○ No
Any birth defects to note for baby 3
<ul><li>○ Yes</li><li>○ No</li></ul>
Please specify
Remarks outcome
Maternal outcome
Maternal outcome

You have completed the Birth register. Please make sure to check if all relevant fields have been selected and the information captured is accurate.

Once this is done, please select the "Complete" option below and then select "Save & Exit".





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Pa_a
Staff name
Today's date
Start time
Post-Natal Visit
The participant was scheduled to present within the two dates below. Please specify if the participant presented within this timeframe.
Visit open date: [predelivery_checki_arm_1][pd_remind_date_delivery]
Visit close date: [predelivery_checki_arm_1][pd_close_date_schedpd]
○ Yes ○ No
You are about to administer the questions associated with the post natal visit.
Please select "Proceed"
○ Proceed?
Clinical History Review
Have you been to the clinic since the last visit with us?
○ Yes ○ No
What was the purpose of your visit?
☐ ANC Visit ☐ HIV/ART ☐ STI Treatment ☐ Other

Summary notes from the visit



○ Yes	
○ No	
Please specify	
Have you used any of the following since the first s Select multiple	study visit?
☐ Alcohol	
□ Tik □ Dagga	
☐ Grandpa ☐ Other	
None	
Please specify other drugs used?	
The Baseline STI results of the participants are:	NG: [baseline_arm_1][sti_result_ng]
	CT: [baseline_arm_1][sti_result_ct]
	TV: [baseline_arm_1][sti_result_tv]
The TOC STI results of the participants are:	NG: [toc_arm_1_arm_1][toc_ng]
	CT: [toc_arm_1_arm_1][toc_ct]
	TV: [toc_arm_1_arm_1][toc_tv]
The Week 32 STI results of the participants are:	CT: [3034_weeks_arm_1][w32_ct_res]
	NG: [3034_weeks_arm_1][w32_ng_res]
	TV: [3034_weeks_arm_1][w32_tv_res]
	[coo.r]oo.e_aa.[coo.r].
Did the participant receive any STI treatment at the	eir last study visit?
○ Yes	
Ŏ No	

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You are done with questions associated with the clinical history review. You will now start with questions associated with Adherence.
○ Proceed
Did you finish the whole course of STI treatment?
○ Yes ○ No
How many days did you take treatment for?
Did you throw up within 2 hours after taking any of the STI treatment?
○ Yes ○ No
Did you take any other non-chronic treatment at the time?
○ Yes ○ No
What type of treatment
Disclosure
You are done with questions associated with the adherence. You are about to start asking questions associated with disclosure.
○ Proceed
Did you notify your partner of your STI result?
<ul><li>○ Yes I gave him the notification slip</li><li>○ Yes I told him</li><li>○ No</li></ul>
What was his reaction when you told him of your STI infection
<ul><li>Supportive</li><li>Angry</li><li>Violent</li><li>Disengaged</li></ul>

How did disclosure affect your relationship?
<ul> <li>Continued as before</li> <li>Started using a condom</li> <li>He engaged with other partners</li> <li>He refused sex</li> <li>Relationship ended</li> </ul>
Did he take treatment?
<ul><li>Yes</li><li>No</li><li>I don't know</li></ul>
Where did he seek treatment?
<ul><li>○ Private</li><li>○ Public</li><li>○ Traditional</li></ul>
Why did you not notify your partner?
<ul> <li>○ I didn't feel it was necessary</li> <li>○ I am embarrassed</li> <li>○ I'm afraid he gets angry</li> <li>○ I'm afraid he gets violent</li> <li>○ I'm afraid he will end the relationship</li> </ul>
Did you tell anyone else of your STI infection?
○ Yes ○ No
Did you tell anyone else of your STI infection?
○ Yes ○ No
Who did you tell?
☐ Family member ☐ Friend ☐ HCW ☐ Other
Delivery Details of Infant
Facility delivered
<ul> <li>○ Frere</li> <li>○ CMH</li> <li>○ Nontyantyambo</li> <li>○ Empilweni</li> <li>○ Bisho</li> <li>○ Other</li> </ul>

Please specify facility of delivery



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Date of delivery
Calculated contational and
Calculated gestational age  (Added @22/03/2023)
(Added @22/03/2023)
Please specify the number of babies during pregnancy
○ 1 ○ 2 ○ 3
Outcome type for baby 1
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Outcome type for baby 2
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Outcome type for baby 3
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Type of delivery for baby 1
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Type of delivery for baby 2
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Type of delivery for baby 3
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Please specify reason

Please s	specify reason
Please :	specify reason
Gender	- Baby 1
<ul><li>○ Fem</li><li>○ Male</li></ul>	ale
Gender  O Fem O Male	
	- Baby 3 ale
Materna  O Live O Dead	
Specify	
APGAR	score at 5 minutes for baby 1
Note to	RA: Check on Road to Health
(if no n	umber listed, enter 99)
APGAR Note to	score at 5 minutes for baby 2 RA: Check on Road to Health
(if no n	umber listed, enter 99)
APGAR Note to	score at 5 minutes for baby 3 RA: Check on Road to Health
(if no ni	umber listed, enter 99)

Birth weight in grams for baby 1
Note to RA: Check on Road to Health
Birth weight in grams for baby 2
Note to RA: Check on Road to Health
Birth Weight in grams for baby 3
Note to RA: Check on Road to Health
Newborn problems
Note to RA: Check on Road to Health
☐ Birth defects ☐ Hypoxic brain injury ☐ Convulsions /fits ☐ Jaundice ☐ None
Please Specify
riedse specify
Was the baby exposed to HIV? (Added @29/03/2023)
○ Yes ○ No
Was Nevirapine given to the baby/babies
○ Yes ○ No
Was birth PCR done for the baby/babies
○ Yes ○ No
NOTE: If not taken by birth facility please take blood for PCR.
PCR Barcode for the baby/baby 1

NOTE: If not taken by birth facility please take blood for PCR.
PCR Barcode for the baby/baby 2
NOTE: If not taken by birth facility please take blood for PCR.
PCR Barcode for the baby/baby 3
Desult of hirth DCD for haby 1
Result of birth PCR for baby 1
O Positive Negative
<ul><li>○ Indeterminate</li><li>○ Not yet available</li></ul>
Result of birth PCR for baby 2
O Positive
○ Negative ○ Indeterminate
O Not yet available
Result of birth PCR for baby 3
<ul><li>○ Positive</li><li>○ Negative</li></ul>
○ Indeterminate ○ Not yet available
Call clinician and make a note about this.
Was eye ointment given to the baby 1
○ Yes ○ No
O Don't know
Was eye ointment given to the baby 2
○ Yes
○ No ○ Don't know
Was eye ointment given to the baby 3
Yes
○ No
O Don't know

Please specify to how many babies and which one



Was the baby/babies admitted to hospital following delivery			
○ Yes ○ No			
Please specify the details about the reason for admission, number of babies admitted and which babies			
Does baby 1 have any of the following symptoms?			
☐ Cough ☐ Runny nose ☐ Eye discharge ☐ Sneezing ☐ None			
Does baby 2 have any of the following symptoms?			
☐ Cough ☐ Runny nose ☐ Eye discharge ☐ Sneezing ☐ None			
Does baby 3 have any of the following symptoms			
☐ Cough ☐ Runny nose ☐ Eye discharge ☐ Sneezing ☐ None			
Is the baby/babies receiving any treatment at the moment			
○ Yes ○ No			
Please specify			
Feeding methods			
<ul><li>○ Breastfeeding</li><li>○ Formula feeding</li><li>○ Mixed</li></ul>			

[]e[[[]e[[] []e[]a	
Is the baby prese	ent with the biological mother
○ Yes	
○ No	
Please specify	
Are you currently	taking any treatment
○ No	
Please specify	
riease specify	
Have you had sex	xual intercourse since delivery of your baby?
-	tual intercourse since delivery or your susy!
○ Yes ○ No	
Do you have any	of the following symptoms?
<ul><li>☐ Discharge</li><li>☐ Pain when urit</li></ul>	nating
☐ None	
Please specify	
riease specify	
You have comple	ted all the questions associated with this visit. You will now start with the process of specimen
collection. You wi	ill need to collect the following specimens:
From the mother	you will need to collect 3 vaginal swabs:
- Vaginal Swab 1	for STI testing (Storage) for Microbiome (Storage)
	for Profiling (Storage)
From the baby ve	nu nood to collect.
- Nasopharyngea	ou need to collect: I swab
- Conjunctival	
Conjunctival	
Select "Proceed"	to capture the information associated with these specimens
○ Proceed	For poor rovious only - http://hmiopon.hmi.com/sito/about/guidolinos.yhtml

**₹EDCap**°

Please confirm the barcode for the vaginal swab collected for STI testing
○ [baseline_arm_1][participant_pin]-PNV1
Please confirm the barcode for the vaginal swab collected for Microbiome
○ [baseline_arm_1][participant_pin]-PNV3
Please confirm the Barcode for the Vaginal Swab collected for Profiling
○ [baseline_arm_1][participant_pin]-PNV2
Please confirm the Barcode for the Nasopharyngeal swab (right nose) baby 1
○ [baseline_arm_1][participant_pin]-PNB1N1
Please confirm the Barcode for the Nasopharyngeal swab (left nose) baby 1
○ [baseline_arm_1][participant_pin]-PNB1N2
Please confirm the barcode for the Nasopharyngeal swab (right nose) baby 2
○ [baseline_arm_1][participant_pin]-PNB2N1
Please confirm the barcode for the Nasopharyngeal swab (left nose) baby 2
○ [baseline_arm_1][participant_pin]-PNB2N2
Please confirm the barcode for the Nasopharyngeal swab (right nose) baby 3
○ [baseline_arm_1][participant_pin]-PNB3N1
Please confirm the barcode for the Nasopharyngeal swab (left nose) baby 3
○ [baseline_arm_1][participant_pin]-PNB3N2
Please confirm the Barcode for the Nasopharyngeal swab for STI testing baby 1
○ [baseline_arm_1][participant_pin]-PNB1N1
Please confirm the barcode for the Conjunctival swab (right eye) baby 1
○ [baseline_arm_1][participant_pin]-PNB1C1
Please confirm the barcode for the Conjunctival swab (left eye) baby 1
○ [baseline_arm_1][participant_pin]-PNB1C2
Please confirm the barcode for the Conjunctival swab (right eye) baby 2
○ [baseline_arm_1][participant_pin]-PNB2C1
Please confirm the barcode for the Conjunctival swab (left eye) baby 2
○ [baseline_arm_1][participant_pin]-PNB2C2

	Page 11.
Please confirm the barcode for the Conjunctival swab (right eye) baby	3
○ [baseline_arm_1][participant_pin]-PNB3C1	
Please confirm the barcode for the Conjunctival swab (left eye) baby	3
[baseline_arm_1][participant_pin]-PNB3C2	
Please specify the vaginal pH	
Please select which pH strips are used to measure vaginal pH	
<ul><li>○ CardinalHealth pH Indicator Strips (range 3.6-6.1)</li><li>○ pH Indicator Strips pH 0-14</li><li>○ Natureland vaginal pH test (range 3.5-6.5)</li></ul>	
Did you give the participant the study voucher?	
○ Yes ○ No	
You have completed capturing the Post-Natal information. Please mak the fields.	
Please give the participant 6 weeks immunization visit date as per scl	hedule.
Please select "Complete" then "Save and Exit".	
Notes	
Additional notes	3/

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Date		
Staff name		
You are about to capture the results of	of the specimens collected during the po	st natal visit
Please select "Proceed" to continue		
○ Proceed		
Receive Date		
Test date (Mother)		
STI results from the mother		
СТ	Positive	Negative
NG	0	0
TV	0	0
STI result, mother_ calc	4	
Test date (Baby)		
STI Results from Baby 1		
CT (Right Nose)	Positive	Negative
NG (Right Nose)	$\circ$	$\circ$
TV (Right Nose)	$\circ$	$\circ$
CT (Left Nose)	0	$\circ$
NG (Left Nose)	$\circ$	0
TV (Left Nose)	$\circ$	$\circ$

			rage 113
1	CT (Right Eye)	$\circ$	$\circ$
2	NG (Right Eye)	0	$\bigcirc$
3 4	TV (Right Eye)	0	$\bigcirc$
5	CT (Left Eye)	0	$\bigcirc$
5 7	NG (Left Eye)	0	$\bigcirc$
, 3	TV (Left Eye)	0	$\bigcirc$
9	, ,		
10 11	STI Results from Baby 2		
12		Positive	Negative
13 14	CT - Right Nose	0	0
15	NG - Right Nose	O	0
16	TV - Right Nose	0	0
17 18	CT - Left Nose	O	0
19	NG Left Nose	O	0
20 21	TV - Left Nose	0	0
22	CT - Right Eye	0	0
23	NG - Right Eye	O	0
24 25	TV - Right Eye	0	0
26	CT - Left Eye	0	$\circ$
27 28	NG - Left Eye	O	0
29 29	TV - Left Eye	0	$\circ$
30	CTIP II C P I P		
31 32	STI Results from Baby 3	Positive	Negative
33	CT - Right Nose	rositive	Negative
34 35	NG - Right Nose	0	0
36	TV - Right Nose	0	0
37 38	CT - Left Nose	0	$\circ$
39	NG - Left Nose	0	$\circ$
40	TV - Left Nose		
41 42	CT - Right Eye	0	0
43	NG - Right Eye	0 0	0
44 45	TV - Right Eye	0	0
46	CT - Left Eye	0	$\circ$
47 40	NG - Left Eye	0	O
48 49	TV - Left Eye	0	$\circ$
50	TV Lone Lye		<u> </u>
51 52	Result of birth PCR for baby 1		
53 54 55 56 57	<ul><li>Positive</li><li>Negative</li><li>Indeterminate</li><li>Not yet available</li></ul>		

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Staff name	
Today's date	
Time	
Did the mother present within the specified dates below:	
Start Date: [predelivery_checki_arm_1][sixweek_remind_schedpd]	
Actual Date: [predelivery_checki_arm_1][sixw_im_schedpd]	
End Date: [predelivery_checki_arm_1][sixw_im_close_schedpd]	
○ Yes ○ No	
You are about to administer the questions associated with 6-weeks immunization visit.	
Please select "Proceed"	
○ Proceed	
How many babies were delivered?	
○ 1 ○ 2 ○ 3	
Was baby 1 admitted to hospital since the last study visit	
○ Yes	
○ No	
Was baby 2 admitted to hospital following delivery	
○ Yes ○ No	
Was baby 3 admitted to hospital following delivery	
○ Yes	
○ No	
Please specify	

	r age 1
Does baby 1 have any of the following symptoms?	
□ Cough	
☐ Cough ☐ Runny nose	
☐ Eye discharge	
☐ Lye discharge ☐ Sneezing	
☐ Sheezing ☐ None	
Does baby 2 have any of the following symptoms?	
☐ Cough	
☐ Runny nose	
☐ Eye discharge	
☐ Sneezing	
☐ None	
Does baby 3 have any of the following symptoms?	
☐ Cough	
☐ Runny nose	
☐ Eye discharge	
☐ Sneezing	
□ None	
Are any of the babies receiving any treatment at the moment	
Fooding methods	
Feeding methods	
☐ Breastfeeding	
☐ Formula feeding	
☐ Mixed	
L Mixeu	
Have you or the baby been to the clinic since the last visit with us?	
○ Yes	
○ No	
What was the purpose of your visit?	
☐ ANC Visit	
☐ HIV/ART	
☐ STI Treatment	
☐ Other	
Summary notes from the visit	

Do you know your current HIV status?			
<ul> <li>☐ HIV negative (tested today by clinical staff)</li> <li>☐ HIV positive on ART</li> <li>☐ Known HIV positive, not on ART</li> <li>☐ Newly diagnosed HIV positive (tested today by clinical staff)</li> </ul>			
<ul><li>□ Don't know (never tested)</li><li>□ Don't know (no yet tested today)</li></ul>			
Please conduct a HIV Rapid test and capture the result below			
<ul><li>○ Positive</li><li>○ Negative</li></ul>			
Please conduct a confirmatory HIV Rapid test and capture the result below			
<ul><li>○ Positive</li><li>○ Negative</li></ul>			
HIV PCR result of baby 1			
<ul><li>○ Positive</li><li>○ Negative</li><li>○ No result</li></ul>			
Please record barcode for blood and HIV PCR			
HIV PCR result of baby 2			
O Positive			
<ul><li>○ Negative</li><li>○ No result</li></ul>			
Please record barcode for blood and HIV PCR			
HIV PCR result of baby 3			
<ul><li>○ Positive</li><li>○ Negative</li><li>○ No result</li></ul>			
Please record barcode for blood and HIV PCR			
NOTE You have collected all specimens associated with this visit. Once you select the "Proceed" option below you will be			
CT: [post_natal_arm_1][sti_result_ct]			
NG: [post_natal_arm_1][sti_result_ng]			
TV: [post_natal_arm_1][sti_result_tv]			
O Proceed For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml			

STI result, mother_ calc
Does the participant report any medication allergies?
○ Yes ○ No
Please contact the study clinician before giving any treatment. Please specify discussed medication allergies and treatment plan with the study clinician
The following treatment has been provided
<ul> <li>Azithromycin 1g stat dose</li> <li>Azithromycin 2g stat dose</li> <li>Ceftriaxone 250mg IM injection</li> <li>Ceftriaxone 1g IM injection</li> <li>Metronidazole 400mg bd x 1 week</li> <li>Metronidazole 2g stat dose</li> <li>Clotrimazole pessary and/or cream</li> <li>Trimethoprim/sulfamethoxazole 400/80 mg 2 tbl. bds for 5 days (bactrim)</li> </ul>
Date treatment given
Date deadlient given
Partner notification provided
○ Yes, 1
Yes, multiple
O No
Please explain why the partner notification note was not provided?
The mother tested positive for an STI at the Post Natal visit. You need to collect a Nasal Pharyngeal swab for baby 1. Did you manage to collect this specimen?
○ Yes
○ No
Please confirm the PIN for the Nasal Pharyngeal swab for baby 1.
○ [baseline_arm_1][participant_pin]-NPB1

	ed positive for an STI at the Post Natal visit. You need to collect a Nasal Pharyngeal swab for baby 2. to collect this specimen?
○ Yes ○ No	
Please confirm th	ne PIN for the Nasal Pharyngeal swab for baby 2 .
○ [baseline_arm	_1][participant_pin]-NPB2
	ed positive for an STI at the Post Natal visit. You need to collect a Nasal Pharyngeal swab for baby 3. to collect this specimen?
<ul><li>Yes</li><li>No</li></ul>	
Please confirm th	ne PIN for the Nasal Pharyngeal swab for baby 3.
○ [baseline_arm	_1][participant_pin]-NPB3
You have comple the fields.	ted capturing the Post-Natal information. Please make sure to check that you have completed all
Please select "Un	verified" then "Save and Exit".
Notes	

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Staff Name	
Today's date	
Start time	
Was there an adverse birth outcome?	
<ul><li>Yes</li><li>No</li></ul>	
Was there a serious adverse event	
Early loss of baby	
What type of early loss?	
<ul><li>Miscarriage</li><li>Ectopic</li><li>Termination of pregnancy</li><li>Still Born</li></ul>	
Date	
Ectopic pregnancy	
Date of surgery	
Termination pregnancy	
Date	
Reviewed by site PI	
Date Reviewed	

Review Notes	
Name of Reviewer	○ Remco Peters
You have completed capturing the advers completed all the fields.	se outcomes information. Please make sure to check that you have
Please select "Complete" then "Save and	Exit".
Notes	
Additional notes	



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<i>S</i> □a□□ e□a□□
Staff Name
Today's Date
Start time
Presentation Outcome
Presentation outcome.
Did the participant present at the study site for this visit?
Yes No
Activities Associated with ToC for Arm 1
You are about to facilitate activities associated with the 4-week ToC. You will need to execute the following:
<ol> <li>Collect Specimens</li> <li>Run a STI test</li> <li>Conduct clinical history and behavioral questionnaire</li> <li>Symptom screening if negative test</li> <li>Treatment and partner referral if positive test</li> <li>Proceed</li> </ol>
Activities Associated with 32 Week Visit
You are about to facilitate activities associated with the 32 week visit. You will need to execute the following:
<ol> <li>Collect Specimens</li> <li>Run a STI test</li> <li>Conduct clinical history and behavioral questionnaire</li> <li>Symptom screening if negative test</li> <li>Treatment and partner referral if positive test</li> </ol>
○ Proceed
You are about to facilitate activities associated with the 32 week visit. You will need to execute the following:
<ol> <li>Collect Specimens</li> <li>Conduct clinical history and behavioral questionnaire</li> <li>Symptom screening</li> <li>Treatment and partner referral if positive screening</li> </ol>
○ Proceed



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You are about to facilitate activities associated with the 1st post natal visit. You will need to execute the following:
<ol> <li>Determine the presentation date (Only proceed when its 14 days after the delivery date)</li> <li>Collect pregnancy and birth outcomes data (Discharge Summary and/or Road to Health Card)</li> <li>Conduct mother and child clinical examination and history questionnaire</li> <li>Specimen collection for mother and child</li> </ol>
○ Proceed
Pregnancy and Birth Outcome Data
You are about to start with the pregnancy and birth outcome data capturing.
You can use the discharge summary and road to health as your data sources.
Select "Proceed" below to display the pregnancy and birth outcome details
○ Proceed
Delivery date
Mother and Baby Clinical Examination and History
You are done capturing the pregnancy and birth outcome data.
The next step is to capture the mother and baby clinical examination and history details.
Select "Proceed" below to display the questionnaire.
○ Proceed
Scheduling the 6 week Immunization Date
Schedule a 6 week immunization.
Use the below date assist to schedule the 6 week immunization date.
The below field must be equal to 42.
Use the date field above to ensure that the current field is equal to 42.

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You will need to collect a single vaginal loop that will be used to prepare two slides. Once collected you will need to prepare the slides for storage.
○ Proceed
Date of collection of vaginal loops
Confirm the pin associated with the first vaginal loop that will be used for
○ [baseline_arm_1][participant_pin]-FL1
Confirm the PIN associated with the second vaginal loop that will be used for
○ [baseline_arm_1][participant_pin]-FL2
Storage of Loops
You have collected both slides. Before commencing with the rest of the specimens, please make sure to do the following:
<ol> <li>Slides are individually packed in their own package</li> <li>Record PIN on outside of package</li> <li>Complete the lab CRF with matching PINs and test instructions</li> </ol>
○ Proceed
Vaginal Swab Collection
You will now collect 3 vaginal swabs. They will be used as follows:
<ol> <li>STI testing (1st Specimen)</li> <li>Profiling (2nd Specimen)</li> <li>Microbiome (3rd Specimen)</li> </ol>
○ Proceed
Date of specimen collection for vaginal swabs
Confirm the PIN associated with the first vaginal swab
○ [baseline_arm_1][participant_pin]-FV1

Confirm the PIN associated with	the second vaginal swab	
○ [baseline_arm_1][participant	_pin]-FV2	
Confirm the PIN associated with	the third vaginal swab	
○ [baseline_arm_1][participant	_pin]-FV3	
Nasopharyngeal Swab Collec	tion	
You are about to collect the Nas	opharyngeal swab on the Baby.	
Collect the specimen and confir	n the PIN below.	
○ [baseline_arm_1][participant	_pin]-NS1	
GeneXpert Testing for the Fi	rst Specimen	
You will now start with the testing	ng of the first vaginal swab specimen.	
Follow the below steps: 1. Ensure that the GeneXpert Market 2. Load the specimen and run the 3. Conduct Clinical History and Experimental Property of the Prop		cy check on the machine.
Select "Start Test" when ready t	o run the test.	
○ Start Test		
Clinical History and Behavior	ural Ouestionnaire	
You have started running the ST		
Conduct clinical history and beh	avioural questionnaire. Select "Proceed" to c	display the guestionnaire
Proceed		
How often have you had sex sin	ce the last time we saw you?	
<ul><li>○ 0</li><li>○ 1 to 5 times a week</li><li>○ More than 5 times a week</li></ul>		
STI Results		
110	Positive	Negative
NG	0	0
TV CT	0	$\bigcirc$
	$\mathcal{C}$	

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The participant tested positive for an STI.
The next step is to administer treatment with the participant.
Select "Proceed" to display treatment options.
○ Proceed
The next step is to screen the patient for STI symptoms
Is the participant symptomatic?
○ Yes ○ No
The participant screened positive for at least a single STI symptom
The next step is to administer treatment with the participant.
Select "Proceed" to display treatment options.
○ Proceed
Treament and Partner Notification
Select the treatment regimen you administered to the participant
<ul><li>Azithromycin</li><li>○ Doxycyclin</li><li>○ Ceftriaxone</li><li>○ Metronidazole</li></ul>
Did you administer partner notification treatment?
○ Yes ○ No
Storage Processes
You have collected all required specimens.
You can now prepare the specimens for storage, follow the below steps:  1. Ensure that each specimen has a complete Lab CRF  2. Pack the Lab CRFs in the specimen container  3. Ensure that the Lab CRF is complete and specimens are stored according to the storage requirements.
Select "Confirm" after perform tha above specimen procedures.
○ Confirm

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Additional notes



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	Page 128
Staff member	
Date	
Participant ID: [baseline_arm_1][participant_pin_verify]	
TERMINATION DETAILS	
Date of termination	
Study Time-Point	<ul><li>○ BASELINE</li><li>○ TOC</li><li>○ 32 WEEKS</li><li>○ POST-NATAL VISIT</li></ul>
Reason for termination	<ul> <li>End of study (study completed)</li> <li>death (participant)</li> <li>Participant refused further participation</li> <li>Participant unable to adhere to visit schedule</li> <li>Participant relocated, no follow-up planned</li> <li>Investigator decision</li> <li>unable to contact the participant</li> <li>Participant not eligible for enrollment</li> <li>Invalid ID due to duplicate screening/enrollment</li> <li>Other</li> <li>Early study closure</li> <li>End of study (adverse outcome)</li> </ul>
Specify refusal reason/ Investigator reason	
Other, Specify	
General Comments	

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Staff name	
Please capture date of visit	
rease captare date or visit	

Please summarize the purpose of the visit



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Today's date		
Time		
Staff		
Safety Protocol Issue	<ul><li>Social Harm</li><li>Protocol Violation</li><li>Unanticipated Problem</li></ul>	
Date Reported		
Notes		

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Staff Member Name		
Date		
SECTION B: QUALITY ASSURANCE		
Forms Received from the Field	Study Proof Enrolr Exper Exper Exper NHLS NHLS NHLS	of Reimbursement ment Log t Baseline: CT/NG t Baseline: TV t Postnatal: CT/NG t Postnatal: TV : CD4 Count : Syphilis Test : Viral Load : Baby HIV PCR
Other - Specify the other form(s) receive	ed	
	<u></u>	
QUALITY ASSURANCE: Phase 2A		
Get all the participant's enrolment so the source documents. After the QC completed" if you have no query ope IN CASES WHERE A QUERY IS OPENE IMMEDIATELY[]	is done, mark each document a ened on the source document.	as "checked, properly
Please note that you also accept reco	eipt of all source documents by	v checking them below.
	Checked, Properly Completed	Not completed, Returned to the RA
Consent Form	0	0
Study Note	O	O
Proof of Reimbursement	0	O
Enrolment Log	0	0
Expert Baseline: CT/NG	$\circ$	$\bigcirc$

		Page 132
Expert Baseline: TV	0	$\circ$
Expert Postnatal: CT/NG	0	0
Expert Postnatal: TV	0	0
NHLS: CD4 Count	0	$\bigcirc$
NHLS: Syphilis Test	0	$\bigcirc$
NHLS: Viral Load	$\circ$	$\bigcirc$
NHLS: Baby HIV PCR	$\circ$	$\circ$
[forms_received_oth]	$\circ$	$\bigcirc$
Skip		
Electronic Data QC		
You are supposed to go through	each electronic data tool and ensure the	following:
1. Each Tracking Field has a data	point.	
2. The data is consistent	- de suma susta	
3. The data is verified with source	e documents	
After doing the above inspection	. You marked the forms as complete and	locked the form
Arter doing the above inspection.	. Tou marked the forms as complete and	locked the form.
Once all the forms are checked a	and properly completed.	
Once all the forms are checked a	and properly completed.  Checked and Completed Properly	Query Opened
Once all the forms are checked at 1, Baseline: Screening and Enrolment		Query Opened
1, Baseline: Screening and		Query Opened
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<ol> <li>Baseline: Screening and Enrolment</li> <li>Baseline: Baseline data</li> <li>STI: Physical Exam</li> <li>STI: Specimen and Randomization</li> </ol>	Checked and Completed Properly	
<ol> <li>Baseline: Screening and Enrolment</li> <li>Baseline: Baseline data</li> <li>STI: Physical Exam</li> <li>STI: Specimen and</li> </ol>	Checked and Completed Properly	
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Date of QC	
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Comments	

#### SAVING INSTRUCTION

MARK THIS FORM AS COMPLET ONCE VERIFIED AND LOCK IT.

SELECT SAVE AND EXIT FORM.

Proceed to QC other source documents.

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Scheduling of Dates Associated with [randomization].
NOTE You are about to schedule dates associated with [randomization] participants.
Please select "Proceed".
○ Proceed
Scheduling of Dates Associated
NOTE: You are about to schedule dates associated with microbiome participants.
Please select "proceed"
○ Proceed
Scheduling Dates for 3-Week ToC
NOTE: The participant tested positive and therefore we need to schedule a date, exactly 3-weeks from today to conduct a test-of-cure.
Scheduling the 3-week ToC
NOTE: Please schedule a date, 3 weeks from today treatment given. Please use the calculator assistance to ensure that you schedule a date exactly 21 days from today.
Calculator Assist
The number here must be equal to 21
ERROR The field does not equal to 21, please change it
Have you handed the TOC date to the participant?
○ Yes ○ No

Scheduling Dates Associated with ToC Reminder



5	Schedule date for REMINDER of 3-week ToC visit
_	
(	Calculator Assist for scheduling ToC reminder date
T	The reminder phone call will be made 18 days following the treatment date. The number of days need to equal to 18
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	ERROR You did not enter the date correctly. The number should equal to 18. Please redo the date.
	Cabadulian Dahar Associated with 2 Week TaC Missad Wish Daha
	Scheduling Dates Associated with 3-Week ToC Missed Visit Date
	NOTE: You have successfully scheduled the reminder date.
F	Please select "proceed" to schedule the missed visit date for the 3 week ToC visit.
(	○ Proceed
2	Schedule the date for the MISSED VISIT of the ToC visit.
٦	This date should be 3 weeks after the date on which the participant received their test result.
_	
(	Calculator Assist for scheduling 3-week ToC Missed Visit
	The participant's time period allowed for attending a ToC will start 3 weeks after they received their result and will close 3 weeks after the date they received their result.
T	The number here must show 35
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	ERROR You did not enter the date correctly. The number should equal to 35. Please redo the date.
	NOTE: You have successfully scheduled the 3-week ToC close date
F	Please select "proceed" to start scheduling the next visit dates
	· Proceed

Dates Associated with reminder for the 28 Week call
NOTE: You are about to schedule dates for the call reminder at 28 weeks.
Please select "Proceed".
○ Proceed
Note: Schedule the date for the 28 week call. We will contact each participant to ask the date for their 30 weeks clinic visit is.
Calculation assist for scheduling the 32-week reminder date.
This number must equal to 196
Days to call reminder
ERROR The number you have entered does not match 196. Please select a different date so that the number equals to 196.
Scheduling the Dates Associated with the 32 Week Gestational Visit
NOTE You are about the start scheduling dates associated with the 32 week visit. You will need to schedule the following associated dates:
<ol> <li>Week 32 date</li> <li>Week 32 reminder date</li> <li>Week 32 missed visit date</li> </ol>
Select "Proceed" to start scheduling
○ Proceed
Schedule the date for the 32 week gestational age, visit
Note to RA: please make sure that this date does not fall on Friday, weekend, and public holidays.
Days Difference (the difference between 32 weeks & Gestational age)

	Page
Calculate assist for 32 week	visit
The number here must equ	to [gest_week_calc]
Match	
The date you have entered weekend or public holiday?	loes not meet the 93 day criteria. Does the intended or original date fall on a Friday
○ Yes ○ No	
ERROR The numbers you have ente	red does not match. Please select a different date so that the numbers match.
Dates Associated with remi	der for the 32 Week Gestational Age Visit
NOTE: You have successfully sched	
We will need to contact the	participant at least 7 days before the scheduled visit to remind them.
Select "Proceed" to schedul	the reminder date for the 32 week visit.
○ Proceed	
Note: Schedule the date for the 3 gestation date. That means 32-week visit.	week reminder. We will contact each participant starting 7 days prior to their 32-wee the date scheduled here should be 7 days earlier then the scheduled date for the
Calculation assist for sched	ling the 32-week reminder date.
This number must equal to	
ERROR The number you have enter	ed does not match 7. Please select a different date so that the number equals to 7

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NOTE.
NOTE: You have successfully scheduled the 32 week reminder date.
Select "Proceed" to schedule the 32 week missed visit date.
○ Proceed
Schedule the date for the 32 week missed visit date.
Note: Participants will have 3 weeks (21 days) to present for their 32 week visit date after which the visit will be closed out.
Calculation Assist for scheduling the 32-Week missed visit date.
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ERROR The number you have entered does not match 21. Please select a different date so that the number equals to 21
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#### **NOTES**

Notes box



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# **BMJ Open**

# Genital tract infections, the vaginal microbiome and gestational age at birth among pregnant women in South Africa: a cohort study protocol

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Manuscript ID	bmjopen-2023-081562.R1
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# Genital tract infections, the vaginal microbiome and gestational age at birth among pregnant women in South Africa: a cohort study protocol

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#### **Keywords**

Pregnancy complications, premature birth, reproductive tract infections, sexually transmitted infections, microbiota, South Africa

### **Abstract**

**Introduction** Preterm birth complications are the most common cause of death in children under 5 years. The presence of multiple microorganisms and genital tract inflammation could be the common mechanism driving early onset of labour. South Africa has high levels of preterm birth, genital tract infections and HIV infection among pregnant women. We plan to investigate associations between the presence of multiple lower genital tract microorganisms in pregnancy and gestational age at birth.

Methods and analysis This cohort study enrols around 600 pregnant women at one public health care facility in East London, South Africa. Eligible women are ≥18 years and at <27 weeks of gestation, confirmed by ultrasound. At enrolment and 30-34 weeks of pregnancy, participants receive on-site tests for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, with treatment if test results are positive. At these visits, additional vaginal specimens are taken for: PCR detection and quantification of *Trichomonas vaginalis*, *Candida* species, *Mycoplasma genitalium*, *M. hominis*, *Ureaplasma urealyticum* and *U. parvum*; microscopy and Nugent scoring; and for 16S ribosomal ribonucleic acid gene sequencing and quantification. Pregnancy outcomes are collected from a postnatal visit and birth registers. The primary outcome is gestational age at birth. Statistical analyses will explore associations between specific microorganisms and gestational age at birth. To explore the association with the quantity of microorganisms, we will construct an index of microorganism load and use mixed effects regression models and classification and regression tree analysis to examine which combinations of microorganisms contribute to earlier gestational age at birth.

**Ethics and dissemination** This protocol has approvals from the University of Cape Town Research Ethics Committee and the Canton of Bern Ethics Committee. Results from this study will be uploaded to preprint servers, submitted to open access peer-reviewed journals and presented at regional and international conferences.

Registration ClinicalTrials.gov Identifier: NCT06131749

# Article summary, strengths and limitations of the study

- This cohort study takes a holistic approach, investigating both the presence and quantity of multiple lower genital tract microorganisms, including vaginal microbiota, in pregnancy and their associations with gestational age at birth.
- The study is set in a location where the prevalence of genital tract infections and adverse pregnancy outcomes are high, uses ultrasound scans to assess gestational age at enrolment accurately, and state-of-the-art molecular diagnostic methods.
- The study setting is limited to one research site, which may affect the generalisability of the findings.
- The use of gestational age at birth as a continuous outcome, instead of preterm birth as a dichotomous outcome, might limit comparability with other studies, but we will also examine the binary outcome preterm birth in secondary analyses.



# Introduction

Preterm birth complications are the most common cause of death in children under 5 years. Close to one million infants die every year because they are born preterm (before 37 completed weeks of gestation), mainly from infectious, respiratory and neurological complications, and those that survive can experience long-term morbidity.[1], [2] South Africa has a high incidence of preterm birth at around 10%,[3] around 30% of women have one or more curable sexually transmitted infections during pregnancy [4], [5] and about 30% of pregnant women are living with HIV. [6]

Microbial colonisation or infection during pregnancy, in the lower or upper genital tract, have been reported to predispose to preterm birth, as do anatomical, biochemical, endocrinological, immunological, nutritional, environmental and psychosocial factors.[7], [8] The presence of microorganisms may contribute to early onset of labour directly, through presumed ascension from the lower to the upper genital tract, or indirectly, through a pathway of inflammatory response, or a combination of both.[7], [9] Inflammation may be the common pathway, even if infection has not reached the amniotic cavity. [10]

Much of the research reporting on the role of sexually transmitted infections in pregnancy and preterm birth has focused on single infections, such as Chlamydia trachomatis, [11] Neisseria gonorrhoeae, [12] and Trichomonas vaginalis. [13] Mycoplasma genitalium is the most recently recognised sexually transmitted infection and, whilst an association with preterm birth has been reported, there are few studies with prospective data collection. [14] Bacterial vaginosis is the most common vaginal microbiota dysbiosis and is associated with adverse pregnancy outcomes, either alone, or in combination with other sexually transmitted infections. [15-17] Associations with adverse birth outcomes have also been observed for other genital mycoplasmas, M. hominis, Ureaplasma urealyticum and U. parvum. [18] For individual sexually transmitted infections, bacterial vaginosis and colonisation by other genital mycoplasmas, summary odds ratios for the association with adverse birth outcomes in meta-analyses of univariable data are generally around 1.3 to 2.0. [11-14, 16, 18] Candida spp. have not been found to be associated with preterm birth, but an association with more inflammatory, symptomatic yeast infection cannot be ruled out. [19] Most studies about these microorganisms do not present analyses that examine the role of co-occurrence or control for confounding factors, so the presence or strength of the causal association cannot be assessed. [20] It is also important to include women living with HIV, amongst whom there are fewer studies about associations between genital tract infections and adverse birth outcomes than amongst women without HIV infection. [21-22]

The importance of the quantity of different microorganisms as a driver of preterm birth has not been extensively studied, [23-25] but might be as, or more, relevant than their presence. [23] Together with inflammation or immune activation in the genital tract during pregnancy, organism load could be an important driver of the early onset of labour and preterm birth.[8,23,24,26,27] This calls for a holistic approach to research studies, which combines information about the presence of different microorganisms, the quantified load and the microbiome, sociodemographic factors and HIV amongst women living with infection, most of whom are receiving antiretroviral therapy. The overall aim of this study is to investigate associations between the presence of lower genital tract microorganisms in pregnancy and preterm birth and other adverse pregnancy outcomes. This will be achieved through three objectives to explore: (1) the association between the presence of specific lower genital tract microorganisms and gestational age at birth (primary outcome), as well as

secondary adverse pregnancy outcomes; (2) the association between quantified load of vaginal and sexually transmitted microorganisms and gestational age at birth (primary outcome) as well as secondary adverse pregnancy outcomes; and (3) the combinations of microorganisms that are most strongly associated with earlier gestational age at birth.

# Methods and analysis

#### STUDY DESIGN AND SETTING

This prospective closed cohort study follows women enrolled during pregnancy until after they give birth (Figure 1). The study is conducted at the antenatal clinic of one primary health care facility in Buffalo City Metropolitan Municipality, Eastern Cape Province, South Africa. This cohort study is part of a larger project, called Philani Ndiphile (meaning 'be healthy and I will be healthy' in isiXhosa), which includes a randomised implementation-effectiveness trial of screening strategies for sexually transmitted infections in pregnancy [28] and a case-control study about persistent *C. trachomatis* infection.

#### **PARTICIPANTS**

Inclusion criteria: Pregnant women aged 18 years or older, who live in Buffalo City Metropolitan Municipality, intend to deliver in the same municipality and provide written informed consent to take part in the study. The eligible gestational age at enrolment, confirmed by ultrasound, was below 20 weeks at the start of the study in March 2021 and was increased to 27 weeks in September 2021 to increase enrolment and to align with another trial. [29]

Exclusion criteria: Participation in any other research study or inability to understand and speak a local language (English, Afrikaans, or isiXhosa).

**Figure 1** Study visits and specimen collection Abbreviations: CT, *Chlamydia trachomatis*; NG, *Neisseria gonorrhoeae* 

#### **ENROLMENT**

A trained study field worker approaches all pregnant women attending an antenatal care visit at the clinic and individually informs them about the study. If a potential participant shows interest in the study, the study field worker checks for eligibility. The date of the last menstrual period is used initially to estimate gestational age. If all eligibility criteria are met, a study field worker obtains written informed consent from the participant.

#### STUDY PROCEDURES AND VISITS

At the enrolment visit, study field workers administer a questionnaire to record socio-demographic, behavioural and clinical information in an online Research Electronic Data Capture software (REDCap) [30] database. The study nurse examines the woman, according to the South African government standard of care. [31] As an additional procedure, a study nurse with training in obstetric ultrasound performs an abdominal ultrasound to estimate the gestational age. If this is later than the eligibility criterion, the participant is excluded from any further study activity. A study nurse collects vaginal samples (Figure 1) for on-site testing for *C. trachomatis* and *N. gonorrhoeae* 

using the Xpert CT/NG assay on the Gene Xpert platform (Cepheid, Sunnyvale, CA, USA) and for further off-site laboratory testing (see 'Specimen collection and analysis').

If the test result for *C. trachomatis* or *N. gonorrhoeae* is positive, the woman receives immediate antibiotic treatment if still on site or is contacted by telephone and asked to return to the clinic for treatment. Antibiotic treatments are first-line regimens according to South African guidelines: for *C. trachomatis*, 1g oral azithromycin and for *N. gonorrhoeae*, 500mg intramuscular ceftriaxone (250mg until South African treatment guidelines for sexually transmitted infections changed in December 2022). [32] Women with vaginal discharge syndrome but with negative Xpert test results for *C. trachomatis* and *N. gonorrhoeae* receive empirical treatment for trichomoniasis with metronidazole 400 mg twice a day for 7 days. The study nurse gives advice to women with *C. trachomatis* or *N. gonorrhoeae* on safe disclosure of her diagnosis to her partner(s) and gives her a notification slip(s) to request her partner(s) to attend a clinic for treatment.

A follow-up visit at 30-34 weeks (third trimester visit) is scheduled at which clinical and obstetric information, as well as the same vaginal specimens, are collected and treatment given, if indicated.

A post-natal visit is scheduled for 3-6 days after giving birth, according to the South African government standard. [31] A study nurse collects information about the birth outcome and perinatal period through a questionnaire with the mother, a patient-held medical record of the baby (the Road to Health card) and/or the birth register from the public birth clinics within the study area. If the participant does not attend the post-natal visit, study staff telephone her to ask her to return to the clinic. If the participant is not able to return to the clinic, the study physician collects the information by telephone or from the birth register.

#### **OUTCOMES**

The primary outcome is gestational age at birth, measured in days, based on the ultrasound assessment at the enrolment visit. Secondary outcomes are preterm birth (<37 completed weeks of gestation), low birth weight (birth weight <2500g), miscarriage (dead foetus delivered before 28 completed weeks of pregnancy or with birth weight below 1000g) and stillbirth (dead foetus delivered at or after 28 completed weeks of pregnancy or with birth weight above 1000g). [33,34] We chose gestational age at birth as the primary outcome because, whilst the cut-off of 37 weeks is the standard definition of preterm birth, dichotomisation of a continuous variable results in a loss of statistical power. [35]

#### SPECIMEN COLLECTION AND ANALYSIS

#### **DATA SOURCES AND VARIABLES**

The source data are case report forms recording questionnaire data for the enrolment, third trimester and post-natal visits and forms for laboratory and specimen results, which are stored in REDCap, a secure web-based database [30] (online supplemental file), hosted by the Foundation for Professional Development, Pretoria, South Africa.

#### SPECIMEN COLLECTION

At the enrolment and the third trimester visits, a study nurse collects two vaginal smears using inoculation loops and air-dries them on glass slides. She then collects vaginal specimens by inserting swabs into the vagina up to a mark at 4 cm and rotating around the vaginal wall. Five swabs are collected in the following order: one Cepheid GeneXpert Xpert Vaginal/Endocervical Swab in a tube

with Xpert Swab Transport Reagent (Cepheid, Sunnyvale, CA, USA); two Qiagen digene Female Swabs in a single tube with digene Specimen Transport Medium (Qiagen, Hilden, Germany); and two dry FLOQswabs (COPAN, Brescia, Italy) each in a separate sterile tube (Figure 1).

#### TRANSPORT AND STORAGE OF SPECIMENS

Vaginal smear glass slides are stored and transported in plastic slide carriers at room temperature. All vaginal swabs are initially stored at the clinic in a refrigerator (2-8°C with daily temperature checks). All vaginal swabs, except the Xpert swab, which is tested on-site, are transported on ice packs once a week by overnight road courier, to the laboratory at the Department of Medical Microbiology, University of Pretoria, where they are also stored in a refrigerator until DNA extraction.

#### MICROBIOLOGICAL ANALYSES

The Xpert vaginal swabs are tested on-site using the Xpert CT/NG assay (Cepheid, Sunnyvale, CA, USA) to detect *C. trachomatis* and *N. gonorrhoeae*, as per manufacturer's instructions. At the University of Pretoria, air-dried vaginal smears are heat-fixed and Gram-stained. [36] Two qualified people record the Nugent scores (0-3: normal; 4-6: intermediate; 7-10: bacterial vaginosis) and the presence of yeasts. [37] In case of discrepancies a third person assesses the slide and consensus is reached by discussion. At the University of Pretoria, one vaginal FLOQswab is used for PCRs. The genomic DNA is extracted using the High Pure PCR Template Preparation Kit (Roche Diagnostics GmbH, Mannheim, Germany) as per manufacturer's instructions. Real-time PCR assays are then performed using the LightCycler 480 Probes Master Kit (Roche Diagnostics GmbH, Mannheim, Germany). Previously published primer and hydrolysis probe sequences and cycling conditions are used for detection and quantification of *M. genitalium*, [38] *M. hominis*, [39] *U. parvum*, [40] *U. Urealyticum*, [40] *T. vaginalis* [41] and *Candida* spp. [42,43] The load for each assayed microorganism detected in vaginal swab specimens by real-time PCR or GeneXpert is obtained from the cycle threshold value.

#### VAGINAL MICROBIOME LABORATORY ANALYSES

The vaginal swabs stored in Qiagen digene Specimen Transport Medium will be used for DNA extraction and subsequent 16S ribosomal ribonucleic acid (rRNA) amplicon sequencing targeting the V3-V4 hypervariable regions for vaginal microbiota analyses at the Division of Medical Microbiology, University of Cape Town.

A commercial DNA extraction kit will be used and a bead-beating step included. [44] A DNA isolation control will be prepared from an unused vaginal swab specimen during this process. Two PCR rounds will be conducted to prepare amplicon libraries. [45] The aim of the first PCR round is to amplify 16S rRNA gene V3-V4 regions, using the 319F 5'-ACTCCTACGGGAGGCAGCAG-3' forward primer and 806R 5'-GGACTACHVGGGTWTCTAAT-3' reverse primer. The aim of the second PCR round is to barcode the V3-V4 amplicons by a dual-index approach, permitting multiplexing of up to 384 samples (including controls). Amplicon concentrations for all sample libraries are measured and normalised to form a mixed loading library. The libraries will be sequenced on an Illumina MiSeq instrument (Illumina, San Diego, CA, USA), 2x300bp. To quantify the number of 16S rDNA copies per swab, a quantitative PCR using the same forward and reverse primers as described above will be used. Samples from enrolment and third trimester visits from the same woman will be processed in the same run.

#### VAGINAL MICROBIOTA BIOINFORMATICS

Raw sequencing reads will be processed using an established bioinformatics pipeline.[46] Taxonomic assignment of amplicon sequence variants (ASVs) will be done in DADA2[47] with SILVA[48] as the reference database. Vaginal microbiome composition data will be visualised in heatmaps and diagrams. For each vaginal sample, we will calculate diversity measures (alpha diversity), relative abundances and estimated concentrations of key vaginal bacteria and bacterial groups, as described. [46] We will use the entire sequencing dataset to design vaginal microbiota types by hierarchical clustering, and each sample will be assigned to one vaginal microbiota type.

#### SAMPLE SIZE CALCULATION

The sample size has been calculated for objective 1, with a univariable comparison between the presence of a genital tract microorganism in the mother and gestational age at birth. Figure 2 shows that, for any vaginal or sexually transmitted microorganism, or vaginal microbiota type that has a prevalence of 10% or more among all enrolled women, about 500-600 patients provides adequate power (80%) to detect a one-week difference (with standard deviation 2) in mean gestational age between the two groups using Student's t-test. Specifying an alpha of 0.83% allows for multiple hypothesis testing (6 hypotheses, using a Bonferroni correction). We enrol around 600 women and aim to have complete follow-up and outcome data on at least 550 women.

**Figure 2** Sample size requirements at different levels of exposure prevalence with power of 80% and alpha 0.83% based on Student's t-test.

Legend: panel A, standard deviation 1.5; panel B, standard deviation 2.0. The curves for % exposed are symmetrical around a prevalence of 50%, i.e., curve for 10% exposed is same as that for 90% exposed.

#### STUDY TIMELINE

Enrolment began on 28 March 2021, with an estimated date for reaching the target sample size in August 2023. Follow-up of all participants until the post-natal visit is expected to be completed by March 2024.

#### **STATISTICAL ANALYSIS**

This description gives an overview of the statistical methods for each objective. A detailed statistical analysis plan will be published separately and made publicly available.

We will describe the numbers of women enrolled and available at each follow-up visit in a flow chart. We will present descriptive tables of socio-demographic, behavioural and clinical characteristics and compare women with complete follow-up with those lost to follow-up.

OBJECTIVE 1) ASSOCIATION BETWEEN SPECIFIED EXPOSURES AND PREGNANCY OUTCOMES

1a. We will examine a primary set of microorganisms as exposures, detected at either enrolment or at the third trimester visit: *M. genitalium, M. hominis, U. urealyticum, U. parvum, T. vaginalis* and *Candida* spp. are the microorganisms for which women did not receive diagnostic tests and treatment during study visits. We will use the mean and standard deviation for the continuous outcome (gestational age) and absolute and relative frequencies for the binary outcomes (all secondary outcomes). Gestational age at birth for each exposure will be compared using Student's t-test and a mean difference with 95% confidence intervals (continuous outcome) and Fisher's exact test and a risk difference with 95% confidence intervals (binary outcomes).

To control for confounding, multivariable regression models will be fitted to all outcomes with a set of pre-specified potential confounders (age, educational level, alcohol consumption, HIV infection, prior preterm birth) for all organisms. For analyses of *M. genitalium*, *T. vaginalis*, and *Candida* spp., we will also control for bacterial vaginosis (Nugent score 7-10). The other genital mycoplasmas can be identified from 16S rRNA amplicon sequencing in women with vaginal dysbiosis, so are sometimes considered part of bacterial vaginosis. For these organisms, we will conduct descriptive analyses, stratifying by the presence of bacterial vaginosis. For continuous confounders a linear relationship will be assumed by default but transformations (e.g., log) or more flexible approaches (e.g., splines or fractional polynomials) will be considered if there is evidence for non-linearity. For the continuous outcome we will use linear mixed effects regression models (including data from either visit and the participant as random effect) and report the result as mean difference with 95% confidence intervals. For the binary outcome we will use logistic mixed-effects regression and report the result as odds ratios with 95% confidence intervals.

1b. Comparisons for associations with timing of detection, other microorganism exposures and birth outcomes will be considered secondary analyses. Associations between vaginal microbiota composition and pregnancy outcomes will be assessed. We will use compositional multivariable analysis methods to identify bacterial taxa that are differentially abundant between binary pregnancy outcome groups at the level of individual taxon relative abundances. We will use mixed effects models (with the individual participant as the random effect and including data from both visits) to assess associations between continuous and binary pregnancy outcome and the following fixed effects derived from the vaginal microbiota data: alpha diversity, vaginal microbiota types and absolute abundances of predefined bacterial groups. [46] These models will be adjusted for confounding as described in the previous paragraph.

# OBJECTIVE 2) ASSOCIATION BETWEEN QUANTIFIED MICROORGANISM LOAD AND PREGNANCY OUTCOMES

We will investigate the hypothesis that the quantity of microorganisms with inflammatory potential is associated with gestational age at birth. For this, we will analyse the vaginal microbiota data jointly with sexually transmitted infections and *Candida* spp. diagnostic test results during pregnancy (these will be considered as additional covariates in the above-mentioned regression models). We will develop a 'vaginal inflammation index', based on quantification of the vaginal microbiota and their inflammatory potential [49] and of yeasts. This vaginal inflammation index will also be analysed as a fixed effect in mixed effects models with pregnancy outcomes as the outcomes; these models will not include any of the infection parameters that were used to design the index.

OBJECTIVE 3) CLASSIFICATION AND REGRESSION TREE ANALYSIS FOR THE PRIMARY OUTCOME We will conduct exploratory analyses to examine the combination of microorganisms that best predicts earlier gestational age at birth using classification and regression tree analysis. [50] This method belongs to the family of decision tree machine learning algorithms and allow for nonparametric analyses of a large number of binary, categorical or continuous predictors. They are typically easy to interpret and can detect predictors with small marginal effects when there are strong interaction effects. We will make use of the predictive potential for gestational age at birth of all sexually transmitted and genital tract microorganisms, including individual bacterial taxa or bacterial groups identified by 16S rRNA gene amplicon sequencing (as binary or continuous variables) and confounding variables identified in objective 1. We will present variable importance scores and curves of marginal effects to show how prediction of the outcome changes at different

levels of the exposure of each variable in the model. To avoid overfitting, we will consider bootstrap aggregating via random forests. [51]

#### DATA MANAGEMENT AND CONFIDENTIALITY

#### **DATA MANAGEMENT**

Each potential participant screened for eligibility is assigned a unique participant identification number, which does not include any personal identifying information. Personal identification numbers are used to link records, specimens and laboratory test results of the participants. Data are stored in a REDCap database, [30] which is only accessible to authorised project staff. Paper records are kept in lockable fire-resistant filing cabinets. Laboratory records and journals are kept at the University of Pretoria and University of Cape Town. Forms with personal identifying information are kept separately from demographic, clinical and other data. The data manager maintains a separate, access-controlled, database that links the personal identification number with identifying information. Data quality checks are conducted by study staff onsite and data administrators at the office of the Foundation for Professional Development. All study data are stored securely at the offices of the Foundation for Professional Development in East London for up to five years after the completion of the study or as required by the institutional review board.

#### CONFIDENTIALITY

The research team is trained to adhere to guidelines on the Protection of Human Research Participants and Good Clinical Practice and fully protects the confidentiality of participants. Besides the measures described under data management, interviews are conducted in a private setting. In reports and publications, data will not be presented in a way where it could be linked to individual participants.

#### PATIENT AND PUBLIC INVOLVEMENT

There was no involvement of patients or the public in the development of the research questions or the study methods. The research findings will be shared through open access publications and in dissemination meetings with local stakeholders, healthcare providers and communities.

#### Discussion

This project is important because of its holistic approach, which considers associations between different genital tract infections, their quantity and the vaginal microbiota on earlier gestational age at birth. Many studies in this field have focused on only one or two microorganisms and few studies involve women in sub-Saharan Africa. Strengths of this study include the study setting, where the prevalence of both genital tract infections and adverse pregnancy outcomes is high, the use of ultrasound scans at enrolment for accurate assessment of gestational age and the use of state-of-the-art molecular diagnostic tests and 16S rRNA sequencing. The residual DNA from samples collected in this study will be available for future studies, including joint analyses with other studies of the influence of vaginal microbiota on adverse pregnancy outcomes.

There are limitations to the study design. First, this study involves participants from one clinic, which might limit the generalisability of the findings. Second, using gestational age at delivery as a

continuous outcome instead of preterm birth as a dichotomous outcome, might limit comparability with other studies. We will, however, examine the binary outcome preterm birth in secondary analyses. Third, the vaginal samples are taken in a fixed sequence at each visit, which might reduce the microorganism load of later samples. Fourth, the development of the vaginal inflammation index will use information about the inflammatory potential of microorganisms, [49] rather than direct concentrations of inflammatory markers.

This study has the potential to generate new evidence about the role of different microorganisms in earlier gestational age at birth through analyses of the presence and quantity of individual and combinations of microorganisms, relative abundance of bacterial genera and microbiota on gestational age at birth. This study will generate new hypotheses, which can be investigated in future studies.

# Ethics and dissemination

This protocol and the informed consent forms are approved by the University of Cape Town, Research Ethics Committee (Reference: 676/2019), which includes activities at the University of Southern California, University of Alabama at Birmingham and Louisiana State University. Authorisation to analyse de-identified data at the University of Bern has been granted by the Canton of Bern Ethics Committee (Reference: 2021-01209). Results from this study will be submitted to regional and international conferences and to open access peer-reviewed journals and preprint servers.

## Data statement

The research team will prepare datasets used in analyses, in accordance with data sharing requirements of open access journals in which manuscripts are published and in compliance with local Protection of Personal Information Act requirements. These data files will be archived with codebooks as .csv documents or R data sets and stored in REDCap. The final data files will not contain any personal identifying information of participants.

# **Author contributions**

RG, NL, JW, and RP conceived and designed the study. JK supported the study through design of the parent study of the Philani Ndiphile project. RG, NL, JW, RP, HJ, CT, CM, SC and LB contributed to the data analysis plan. RG, NL, RP, MM and HJ were involved with the implementation and management of the study. RG and MM managed the data acquisition. RG, NL, JW, RP drafted the manuscript and all authors revised it. NL, JW, RP and JK supervised the study. All authors read and approved the final manuscript.

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# Competing interests statement

LB, SC, RG, HJ, JK, NL, MM, RP, CT, JW: no competing interests to declare.

CM has received research grant funding to her institution by Gilead Inc., Abbott Molecular, Visby, and Lupin Pharmaceuticals. She is a consultant to BioNTech, Cepheid, and BioFire Diagnostics. She has received honoraria for educational presentations and review activities from Scynexis, Visby, Abbott, Elsevier, UpToDate, and DynaMed Plus.



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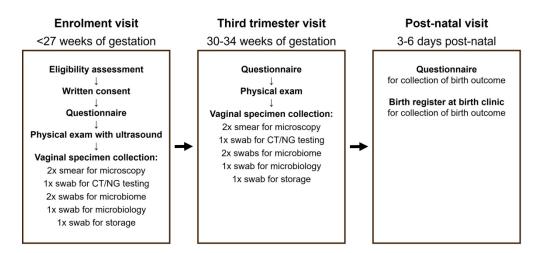


Figure 1 Study visits and specimen collection Abbreviations: CT, Chlamydia trachomatis; NG, Neisseria gonorrhoeae.

272x125mm (330 x 330 DPI)

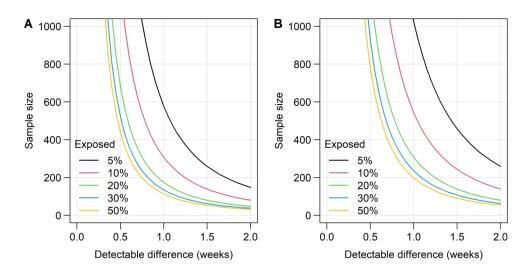


Figure 2 Sample size requirements at different levels of exposure prevalence with power of 80% and alpha 0.83% based on Student's t-test.

Legend: panel A, standard deviation 1.5; panel B, standard deviation 2.0. The curves for % exposed are symmetrical around a prevalence of 50%, i.e., curve for 10% exposed is same as that for 90% exposed.

516x258mm (236 x 236 DPI)

## Supplemental online file – study questionnaire

# Genital tract infections, the vaginal microbiome and gestational age at birth among pregnant women in South Africa: a cohort study protocol

Ranjana M S Gigi,<sup>12</sup> Mandisa M Mdingi,<sup>2</sup> Hyunsul Jung,<sup>3</sup> Shantelle Claassen Weitz,<sup>4</sup> Lukas Bütikofer,<sup>5</sup> Jeffrey D Klausner,<sup>6</sup> Christina A Muzny,<sup>7</sup> Christopher M Taylor,<sup>8</sup> Janneke H H M van de Wijgert\*,<sup>9</sup> Remco P H Peters\*,<sup>234</sup> Nicola Low\*<sup>1</sup>

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- 3) Department of Medical Microbiology, University of Pretoria, Pretoria, South Africa
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- 5) CTU Bern, Department of Clinical Research, University of Bern, Bern, Switzerland
- 6) Keck School of Medicine, University of Southern California, Los Angeles, USA
- 7) Division of Infectious Diseases, University of Alabama at Birmingham, Birmingham, USA
- 8) School of Medicine, Louisiana State University, USA
- 9) Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht University, Utrecht, Netherlands

**Screening and Enrolment** 

Record ID
Site Information
Today's Date
Study Staff Name
Start Time
Please select Study Site Name
<ul><li>Grey Gateway</li><li>Duncan Village CHC</li><li>Nontyatyambo CHC</li><li>Gompo</li><li>Ndevana</li></ul>
Introduction to the Study:
Note to RA:
In this section you will be introducing the study to the participant. Please make sure to execute the following steps:
1. Introduce the study
○ Proceed
Does the participant show interest in the study
<ul><li>○ Yes the participant shows interest</li><li>○ No the participant is not interested in the study</li></ul>
END

The participant is not interested in the study. Thank them for their time.

	Eligibility Screening	
	Note to RA: The participant seems to show interest in the study. We need to determine their eligibility status. You will ask a	
	series of questions to determine this. Please select "Proceed" to continue.  O Proceed	
	Is the participant currently living in BCM?	
	○ Yes ○ No	
	Is the participant 18 years or older?	
	○ Yes ○ No	
	Please specify the participant's date of birth	
	Calculated age	
	Is this the participant's first ANC visit?	
	○ Yes ○ No	
	Is the participant within the first 26 weeks of her pregnancy?	
	○ Yes ○ No	
	Is the participant within the first 20 weeks of her pregnancy?	
	<ul><li>Yes</li><li>No</li></ul>	
	Gestational weeks	
	(if unknown, enter 99)	
Is the participant intending to deliver the baby at one of our collaborating MOUs?		
	○ Yes ○ No	
	Is the participant currently involved in any other ANC/HIV research trial?	
	○ Yes ○ No	

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Calculated Eligibility Outcome
(1 = Eligible, 0 = Not Eligible)
END The participant is not eligible for our research study
This will be the end of their participation. Please thank them for their time.
ELIGIBLE The participant is eligible for our research study. Please select "Proceed" to start with the consenting process.
○ Proceed
Consenting Process:
NOTE TO RA: You will now start with the consenting process. Please make sure to do the following:
<ol> <li>Read the consent form with the participant</li> <li>Read in a language they prefer</li> <li>Allow for questions</li> <li>If willing to consent, sign all documents</li> <li>Hand a signed copy (without PIN) to the patient</li> </ol>
○ Proceed
Did the participant provide a signed consent to participate in the research study?
○ Yes ○ No
Consent refusals
Reasons for refusal
<ul> <li>☐ They have no time</li> <li>☐ Scared</li> <li>☐ In a different study</li> <li>☐ Other</li> </ul>
If "Other", please specify

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Refusal date	
END Thank the participant for their tim	ne
Provided Consent	
Consent date	
Participant PIN	
CONSENTED The participant has agreed to pro next available PIN on the hard co	vide consent. You will now allocate a study PIN to the participant. Please use the by enrollment log
○ Proceed	
Participant PIN	
Participant PIN Verification	
Pin match	
PIN valid	
ERROR The PINs you entered did not mat	ch up
You have entered the following Pl	Ns
first pin: [participant_pin] second pin: [participant_pin_verif	y]
FDDOD	

The PIN you entered is invalid for [site\_name]

You have entered the following PINs

### **Saving Instruction**

You have completed the Screening and Enrollment process. Please make sure to check if all relevant fields have been selected and the information captured is accurate.

Once this is done, please select the "complete" option below and then select "Save & Exit".

Once you have done this you will be directed to the baseline Data.

#### **Notes**

**Additional Notes** 



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Baseline Data		
Staff name		
Today's Date		
Start Time		
Sociodemographics		
NOTE TO RA: You are about to start the Socio-demographics section. Please make sure to ask the questions as they appear on your tablet.		
Please select "Proceed" to continue.		
○ Proceed		
Sociodemographics		
How would you describe yourself in terms of race?		
<ul> <li>○ African</li> <li>○ Coloured</li> <li>○ Mixed Race</li> <li>○ White</li> <li>○ Indian</li> <li>○ No answer</li> </ul>		
What level of education did you complete?		
<ul> <li>○ Less than Gr. 10</li> <li>○ Gr.10 or 11</li> <li>○ Gr.12</li> <li>○ Diploma</li> <li>○ Degree</li> <li>○ Refused to answer</li> </ul>		

1 2	Which best describes the type of house in which you live? Please choose one answer only:
3 4	<ul> <li>House or brick structure on a separate stand or yard or on a farm</li> <li>Traditional dwelling/hut/structure made of traditional materials</li> </ul>
5 6 7 8 9 10 11 12 13 14	Flat Town/cluster/semi-detached house (simplex, duplex or triplex) Unit in retirement village Dwelling/house/flat/room in backyard Informal dwelling/shack IN the backyard of a formal house Informal dwelling/shack NOT in backyard e.g. in an informal/squatter settlement or on farm Room/flatlet not in backyard but on a shared property e.g granny flat Caravan/tent Worker's hostel Other
15 16 17 18 19 20 21	If other, please specify.
22 23	What is the main material of your house walls? Please choose one answer only:
24 25 26 27 28 29 30 31 32 33	<ul> <li>○ Bricks &amp; plaster/finished</li> <li>○ Bare brick/cement block</li> <li>○ Corrugated iron/zinc</li> <li>○ Wood</li> <li>○ Plastic</li> <li>○ Cardboard</li> <li>○ Mixture of mud and cement</li> <li>○ Wattle and daub</li> <li>○ Mud</li> <li>○ Other</li> </ul>
34 35 36 37 38 39	If other, please specify
40 41	What is the main material of your house roof? Please choose one answer only:
42 43 44 45 46 47 48 49 50	<ul> <li>○ Tiles</li> <li>○ Corrugated iron/zinc</li> <li>○ Thatching</li> <li>○ Asbestos</li> <li>○ Plastic</li> <li>○ Cardboard</li> <li>○ Other</li> </ul>
50 51 52 53 54 55 56 57 58 59 60	If other, please specify

What is your current relationship status?
<ul> <li>Married</li> <li>Steady partner</li> <li>Steady partner and Casual Partner(s)</li> <li>Casual Partner(s)</li> <li>No relationship</li> </ul>
Do you live together with your partner?
<ul><li>Yes</li><li>No</li></ul>
Are you currently employed?
<ul><li>○ Employed</li><li>○ Self employed</li><li>○ Not employed</li></ul>
What is your monthly personal income?
<ul> <li>○ None</li> <li>○ &lt; 1000 ZAR per month</li> <li>○ 1001 - 5000 ZAR per month</li> <li>○ 5001 - 10 000 ZAR per month</li> <li>○ &gt;10 000 ZAR per month</li> </ul>
What is your household's main source of income?
<ul> <li>Personal income from employment \ self employment</li> <li>Income from partner</li> <li>Grants</li> <li>Other</li> </ul>
Have you been outside of the Eastern Cape or country in the past 6 months?
○ Yes ○ No
Which provinces or country have you been to in the last 6 months?
Note to RA: please select all that apply
☐ Free State ☐ Gauteng ☐ Kwazulu-Natal ☐ Limpopo ☐ Mpumalanga ☐ Northern Cape ☐ North West ☐ Western Cape ☐ Outside South Africa
Has your partner/husband been outside of the Eastern Cape or country in the past 6 months?
○ Yes ○ No

Which provinces or country has your partner/husband be	en to in the last 6 months?
Note to RA: Please select all that apply	
Free State	
Gauteng	
☐ Kwazulu-Natal	
Limpopo	
□ North West	
☐ Western Cape	
☐ Other country	
_ other country	
What is the main source of drinking water for your house	hold? Please choose one answer only:
○ Piped (tap) water in dwelling	
Piped (tap) water on site or in yard	
Neighbour's tap	
Public or communal tap (either free or paid)	
Borehole on site	
Borehole off site/communal	
Rain water tank	
○ Water carrier/tanker	
○ Flowing water/stream/river	
Stagnant water/dam/pool	
○ Well	
Spring	
O Bottled water	
○ Other	
f other, please specify	
What type of toilet does your household use? Please choo	ose one answer only:
○ Flush toilet (connected to sewage)	
Flush toilet (with septic tank)	
Chemical toilet	
Pit latrine with ventilation pipe	
Pit latrine without ventilation pipe	
Bucket toilet	
○ No facility/bush/field	
Other 1	
Other	
Other other, please specify	
Other	

What is the main source of energy for cooking in your hou	isehold? Please choose one answer only:
<ul> <li>Electricity from mains</li> <li>Electricity from generator</li> <li>Gas</li> <li>Paraffin</li> <li>Wood</li> <li>Coal</li> <li>Animal dung</li> <li>Solar energy</li> <li>Other</li> </ul>	
If other, please specify	
Does your household have any of the following	itoms in good working order? Dood ooch itom
and indicate the presence of each	items in good working order? Read each item
Yes	No O
Television O  Gas or Electric stove	0
Fridge/freezer	0
Private motor vehicle in running	$\circ$
condition	
Bicycle	0
Bed	0
Sofa or sofa set	
Kitchen sink	
Do you think that you will need to borrow money to pay for	or healthcare during your pregnancy?
<ul><li>○ Yes</li><li>○ No</li></ul>	
How much money did you spend coming to the clinic toda	ay (including transport costs, snacks while waiting etc.) ?
([RANDS])	
Did you lose any money from your job because of coming	to the clinic today?
○ Yes ○ No	
If yes, how much money did you lose?	
([RANDS])	
How much time did you spend travelling to the clinic toda	y (Hours)?

([HOURS])

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How much time did you spend travelling to the clinic today (Minutes)?
([MINUTES])
Time spent travelling in minutes.
How much time do you normally spend waiting and seeing the doctor or nurse in a clinic such as this one (Hours)?
([HOURS])
How much time do you normally spend waiting and seeing the doctor or nurse in a clinic such as this one?
([MINUTES])
How much time do you normally spend waiting and seeing the doctor or nurse in a clinic such as this one in minutes?
([MINUTES])
Are you planning to wait for your results today? (New question added @13/09/2022)
○ Yes ○ No
What is your main reason why you are not intending to wait today? (New question added @13/09/2022)
<ul> <li>○ Have to get to work</li> <li>○ Have to get back to my kids/family</li> <li>○ Want to go to the shop</li> <li>○ Transport availability</li> <li>○ Lack of privacy</li> <li>○ Hungry</li> <li>○ No space to wait</li> <li>○ Not feeling well</li> </ul>
○ Boring ○ Other
If "Other" , please specify. (New question added @13/09/2022)
What would make you change your mind? (New question added @13/09/2022)

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Do you do any of the following activities in a lake / stream?
Note to RA: Please select multiple that apply
☐ Play ☐ Bath ☐ Wash blankets ☐ Do laundry ☐ Fish ☐ Collect water ☐ Crossing ☐ None
Behavioural Questionnaire
NOTE TO RA: You just completed all questions related to socio-demographics. You are about to start with the Behavioral Questionnaire.
Please select "Proceed":
○ Proceed
When was the last time you had sex?
<ul><li>○ In the past week</li><li>○ In the past month</li><li>○ More than a month ago</li></ul>
Did you use a condom the last time you had sex?
○ Yes ○ No
Do you use a lubricant?
○ Yes ○ No
Can you please elaborate on the type of lubricant that you use?
What do you use to clean your vagina?
<ul><li>○ Water only</li><li>○ Soap and water</li><li>○ Other household products</li><li>○ Other</li></ul>
Please specify what other things you used on your vagina.

Do you do any vaginal douching?
○ Yes ○ No
Please specify
Do you do any form of vaginal cleansing?
○ Yes ○ No
Please specify
Do you use anything to clean inside your vagina?
○ Yes ○ No
Do you insert anything in your vagina for tightening?
○ Yes
Ŏ No
Please specify
In the past 6 months, how many sexual partners did you have?
<ul><li>○ One</li><li>○ More than one</li></ul>
In the past 6 months, have you engaged in any of the following? (Select ALL that apply)
☐ Vaginal sex ☐ Oral sex ☐ Anal sex
Have you recently agreed to sex even though you did not feel like to?
<ul><li>○ Yes</li><li>○ No</li></ul>

Note to RA: Discuss with participant counselling options
<ul><li>○ Yes</li><li>○ Participant doesn't need counselling</li></ul>
Please specify
riease specify
In the past 6 months, have you been forced to have sex with anyone?
○ Yes ○ No
Note to RA: Discuss with participant counselling options
○ Yes
O Participant doesn't need counselling
Please specify
In the past 6 months, have you received any benefits (money or goods) for sex?
○ Yes
○ No
Do you suspect your steady partner to have any other sex partners?
○ Yes ○ No
○ Unsure
When did your last menstrual period start?
Note to RA: Please ask participant to give the most accurate date.
Just before I became pregnant.
NOTE: Please tick the statement that most applies to you:
<ul><li>I wanted to have a baby</li><li>I had mixed feelings about having a baby</li></ul>
I did not want to have a baby
How many times have you been pregnant before your current pregnancy?
How many live children have you delivered?

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Of the live births that you had, how many were normal vaginal delivery?
Of the live births that you had, how many were "emergency cesarean"?
Of the live births that you had, how many were "elective cesarean"?
Live birth Match
Note to RA: The numbers you have entered do not match. Please check again.
How many of your live birth's were premature?
How many of your live birth's were full term?
Delivery timing calc
Note: The numbers you have captured do not add up
Have you ever had an ectopic pregnancy?
○ Yes ○ No
Have you ever had a miscarriage?
○ Yes ○ No
Have you ever had a stillbirth?
○ Yes ○ No

Do	you smoke cigarettes?
$\bigcirc$	Yes
	No No
Ha	ve you used any of the following since you found out you were pregnant? (select multiple)
(Se	elect ALL that apply.)
П	Alcohol
	Tik
_	Dagga
	Grandpa
_	Other
	None
Ple	ease specify
Do	you know your current HIV status?
$\cap$	HIV negative (tested today by clinical staff)
$\mathcal{L}$	HIV positive on ART
	HIV positive, not on ART
	Don't know (never tested)
	Don't know (no yet tested today)
Wa	as the participant newly diagnosed within the past week?
$\sim$	
	Yes
$\cup$	No
Ca	n we test you for HIV today?
$\overline{}$	
	Yes No
	NO CONTRACTOR OF THE PROPERTY
Un	known HIV Status:
No	te to RA/ Nurse: HIV test needs to be conducted
0	Proceed to test
H۱۱	/ rapid test result:
	Positive
$\cup$	Negative
HΙ\	/ confirmatory test
$\bigcirc$	Positive
	Negative
$\cup$	negative
Flie	sa blood barcode

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Have you ever been treated for an STI in the last year?
<ul> <li>Yes, I had discharge</li> <li>Yes, I had ulcers</li> <li>Yes, I had genital warts</li> <li>Yes, no symptoms but notified by partner</li> <li>No</li> </ul>
Does the participant have pre-existing diabetes?
○ Yes ○ No
Are you on treatment for your diabetes?
○ Yes ○ No
Does the participant have pre-existing hypertension?
○ Yes ○ No
Are you currently on medication for your hypertension?
○ Yes ○ No
Does the participant have pre-existing thyroid disease?
○ Yes ○ No
Is the participant taking medication for her thyroid disease?
○ Yes ○ No
Do you know your partner's HIV status?
<ul><li>Yes, HIV positive on ART</li><li>Yes, HIV positive but not on ART</li><li>Yes, HIV negative</li><li>No</li></ul>
You have completed the baseline questionnaire. Please make sure to log out of your REDCap account.
Once you have done this you can hand the process over to the nurse who will conduct the clinical history.

#### **NOTES**

Additional notes



**Physical Exam** 

Staff Name
Today's Date
Start time
You are about to administer the questions associated with the physical exam.
Please select "Proceed" to continue.
○ Proceed
Clinical History
Do you currently have any of the following symptoms?
RA: Please select all that apply
<ul> <li>□ Abnormal vaginal discharge</li> <li>□ Pain during urination</li> <li>□ Lower abdominal pain</li> <li>□ Pain related to intercourse</li> <li>□ Vaginal bleeding related to intercourse</li> <li>□ Genital itchiness</li> <li>□ Any skin abnormalities</li> <li>□ None</li> </ul>
How many days ago did your abnormal vaginal discharge start?
How many days ago did the pain during urination start?
Provide further details
Have you received treatment for these symptoms?
○ Yes ○ No

Where did you get the treatment from?
<ul><li>○ Over the counter</li><li>○ Healthcare facility</li><li>○ Traditional healer</li></ul>
Please provide further details
If you were told you had an STI would you disclose to your partner(s)?
<ul> <li>Yes, to steady partner</li> <li>Yes, to casual partner(s)</li> <li>Yes, to all steady and casual partner(s)</li> <li>No</li> </ul>
Co-Morbidities
You are about to start asking questions related to co-morbidities.
Please select "Proceed" to continue.
○ Proceed
Did the participant screen positive for any TB symptoms?
○ Yes ○ No
The participant shows signs of TB. A specimen needs to be collected for further testing. Please select below to specify whether a specimen was collected successfully.
○ Yes ○ No
Instruction: Please record the specimen tracking number below
Are you on cotrimoxazole prophylaxes?
<ul><li>Yes, on cotrimoxazole</li><li>Yes, started today</li><li>No</li></ul>
Did the participant start antiretroviral therapy today?
○ Yes ○ No
Specify reason for not starting

Was blood taken today for the participant's CD4 count?
○ Yes ○ No
Please record barcode for blood tube for CD4 count testing?
Is the participant's most recent CD4 count within the last 12 months available?
Yes
○ No
What was the date of the CD4 specimen collection?
What was the participant's most recent CD4 count?
(if no number listed, enter 9999)
Was blood taken today for the participant's viral load?
○ Yes ○ No
Please record barcode for blood tube for viral load testing?
Is the participant's most recent viral load within the past 12 months available?
<ul><li>○ Yes</li><li>○ No</li></ul>
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
(if no number listed, enter 0000)
Was blood taken today for the participant's viral load?
<ul><li>○ Yes</li><li>○ No</li></ul>
Please record the barcode for viral load testing?

Is the participant's most recent viral load available?
○ Yes ○ No
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
Which regimen for ART were you started on today?
<ul> <li>☐ TLD</li> <li>☐ TEE</li> <li>☐ AZT/3TC/LPV</li> <li>☐ Other</li> </ul>
Which regimen for ART were you on so far?  TLD TEE AZT/3TC/LPV Other
Has the regimen for ART been changed today?  Ores No
To which regimen for ART has it been changed today?
<ul> <li>○ TLD</li> <li>○ TEE</li> <li>○ AZT/3TC/LPV</li> <li>○ Other</li> </ul>
Please select "Proceed" to collect blood for viral load testing.
○ Proceed
Did you successfully collect blood for viral load testing?
○ Yes ○ No
Please capture the barcode associated with the blood tube used for testing viral load.

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Was a CD4 count test done?
<ul><li>Yes</li><li>Yes, but no result available</li><li>Not done</li></ul>
Please specify last known CD4-cell count.
Was blood taken today for the participant's CD4 count ?
○ Yes ○ No
Please record the barcode for CD4 testing?
Is the participant's most recent CD4 available?
○ Yes ○ No
What was the date of the CD4 specimen collection?
What was the participant's most recent CD4 Count?  ———————————————————————————————————
Has a syphilis test been done for the participant?
○ Yes ○ No
Instruction: Please conduct a rapid test for syphilis.
Specify if the participant agreed to testing / you managed to execute the test.
<ul><li>Yes</li><li>No</li></ul>
Which syphilis test have you used?
<ul> <li>○ Alere Syphilis TP (provided by FPD)</li> <li>○ HIV/Syphilis Duo (provided by FPD)</li> <li>○ No rapid test used only NHLS bloods for RPR</li> <li>○ Other please specify</li> </ul>
Please specify

Syphilis result
○ Positive
O Negative
○ Indeterminate
Titer value 1:
Please collect blood for further syphilis testing and specify if the blood was collected successfully.
○ Yes
○ No
Treatment given
<ul><li>Benzathine penicillin, 2.4 mU</li><li>Out of stock</li></ul>
Please contact the study clinician and specify treatment given to participant
Please contact the study clinician and specify treatment given to participant
Please capture the barcode below.
Participant weight in kilograms
Participant height in cm
Participant systolic blood pressure
Participant diastolic blood pressure
raticipant diastone blood pressure
How was Hemoglobin measured?
<ul><li>○ Hb meter at the clinic</li><li>○ Hb at NHLS</li></ul>
——————————————————————————————————————
Please capture Hb result

(1 Decimal Place)

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Please capture the barcode for Hb
Participant MUAC in cm
(1 Decimal Place)
Please collect participant's urine for later testing.
Ultrasound Results
You are about to start capturing information pertaining to the ultrasound results.
Please select "Proceed" to continue.
○ Proceed
Ultra-sound scan date
Was the pregnancy confirmed?
<ul><li>Yes, intra-uterine</li><li>Yes, extra-uterine</li><li>No</li></ul>
NOTE: Please refer immediately
NOTE Due to the status of the pregnancy, the participant is no longer eligible to continue with the study. This is the end of their involvement in the study. Please thank them for their time. Also do the following:
- Save and Exit the form
- Complete a Study Note confirming termination of study participation
Please specify the number of foetus

You are about to capture the gestational age of the foetuses. Please select "Proceed" and then capture the number of weeks followed by days.
○ Proceed
Gestational age in weeks
Gestational age in days
Calc: Gestational age in days
EDD based on ultra-sound
Calc: Days to EDD
Calc assist for EDD
The number of days must be equal to 280.
Note to Nurse:
You did not enter either gestational age or EDD correctly.
Calc: Eligibility
END The participant is not eligible for our research study
This will be the end of their participation. Please thank them for their time.
STI Clinical Examination (To be done By Nurse)
You are about to capture information related to STI clinical examination.
Please select "Proceed" to continue
○ Proceed

During your examination, were there any signs of abnormal vaginal discharge?
<ul><li>○ Yes</li><li>○ No</li></ul>
During your examination, were there any signs of inguinal lymphadenopathy?
○ Yes ○ No
Are these bubo?
○ Yes ○ No
Note to RA: Please contact study clinician and specify treatment given to participant
During your examination, were there any signs of lower abdominal pain?
○ Yes ○ No
During your examination, where there any signs of scratch marks?
○ Yes ○ No
During your examination, where there any signs of skin conditions?
○ Yes ○ No
Please specify the nature of the skin conditions
During your examination, where there any other observations that need to be noted?



Urine Dipstick test results
You are about to capture the results from the dipstick testing
Please select "Proceed" to continue
○ Proceed
Blood - Hemoglobin
<ul><li>○ Negative</li><li>○ Ca. 10</li><li>○ Ca. 50</li><li>○ Ca. 250/300</li></ul>
Blood - Erythrocytes
<ul><li>○ Negative</li><li>○ Ca. 5 -10</li><li>○ Ca. 50</li><li>○ Ca. 250/300</li></ul>
Urobilinogen
○ Normal ○ 2
0 4 0 8
Bilirubin
<ul><li>○ Negative</li><li>○ 1 plus</li></ul>
1 plus 2 plus 3 plus Not available
Not available
Protein
<ul><li>○ Negative</li><li>○ 30</li></ul>
○ 100 ○ 500
Nitrate
<ul><li>○ Negative</li><li>○ Positive</li></ul>

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Keton
<ul> <li>○ Negative</li> <li>○ 1 plus</li> <li>○ 2 plus</li> <li>○ 3 plus</li> <li>○ Not available</li> </ul>
Glucose
<ul> <li>Negative</li> <li>Normal</li> <li>50</li> <li>150</li> <li>500</li> <li>≥1000</li> </ul>
рН
<ul> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>Not available</li> </ul>
SG
<ul> <li>○ 1.000</li> <li>○ 1.005</li> <li>○ 1.010</li> <li>○ 1.015</li> <li>○ 1.020</li> <li>○ 1.025</li> <li>○ 1.030</li> <li>○ Not available</li> </ul>
Leucocytes
<ul><li>○ Negative</li><li>○ 25</li><li>○ 75</li><li>○ 500</li></ul>
NOTE The participant's clinical gestational age is more than 20 weeks. They are not eligible to proceed with the study activities.
Please do the following:
<ol> <li>Explain the reason for study termination</li> <li>Complete the study electronic termination tool</li> <li>Complete the study termination document and place in file</li> </ol>
○ End

### **NOTES**

**Additional Notes** 

You have completed capturing the information from the clinical exam. Please make sure to check that you have completed all the fields.

Please select "Complete" then "Save and Exit".

You will now proceed to collecting study specimens and randomization



# **Specimens and Randomization**

Staff Name		
Today's Date		
Start time		
Specimen Collection		
NOTE You will now start with the process of specimen collection. You will participant. These specimens need to be collected in the order in randomization will have an impact on whether these specimens with to be prepared for storage.	which they are presented here. The	e outcome of the
The following specimens will need to be collected:  1. Vaginal loop to be used to prepare two slides  2. Vaginal swab to be used for STI testing  3. Vaginal swab to be used for profiling  4. Vaginal swab to be used for microbiome  5. Vaginal swab to be used for cytokine		
○ Done		
NOTE You will now start with the process of specimen collection. You will participant. These specimens need to be collected in the order in		s from the
The following specimens will need to be collected:  1. 1 x Vaginal loop to be used to prepare two slides  2. 1 x Vaginal swab to be used for STI testing  3. 1 x Vaginal swab to be used for profiling  4. 2 x Vaginal swab to be used for microbiome  5. 1 x Vaginal swab to be used for cytokine		
○ Done		
Vaginal Smear		
Please specify the vaginal pH		
(if not available, enter 99)		

Please select which pH strips are used to measure vaginal pH
CardinalHealth pH Indicator Strips (range 3.6-6.1)
<ul><li>○ pH Indicator Strips pH 0-14</li><li>○ Natureland vaginal pH test (range 3.5-6.5)</li></ul>
You will need to use a single loop to collect vaginal smear on two glass slides for microscopy
O Done
Confirm the PIN associated with the first vaginal slide that will be used for Nugent score
○ [participant_pin]-S1
Confirm the PIN associated with the second vaginal slide that will be used for yeast microscopy
○ [participant_pin]-S2
Vaginal Swabs
NOTE
You will now collect four vaginal swabs. They will be used as follows:
<ol> <li>STI testing (test for arms 1 and 2, store for arm 3)</li> <li>Profiling (stored)</li> </ol>
3. Microbiome (stored) 4, Cytokine
○ Done
NOTE You will now collect four vaginal swabs. They will be used as follows:
1. STI testing
Profiling (stored)     Microbiome (stored)
4, Cytokine
○ Done
Please confirm the PIN associated with the urine for Schistosomiasis testing. (2022/10/21 - Stopped collecting the urine specimen)
○ [participant_pin] - UD1
Please confirm the PIN associated with the vaginal swab that will be used for STI testing.
○ [participant_pin] - BV1
Please confirm the PIN associated with the vaginal swab that will be used for profiling.
○ [participant_pin] - BV2
Please confirm the PIN associated with the vaginal swab that will be used for microbiome.
○ [participant_pin] - BV3

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Please confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the PIN associated with the vaginal swab that will be used for confirm the pin that will be used for confirmation the pin that will be used for c	ytokines.
○ [participant_pin] - BV4	
NOTE You have finished the collection of the vaginal swabs. Please ensure specimens shipment. The vaginal swab that is collected for STI testing should be kept asic randomization. If the participant is in arm 1 or 2 the specimen should be used participant is randomized to arm 3, you can store the specimen.	de following the outcome of the
Please select "Proceed" to start the process of randomization	
○ Done	
Randomization  O Arm 1 O Arm 2 O Arm 3	
Activities Associated with "[randomization]"	
NOTE The participant has been randomized to "[randomization]". You will now need to	to do the following:
1. Prepare the STI swab for testing using the GeneXpert	
○ Done	
NOTE: The participant has been randomized to"[randomization]". You will now need to	o do the following:
<ol> <li>Prepare the STI swab for testing using the GeneXpert</li> <li>Screen for symptoms</li> <li>Provide treatment and partner referral if positive</li> </ol>	
○ Done	
NOTE: The participant has been randomized to "[randomization]". You will now need to	to do the following:
<ol> <li>Screen for symptoms</li> <li>Provide treatment and partner referral if positive</li> </ol>	
○ Done	
NOTE You will now need to do the following:	
1. Prepare the STI swab for testing using the GeneXpert	
○ Done	
STI Results	
CT Positive	Negative

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NG	0	$\bigcirc$
TV	0	$\circ$
NOTE: See Calculation:		
The result from the STI test?		
$\overline{(0 = \text{Negative, } 1 = \text{Positive, } 2 = \text{N})}$	o result)	
Date the result was obtained		
Did the participant wait for her ST (New question added @ 03/11/202		
<ul><li>Yes</li><li>No</li></ul>		
Symptomatic Screening Outcome	Following Negative Test	
The result from the GeneXpert wa	s negative.	
Was the participant reporting STI	symptoms or showed symptoms during the	e clinical assessment?
<ul><li>Yes</li><li>No</li></ul>		
Does the participant report any m	edication allergies?	
<ul><li>Yes</li><li>No</li></ul>		
Please contact study clinician before treatment plan with study clinician	ore giving any treatment. Please specify dis า	scussed medication allergies and
The following treatment has been	provided	
☐ Azithromycin 1g stat dose ☐ Azithromycin 2g stat dose ☐ Ceftriaxone 250mg IM injection ☐ Ceftriaxone 1g IM injection ☐ Metronidazole 400mg bd x 1 w		
<ul><li></li></ul>	eam e 400/80 mg 2 tbl. bds for 5 days (bactrim)	
Date treatment given		



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Partner notification provided    Yes, 1     Yes, multiple     No     Please explain why the partner notification note was not provided?   Please explain why the partner notification note was not provided?   ELIGIBLE     The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.   Proceed     Did the participant provide a signed consent to participate in the chlamydia case control study?   Yes     No     Reasons for refusal     They have no time     Scared     In a different study     Other", please specify     Tother", please specify     NOTES     Participant successfully enrolled     Additional notes	What made you change your mind about waiting for the results? (New question added @13/09/2022)
Yes, 1 Yes, multiple No  Please explain why the partner notification note was not provided?  ELIGIBLE The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.  Proceed  Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No  Reasons for refusal They have no time Scared In a different study Other", please specify  Tother", please specify  NOTES  Participant successfully enrolled	
Yes, multiple No  Please explain why the partner notification note was not provided?  ELIGIBLE The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.  Proceed  Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No  Reasons for refusal  They have no time Scared In a different study Other", please specify  NOTES  Participant successfully enrolled	
Please explain why the partner notification note was not provided?  ELIGIBLE The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.  Proceed  Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No Reasons for refusal  They have no time Scared In a different study Other  If "Other", please specify  NOTES  Participant successfully enrolled	Partner notification provided
ELIGIBLE The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.  Proceed  Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No  Reasons for refusal  They have no time Scared In a different study Other  If "Other", please specify  Consent or refusal date  NOTES  Participant successfully enrolled	○ Yes, multiple
The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.  Proceed  Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No  Reasons for refusal  They have no time Scared In a different study Other  If "Other", please specify   NOTES  Participant successfully enrolled	Please explain why the partner notification note was not provided?
The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.  Proceed  Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No  Reasons for refusal  They have no time Scared In a different study Other  If "Other", please specify   NOTES  Participant successfully enrolled	
The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the consenting process.  Proceed  Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No  Reasons for refusal  They have no time Scared In a different study Other  If "Other", please specify   NOTES  Participant successfully enrolled	
Did the participant provide a signed consent to participate in the chlamydia case control study?  Yes No  Reasons for refusal  They have no time Scared In a different study Other  If "Other", please specify   NOTES  Participant successfully enrolled	The participant is eligible for our nested chlamydia case-control study. Please select "Proceed" to start with the
Yes   No   No   Reasons for refusal     They have no time   Scared   In a different study   Other   Other   Other   Participant successfully enrolled   NOTES   Participant successfully enrolled   Participant	○ Proceed
Notes  Reasons for refusal  ☐ They have no time ☐ Scared ☐ In a different study ☐ Other  If "Other", please specify   NOTES  Participant successfully enrolled	Did the participant provide a signed consent to participate in the chlamydia case control study?
They have no time Scared In a different study Other  If "Other", please specify  Consent or refusal date  NOTES  Participant successfully enrolled	
Scared In a different study Other  If "Other", please specify  Consent or refusal date  NOTES  Participant successfully enrolled	Reasons for refusal
If "Other", please specify  Consent or refusal date  NOTES  Participant successfully enrolled	
Consent or refusal date  NOTES  Participant successfully enrolled	☐ In a different study
NOTES Participant successfully enrolled	If "Other", please specify
NOTES Participant successfully enrolled	
Participant successfully enrolled	Consent or refusal date
Participant successfully enrolled	
Participant successfully enrolled	
Participant successfully enrolled	
Additional notes	Participant successfully enrolled
	Additional notes

You are done with all activities associated with "[randomization]". Please hand the tablet over to the RA to capture the remaining schedule dates.

You are done with all activities. Please hand the tablet over to the RA to capture the remaining schedule dates.



# **Scheduling**

Scheduling of Dates Associated with [randomization].
NOTE You are about to schedule dates associated with [randomization] participants.
Please select "Proceed".
○ Proceed
Scheduling of Dates Associated
NOTE: You are about to schedule dates associated with microbiome participants.
Please select "proceed"
○ Proceed
Scheduling Dates for 3-Week ToC
NOTE: The participant tested positive and therefore we need to schedule a date, exactly 3-weeks from today to conduct a test-of-cure.
Calculator Assist
The number here must be equal to 21
Scheduling the 3-week ToC
NOTE: Please schedule a date, 3 weeks from today treatment given. Please use the calculator assistance to ensure that you schedule a date exactly 21 days from today.
ERROR
The field does not equal to 21, please change it
Have you handed the TOC date to the participant?
○ Yes ○ No
Scheduling Dates Associated with ToC Reminder
Schedule date for REMINDER of 3-week ToC visit

The reminder phon	e call will be made 18 days following the treatment date. The number of days need to equal to 18
ERROR	
	he date correctly. The number should equal to 18. Please redo the date.
Scheduling Dates A	associated with 3-Week ToC Missed Visit Date
NOTE: You have successfu	ılly scheduled the reminder date.
Please select "proc	eed" to schedule the missed visit date for the 3 week ToC visit.
○ Proceed	
Schedule the date	for the MISSED VISIT of the ToC visit.
This date should be	e 3 weeks after the date on which the participant received their test result.
Calculator Assist fo	r scheduling 3-week ToC Missed Visit
	me period allowed for attending a ToC will start 35 days after they received their result and will the date they received their result.
The number here n	nust show 35
ERROR You did not enter tl	he date correctly. The number should equal to 35. Please redo the date.
NOTE:	
You have successfu	ully scheduled the 3-week ToC close date
Please select "proc	eed" to start scheduling the next visit dates
○ Proceed	
Dates Associated w	rith reminder for the 28 Week call
NOTE:	
	chedule dates for the call reminder at 28 weeks.
Please select "Proc	eed".
○ Proceed	
Note:	for the 28 week call. We will contact each participant to ask the date for their 30 weeks clinic visit

Calculation assist for scheduling the 32-week reminder date.
This number must equal to 196
Days to call reminder
ERROR

The number you have entered does not match 196. Please select a different date so that the number equals to 196.

### **CONGRATULATIONS**

You have finished scheduling all dates.

### **NOTES**

Notes box



Staff					
Date					
Гime					
You are abou	ut to capture results o	of specimens collec	ted during the ba		
Please selec	t "Proceed" to continu	ue			
○ Proceed					
Hb results re	eceived	9			
⊃ Yes ⊃ No					
Please captu	re Hb result				
	re the barcode for H		6		
Please captu	re the results of the	sputum for TB testi	ng	) -	
<ul><li>MTB Nega</li><li>MTB Posit</li><li>MTB Posit</li><li>Not suital</li></ul>	tive Rifampicin Susce tive Rifampicin Resist	ptible ant			
<ul><li>Specimer</li><li>Invalid</li></ul>	n missing				
Not appli	cable				
Please conta	ct participant				
Please recoll	ect specimen on part	icipant next visit			
CD4 count re	esults received?				
<ul><li>Yes</li><li>Clotted b</li><li>Missing</li></ul>	lood				
Please recoll	ect blood or collect o	utcome from ART o	clinic		

Please capture the result of the blood tube collected for CD4 count testing
Date sample for CD4 count was taken
Viral load results received?
<ul><li>Yes</li><li>○ Clotted blood</li><li>○ Missing</li></ul>
Please recollect blood or collect outcome from ART clinic
Please capture the result of the blood tube collected for viral load testing
Date sample for viral load was taken
Please record barcode for viral load testing
Please capture the result of the syphilis testing
<ul><li>○ RPR Negative</li><li>○ RPR Positive</li><li>○ RPR Indeterminate</li><li>○ Not received</li></ul>
Please contact participant
Notes
Notes

Staff				
Date				
Time				
You are about t	o capture results of sp	ecimens collected do	uring the baseline visit.	
Please select "F	Proceed" to continue			
○ Proceed				
Please capture	the result for the Nuge	ent score testing		
<ul><li>Slide reading</li><li>Slide reading</li></ul>	g not satisfactory g was satisfactory			
			<b>&gt;</b>	
·	the result for the Nuge	ent score testing		
	f yeast was present			
	. усаве нав р. ввене			
○ Yes ○ No				
Please capture	the result for the yeas	t infection testing		
<ul><li>Slide reading</li><li>Slide reading</li></ul>	g not satisfactory g was satisfactory			
	the result for the Yeas			
	f candida was present			
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Please capture the result for the schistosomiasis
<ul><li>○ Positive</li><li>○ Negative</li></ul>
○ Indeterminate
Please specify the result for the schistosomiasis
☐ Trace
□ 1+ □ 2+
□ 3+ □ 4+
Note:
Please notify the study clinician
riease notify the study chilician
Notes
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**Calling Reminders** 

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Staff Name	
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Today's Date	
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Time	
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Opening date for Week 30-34	
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#### NOTE:

You are about to call a participant to remind them of a specific visit. Please make sure to do the following:

- 1. Obtain all relevant contact numbers for the participant on their record
- 2. Ensure that you have checked what the exact date is when the participant is expected to present
- 3. Make sure to give the participant a brief description of what will be done at the visit.
- 4. You will make up to 3 attempts to get hold of the participant.

Please select "Proceed"

Closing date for Week 30-34

Proceed

The presentation dates are below:

TOC

Date: [baseline arm 1][toc 3week]

WEEK 28 CALLING

Date: [baseline\_arm\_1][sched\_28w\_rem]

WEEK-32

30-34 Week Open Date: [week\_28\_arm\_1][calling\_wk30\_34\_open\_date]

30-34 Week Close Date: [week\_28\_arm\_1][calling\_wk30\_34\_close\_date]

30-34 Week Actual Date: [week\_28\_arm\_1][week32\_visit\_date]

POST-NATAL VISIT

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Visit open date: [predelivery\_checki\_arm\_1][pd\_remind\_date\_schedpd]

Visit close date: [predelivery checki arm 1][pd close date schedpd]

Date of Delivery: [predelivery checki arm 1][pd remind date delivery]
For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml

6-WEEK IMMUNIZATION VISIT
Actual Date: [predelivery_checki_arm_1][sixw_im_schedpd]
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>○ Successful - Participant</li> <li>○ Successful - Family member</li> <li>○ Unsuccessful - Voicemail</li> <li>○ Unsuccessful - Invalid</li> </ul>
Date of the attempt
Details of Calling Attempt 2
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Details of Calling Attempt 3
Details of Calling Attempt 5
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt

### **Notes**

Calling notes



### **ToC Visit Activities**

Staff Name
Today's date
Start time
NOTE Did the participant present within the specified dates presented below:
Start: [baseline_arm_1][toc_reminder_date]
Actual: [baseline_arm_1][toc_3week]
End: [baseline_arm_1][arm1_toc_close_date]
○ Yes ○ No
The participant did not have a positive baseline STI result and therefore a ToC visit is not applicable. Activities associated with this visit will need to be captured under the "Ad-Hoc" tool
Note You are about to start activities associated with the Test-of-Cure visit for participants in arm 1. The following activities are associated with this visit:
<ol> <li>Collect 1 Loop with 2 slides</li> <li>Collect 3 vaginal Swabs</li> <li>Test of Cure Test</li> <li>Profiling (Storage)</li> <li>Microbiome (Storage)</li> <li>Running the Test-of-Cure</li> <li>Collect Clinical History, Adherence and Disclosure data</li> </ol>
4. Collect Clinical History, Adherence and Disclosure data  Please select "Proceed"
○ Proceed
Specimen Collection_ToC
NOTE Please collect one vaginal loop and prepare 2 slides. Please remember to do the following:
<ol> <li>Pack slides individually in their own package</li> <li>Record the PIN on the outside of package</li> <li>Complete the lab CRF with the matching PINs and test instructions</li> </ol>

**₹EDCap**°

Select "Proceed" to confirm the PINs associated with the slides.

Did you manage to collect the vaginal loop?
○ Yes ○ No
Date of vaginal loop specimen collection
Please confirm the pin for the first vaginal swab that will be used for Nugent score
○ [baseline_arm_1][participant_pin]-TL1
Please confirm the pin for the second vaginal swab that will be used for yeast microscopy
○ [baseline_arm_1][participant_pin]-TL2
NOTE: You are about the start with the process of collecting the following 3 vaginal swabs:
<ol> <li>Swab to be used to conduct ToC (Immediately)</li> <li>Swab for profiling</li> <li>Swab to be used for microbiome</li> </ol>
Please select "Proceed"
○ Proceed
Please specify the vaginal pH
Please confirm the PIN associated with the vaginal swab that will be used for STI testing.
○ [baseline_arm_1][participant_pin] - TCV1
Did you manage to collect the vaginal swab for profiling
○ Yes
○ No
Please confirm the PIN associated with the vaginal swab that will be used for profiling.
This must be stored
○ [baseline_arm_1][participant_pin] - TCV2
Did you manage to collect the vaginal swab for microbiome testing?
Yes     No
Please confirm the PIN associated with the vaginal swab that will be used for microbiome.
This must be stored
○ [baseline_arm_1][participant_pin] - TCV3

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Date of specimen collection for vaginal swabs
NOTE You have collected all specimens associated with this visit. Once you select the "Proceed" option below you will be directed to the start of the clinical history questionnaire. The completion of the questionnaire might take some time so it would be a good idea to start running the vaginal swab to conduct the Test of Cure in line with the below baseline results.
NG: [baseline_arm_1][sti_result_ng]
TV: [baseline_arm_1][sti_result_tv]
CT: [baseline_arm_1][sti_result_ct]
○ Proceed
Clinical History Review
You are done trying to collect specimens. Because your were not able to collect a Vaginal Swab for STI testing you will not be able to run a test. Please proceed to completing the clinical history.
○ Proceed
Do you currently have any of the following symptoms? Multiple selection
<ul> <li>□ Abnormal vaginal discharge</li> <li>□ Pain during urination</li> <li>□ Lower abdominal pain</li> <li>□ None</li> </ul>
When did these symptoms start for abnormal vaginal discharge?
<ul> <li>After previous visit</li> <li>Persistent since previous visit</li> <li>Recurrent since previous visit</li> </ul>
When did these symptoms start for pain during urination?
<ul> <li>After previous visit</li> <li>Persistent since previous visit</li> <li>Recurrent since previous visit</li> </ul>

Adheren	ce
NOTE The follow	ing questions pertain to adherence to the STI medication.
Select Pro	ceed
○ Procee	d
Did you fir	nish the whole course of treatment?
○ Yes ○ No	
How many	days did you take treatment for?
Did you th	row up within 2 hours after taking any of the STI treatment?
○ Yes	
○ No	
Did you ta	ke any other non-chronic treatment at the time?
○ Yes	
○ No	
What type	of treatment were you taking ?
NOTE You are do Disclosure	one with questions related to Adherence. You are about to start asking questions associated with .
Please sel	ect "Proceed"
○ Procee	
Disclosu	re
Did you ha	ive sex in the past month?
○ Yes	
○ No	

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How many different male partners did you have sexual intercourse with in the past month?
○ 1 ○ 2 ○ More than 2 partners
Please specify how many partners?
What type of sex did you have with partner 1 (Husband/ Steady partner)?
☐ Vaginal ☐ Anal ☐ Oral
Did you use a condom the last time you had sex with this partner?
○ Yes ○ No
Did you notify him of your STI result?
<ul><li>○ Yes I gave him the notification slip</li><li>○ Yes I told him</li><li>○ No</li></ul>
What was his reaction when you told him of your STI infection?
<ul><li>Supportive</li><li>Angry</li><li>Violent</li><li>Disengaged</li></ul>
How did disclosure affect your relationship?
<ul> <li>○ Continued as before</li> <li>○ Started using a condom</li> <li>○ He engaged with other partners</li> <li>○ He refused sex</li> <li>○ Relationship ended</li> </ul>
Did he take the treatment?
<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>
Where did he seek treatment?
<ul><li>○ Private</li><li>○ Public</li><li>○ Traditional</li></ul>

Why did you not notify this partner?
<ul> <li>○ I didn't feel it was necessary</li> <li>○ I am embarrassed</li> <li>○ I'm afraid he gets angry</li> <li>○ I'm afraid he gets violent</li> <li>○ I'm afraid he will end the relationship</li> </ul>
What type of sex did you have with partner 2?
☐ Vaginal ☐ Anal ☐ Oral
Did you use a condom the last time you had sex with this partner?
○ Yes ○ No
Did you notify him of your STI result?
<ul><li>Yes I gave him the notification slip</li><li>Yes I told him</li><li>No</li></ul>
What was his reaction when you told him of your STI infection?
<ul><li>Supportive</li><li>Angry</li><li>Violant</li><li>Disengaged</li></ul>
How did disclosure affect your relationship?
<ul> <li>○ Continued as before</li> <li>○ Started using a condom</li> <li>○ He engaged with other partners</li> <li>○ He refused sex</li> <li>○ Relationship ended</li> </ul>
Did he take the treatment?
<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>
Where did he seek treatment?
<ul><li>○ Private</li><li>○ Public</li><li>○ Traditional</li></ul>

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Why did you not notify your partner?			
<ul> <li>I didn't feel it was necessary</li> <li>I am embarrassed</li> <li>I'm afraid he gets angry</li> <li>I'm afraid he gets violent</li> <li>I'm afraid he will end the relationship</li> </ul>			
Did you tell anyone else of your STI infection	on?		
○ Yes ○ No			
Who did you tell? (Select multiple)			
☐ Family member ☐ Friend ☐ Healthcare worker ☐ Other			
NOTE: You have completed the ToC questionnaire	. Please select "P	roceed" to capture the outcon	ne of the STI test.
○ Proceed			
ToC Outcome			
	Positive	Negative	Did not test
CT NG	0	0	0
TV			0
NOTE: See calculation			
The result from the STI result		$\overline{(1 = Positive, 0 = Negat)}$	ive)
Does the participant show any symptoms o	of an STI?		
○ Yes ○ No			
Please contact the study clinician and discu	uss treatment.		

l <u>2</u>	The participant tested/screened positive for an STI. Please specify the treatment that has been provided.
3 4 5 7 3 9	<ul> <li>Azithromycin 1g stat dose</li> <li>Azithromycin 2g stat dose</li> <li>Ceftriaxone 250mg IM injection</li> <li>Ceftriaxone 1g IM injection</li> <li>Metronidazole 400mg bd x 1 week</li> <li>Metronidazole 2g stat dose</li> <li>Clotrimazole pessary and/or cream</li> <li>Ceftriaxone 500mg IM injection</li> </ul>
12 13 14 15	Date treatment given
16 17	
18	Please specify if a partner notification has been given to the patient.
19 20 21	○ Yes ○ No
22 23 24	NOTE The patient did not test positive or show any signs of an infection
25 26	Select "Proceed" to conclude visit
27 28 29	○ Proceed
30 31 32 33	Notes
34 35 36 37 38	Additional notes
40 41 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56	You have completed the ToC Visit Activities. Please make sure to check if all relevant fields have been selected and the information captured is accurate.  Once this is done, please select the "Complete" option below and then select "Save & Exit".

# **ToC specimens\_result**

You are about to capture the results of the first loop used for Nugent scoring.
Please select "Proceed" to continue
○ Proceed
Was the reading satisfactory for the Nugent score?
○ Yes ○ No
Please specify the Nugent score
Please specify if candida was present
○ Yes ○ No
Additional comments
You are about to capture the results of the second loop used for smear microscopy.
Please select "Proceed" to continue
○ Proceed
Was the reading satisfactory?
○ Yes ○ No
Please specify the Nugent score

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	r uge 30
Please specify if candida was present	
<ul><li>Yes</li><li>No</li></ul>	
Additional comments	

### Scheduling\_Office

Scheduling the Dates Associated with the 32 Week Gestational Visit
The pregnancy (in days) is currently:
NOTE You are about the start scheduling dates associated with the 32-week visit. You will need to schedule the following associated dates:
1. Week 32 date - Actual visit
2. Week 32 reminder date
3. Week 30 date - Visit window opens
4. Week 35 date - Visit window closes
Select "Proceed" to start scheduling
○ Proceed
Schedule the date for the 32 week gestational age, visit
Note to RA: please make sure that this date does not fall on Friday, weekend, and public holidays.
Calculate assist for 32-week visit
The number here must between 210 and 244.
Days Difference (the difference between 32 weeks & Gestational age)
Match
The date you have entered does not meet the 93 day criteria. Does the intended or original date fall on a Friday weekend or public holiday?
○ Yes ○ No
ERROR The numbers you have entered does not match. Please select a different date so that the numbers match.
Dates Associated with reminder for the 32 Week Gestational Age Visit

**₹EDCap**°

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### Dates associated with the 32 weeks gestational age missed visit

#### NOTE:

You have successfully scheduled the 32-week date.

We will need to contact the participant at least 3 days before the scheduled visit to remind them.

Select "Proceed" to schedule the reminder date for the 32 week visit.

Proceed

### Note:

Schedule the date for the 32 week reminder. We will contact each participant starting 3 days prior to their 32-week gestation date. That means the date scheduled here should be 3 days earlier then the scheduled date for the 32-week visit. If the date falls on a weekend choose the closest week date.

Calculation assist for scheduling the 32-week reminder date.

This number must be between 1 and 4.

### **ERROR**

The date that you have entered is invalid. Please select a different date so that the number is less than or equal to 3.

### NOTE:

You have successfully scheduled the 32-week reminder date.

Select "Proceed" to schedule the 32 week open visit date.

Proceed

Schedule the date for the 32 weeks opening visit date.

Note: Participants will have from 30 weeks of gestation to present for their 32-week visit date.

Calculation Assist for scheduling the 32-Week opening visit date.

This number must equal to 210

#### **ERROR**

The number you have entered does not match 210. Please select a different date so that the number equals 210.

### NOTE:

You have successfully scheduled the 32-week opening date.

Select "Proceed" to schedule the 32 weeks missed visit date.

Proceed

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml



Schedule the date for the 32 weeks missed visit date.
Note: Participants will have until 34 weeks of gestation to present for their 32-week visit date after which the visit wil be closed out.
Calculation Assist for scheduling the 32-Week missed visit date.
This number must equal to 244
ERROR The number you have entered does not match 244. Please select a different date so that the number equals to 244.
Estimated Delivery Date
You are about the schedule the Estimated Delivery Date.
Please select "proceed"
○ Proceed
Estimated Delivery Date
Days difference between estimated date of delivery and gestational age
Calculation Assist for scheduling the Estimated Date for Delivery date.
This number must equal to [edod_calc]
Match
ERROR The number you have entered does not match. Please select a different date so that the numbers match
You have completed all the scheduling dates.
Please check that all dates entered comply with the "calculation assistance".

**₹EDCap**°

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You are about the schedule dates associated with the following events:
1. Pre-birth check-inn
○ Proceed
Check-In Calling at 37 Weeks
Proceed to the check-in calling date
○ Proceed
Check-in calling date
Check in calling date
Calculation Assist for check-in calling date
This number must equal to 259
NOTE
The date you have entered is incorrect. Please make sure that the numbers correspond.
CONGRATULATIONS

You have finished scheduling all dates.

### **32-Week Visit Activities**

Staff name
Today's date
Start time
Did the participant present within the dates presented below:
30-34 Week Start Date: [week_28_arm_1][sched_32w_open_date]
30-34 Week Actual Date: [week_28_arm_1][week32_visit_date]
30-34 Week Closing Date: [week_28_arm_1][sched_32w_mv_date]
○ Yes ○ No
Open ad-hoc visit to capture relevant information
Specimen Collection_32-Week
NOTE You will now start with the process of specimen collection. You will need to collect several specimens from the participant. These specimens need to be collected in the order in which they are presented here.
You will now start with the process of specimen collection. You will need to collect several specimens from the
You will now start with the process of specimen collection. You will need to collect several specimens from the participant. These specimens need to be collected in the order in which they are presented here.  The following specimens will need to be collected:  1. 1 x Vaginal loop to be used to prepare two slides  2. 1 x Vaginal swab to be used for STI testing (Arm 2 and Microbiome (Empilweni): immediate testing; Arm 1 and 3: Storage)  3. 1 x Vaginal swab to be used for profiling  4. 2 x Vaginal swab to be used for microbiome
You will now start with the process of specimen collection. You will need to collect several specimens from the participant. These specimens need to be collected in the order in which they are presented here.  The following specimens will need to be collected:  1. 1 x Vaginal loop to be used to prepare two slides  2. 1 x Vaginal swab to be used for STI testing (Arm 2 and Microbiome (Empilweni): immediate testing; Arm 1 and 3: Storage)  3. 1 x Vaginal swab to be used for profiling  4. 2 x Vaginal swab to be used for microbiome  5. 1 x Vaginal swab to be used for cytokine
You will now start with the process of specimen collection. You will need to collect several specimens from the participant. These specimens need to be collected in the order in which they are presented here.  The following specimens will need to be collected:  1. 1 x Vaginal loop to be used to prepare two slides  2. 1 x Vaginal swab to be used for STI testing (Arm 2 and Microbiome (Empilweni): immediate testing; Arm 1 and 3: Storage)  3. 1 x Vaginal swab to be used for profiling  4. 2 x Vaginal swab to be used for microbiome  5. 1 x Vaginal swab to be used for cytokine  Proceed

Please select which ph strips are used to measure vaginal ph
<ul> <li>○ CardinalHealth pH Indicator Strips (range 3.6-6.1)</li> <li>○ pH Indicator Strips pH 0-14</li> <li>○ Natureland vaginal pH test (range 3.5-6.5)</li> </ul>
You will need to use a single loop to collect vaginal smear on two glass slides for microscopy (if not available, enter 99)
○ Done
Confirm PIN associated with the first Vaginal Loop to be used to test for Nugent score
○ [baseline_arm_1][participant_pin] - WL1
Confirm PIN associated with the second Vaginal Loop to be used to test for Yeast microscopy
○ [baseline_arm_1][participant_pin] - WL2
Vaginal Swabs
NOTE You will now collect four vaginal swabs. They will be used as follows:
<ol> <li>STI testing (Arm 2 and Microbiome (Empilweni): immediate testing; Arm 1 and 3: Storage)</li> <li>Profiling (stored)</li> <li>Microbiome (stored)</li> <li>Cytokine (stored)</li> </ol>
○ Done
Confirm PIN associated with the vaginal swab to be used to test for STI
○ [baseline_arm_1][participant_pin] - WV1
Please confirm PIN associated with the vaginal swab to be used for Profiling
○ [baseline_arm_1][participant_pin] - WV2
Please confirm PIN associated with the vaginal swab to be used for microbiome
○ [baseline_arm_1][participant_pin] - WV3
Please confirm the PIN associated with the vaginal swab that will be used for cytokines.
○ [baseline_arm_1][participant_pin] - WV4
NOTE The participant is in arm 2 and therefore an immediate STI test is conducted at the 32-week visit. Please prepare the swab for testing before you continue to the questionnaires.
○ Proceed
NOTE You are done with all specimen collection and will now proceed to administering the clinical history.
Please select "Proceed"
○ Proceed

Clinical History Review
Have you been to the clinic since the last visit with us?
<ul><li>○ Yes</li><li>○ No</li></ul>
What was the purpose of your visit?
☐ ANC Visit ☐ HIV/ART ☐ STI Treatment ☐ Other
Summary notes from visit
Have you used any of the following since the first study visit? Select multiple
☐ Alcohol         ☐ Tik         ☐ Dagga         ☐ Grandpa         ☐ Other         ☐ None
Please specify other drugs used?
Do you currently have any of the following symptoms?
RA: Please select all that apply
<ul> <li>□ Abnormal vaginal discharge</li> <li>□ Pain during urination</li> <li>□ Lower abdominal pain</li> <li>□ Pain related to intercourse</li> <li>□ Vaginal bleeding related to intercourse</li> <li>□ Genital itchiness</li> <li>□ Any skin abnormalities</li> <li>□ None</li> </ul>
When did these symptoms start for abnormal vaginal discharge?
<ul> <li>After previous visit</li> <li>Persistent since previous visit</li> <li>Recurrent since previous visit</li> </ul>

When did these symptoms start for pain during urination?
<ul> <li>○ After previous visit</li> <li>○ Persistent since previous visit</li> <li>○ Recurrent since previous visit</li> </ul>
When did these symptoms start for the lower abdominal pain?
<ul> <li>After previous visit</li> <li>Persistent since previous visit</li> <li>Recurrent since previous visit</li> </ul>
When did these symptoms start for the pain related to intercourse?
<ul> <li>After previous visit</li> <li>Persistent since previous visit</li> <li>Recurrent since previous visit</li> </ul>
When did these symptoms start for vaginal bleeding related to intercourse?
<ul> <li>After previous visit</li> <li>Persistent since previous visit</li> <li>Recurrent since previous visit</li> </ul>
When did these symptoms start for genital itchiness?
<ul> <li>After previous visit</li> <li>Persistent since previous visit</li> <li>Recurrent since previous visit</li> </ul>
Please specify any skin abnormalities
Baseline Treatment Date: [baseline_arm_1][sti_treatment_date]
TOC Treatment Date: [toc_arm_1_arm_1][toc_sti_treatment_date]
Did the participant receive any STI treatment at their last study visit?
Yes     No     No
Are you planning to wait for your results today? (New question added @13/09/2022)
○ Yes ○ No

What is (New q	s your main reason why you are not intending to wait today? Juestion added @13/09/2022)
<ul><li>○ Hav</li><li>○ War</li></ul>	ve to get to work ve to get back to my kids/family nt to go to the shop
	nsport availability k of privacy nary
○ No s	space to wait feeling well
Oth	
If "Othe (New q	er", please specify. Juestion added @13/09/2022)
What w	vould make you change your mind?
(New q	juestion added @13/09/2022)
You are Adhere	e done with questions associated with clinical history review. You will now start with questions associated with ence.
○ Proc	ceed
Adher	rence
 Did voı	u finish the whole course of STI treatment
Yes     No	
How m	pany days did you take treatment for?
	u throw up within 2 hours after taking any of the STI treatment
Did you ○ Yes	u throw up within 2 hours after taking any of the STI treatment
Did you Yes  No	u throw up within 2 hours after taking any of the STI treatment
Did you Yes  No	u throw up within 2 hours after taking any of the STI treatment  u take any other non-chronic treatment at the time

1 2 3	You are done with questions associated with the adherence. You are about to start asking questions associated with disclosure.
4 5 6	○ Proceed
7 3 9 10	Disclosure
11	
12	Did you notify your partner of your STI result?
13 14 15 16	<ul><li>Yes I gave him the notification slip</li><li>Yes I told him</li><li>No</li></ul>
17 18	What was his reaction when you told him of your STI infection
19 20 21 22 23	<ul><li>Supportive</li><li>Angry</li><li>Violent</li><li>Disengaged</li></ul>
24 25	How did disclosure affect your relationship?
26 27 28 29 30 31	<ul> <li>Continued as before</li> <li>Started using a condom</li> <li>He engaged with other partners</li> <li>He refused sex</li> <li>Relationship ended</li> </ul>
32 33	Did he take treatment?
34 35 36 37	<ul><li>Yes</li><li>No</li><li>I don't know</li></ul>
38	
39 40	Where did he seek treatment
41	O Private
42 43	<ul><li>○ Private</li><li>○ Public</li><li>○ Traditional</li></ul>
+3 44	Tadicional
45 46	Why did you not notify your partner?
47 48 49 50	<ul> <li>□ I didn't feel it was necessary</li> <li>□ I am embarrassed</li> <li>□ I'm afraid he gets angry</li> <li>□ I'm afraid he gets violent</li> <li>□ I'm afraid he will end the relationship</li> </ul>
52	
53 54	Did you tell anyone else of your STI infection?
55 56 57 58 59	○ Yes ○ No

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Who did you tell?
☐ Family member ☐ Friend ☐ HCW ☐ Other
Behavioral Questionnaire
NOTE TO RA: You just completed all questions related to Disclosure. You are about to start with the Behavioral Questionnaire.
Please select "Proceed":
○ Proceed
Did you have sex since the last visit?
○ Yes ○ No
How many different male partners did you have sexual intercourse with in the past month?
○ 1 ○ 2 ○ more than 2
Were any of these new partners than the ones from the last visit
○ Yes ○ No
What type of sex did you have with partner 1 (Husband/ Steady partner)?
☐ Vaginal ☐ Anal ☐ Oral
Did you use a condom the last time you had sex with partner 1 (Husband/ Steady partner)?
○ Yes ○ No
What type of sex did you have with partner 2?
☐ Vaginal ☐ Anal ☐ Oral
Did you use a condom the last time you had sex with partner 2?
Yes     No     No

What type of sex did you have with the rest of the partners?
☐ Vaginal ☐ Anal ☐ Oral
Did you use a condom the last time you had sex with one of them?
○ Yes ○ No
Where are you planning to deliver?
<ul> <li>○ Frere</li> <li>○ CMH</li> <li>○ Nontyantyambo</li> <li>○ Empilweni</li> <li>○ Bisho</li> <li>○ Other</li> </ul>
Please specify
You are done with the questions associated with Behavioral Questionnaire. You will now start asking questions associated with the Physical Examination.
○ Proceed
Physical Examination
Weight of mother
Systolic blood pressure
Diastolic blood pressure
How was Hemoglobin measured?
<ul><li>○ Hb meter at the clinic</li><li>○ Hb at NHLS</li></ul>
Please capture Hb result"

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Please capture the barcode for Hb
Fundal height
Progression of pregnancy
<ul><li>Progressing normal</li><li>Abnormality detected</li></ul>
Provide further details of abnormality
During your examination, were there any signs of abnormal vaginal discharge?
○ Yes ○ No
During your examination, were there any signs of inguinal lymphadenopathy?
○ Yes ○ No
Are these bubo?
○ Yes ○ No
Note to RA: Please contact the study clinician and specify treatment given to the participant
During your examination, were there any signs of lower abdominal pain?
<ul><li>Yes</li><li>No</li></ul>
During your examination, where there any signs of scratch marks?
<ul><li>○ Yes</li><li>○ No</li></ul>
During your examination, were there any signs of skin conditions?
○ Yes     ○ No     □
Places energify the nature of the skip conditions

Please specify the nature of the skin conditions



During your e	examination, were there any other observations that need to be noted?
You have con	npleted the questions associated with the Physical Examination. You will now start capturing the res
rom the rapid	
○ <b>p</b>	
Proceed	
Rapid Test	Results
Do vou know	your current HIV status?
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	ive (tested today by clinical staff)
○ HIV positive	ve on ART ve, not on ART
	w (never tested)
	w (no yet tested)
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Was the parti	icipant newly diagnosed with HIV today
O V	
Yes     No	
O INO	
Please condu	ct an HIV Rapid test and capture the result below
O Positive	
<ul><li>Negative</li></ul>	
Please condu	ct a confirmatory HIV Rapid test and capture the result below
	7
O Positive	
<ul><li>Negative</li></ul>	
Did vou colle	ct a tube of blood for CD4 count?
Dia you conce	et a tabe of blood for eb4 codife:
○ Yes	
○ No	
Dlease record	barcode for blood tube for CD4 count testing?
riease record	barcode for blood tube for CD4 count testing:
Is the particip	pant's most recent CD4 count since Baseline available?
○ Yes	
○ res ○ No	
What was the	e date of the CD4 specimen collection?

What was the participant's most recent CD4 count?
what was the participant's most recent eb4 count.
(if no number listed, enter 9999)
Did you collect a tube of blood for viral load?
○ Yes ○ No
Please record barcode for blood tube for viral load testing?
Is the participant's most recent viral load since Baseline available?
○ Yes
○ No
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
Third has the participants most recent that lead.
(if no number listed, enter 0000)
Which regimen for ART were you started on today?
○ TLD
O TEE
○ AZT/3TC/LPV ○ Other
Which regimen for ART were you on so far?
○ TLD ○ TEE
O AZT/3TC/LPV
○ Other
Has the regimen for ART been changed today?
○ Yes
○ No
To which regimen for ART has it been changed today?
O TLD
○ TEE ○ AZT/3TC/LPV
○ Other

Has a syphilis test been done for the participant?
○ Yes ○ No
Which syphilis test have you used?
<ul> <li>○ Alere Syphilis TP (provided by FPD)</li> <li>○ HIV/Syphilis Duo (provided by FPD)</li> <li>○ No rapid test used only NHLS bloods for RPR</li> <li>○ Other please specify</li> </ul>
Please specify
Syphilis result.
<ul><li>○ Positive</li><li>○ Negative</li><li>○ Indeterminate</li></ul>
Titer value 1:
(If RPR is non-reactive, enter 0)
Blood needs to be collected for further syphilis testing. Please confirm if blood was collected.
○ Yes ○ No
Collect blood for RPR and capture barcode PIN below
Treatment given
<ul><li>○ Benzathine penicillin 2.4 MU IM weekly x3</li><li>○ Out of stock</li></ul>
Please contact study clinician and specify treatment given
Please collect participant's urine for testing

Urine Dipstick test results
You are about to capture the results from the dipstick testing
Please select "Proceed" to continue
○ Proceed
Blood - Hemoglobin
<ul><li>○ Negative</li><li>○ Ca. 10</li><li>○ Ca. 50</li><li>○ Ca. 250/300</li></ul>
Blood - Erythrocytes
<ul><li>○ Negative</li><li>○ Ca. 5 -10</li><li>○ Ca. 50</li><li>○ Ca. 250/300</li></ul>
Urobilinogen
<ul><li>○ Normal</li><li>○ 2</li><li>○ 4</li><li>○ 8</li><li>○ 12</li></ul>
Bilirubin
<ul> <li>○ Negative</li> <li>○ 1 plus</li> <li>○ 2 plus</li> <li>○ 3 plus</li> <li>○ Not available</li> </ul>
Protein
<ul><li>Negative</li><li>30</li><li>100</li><li>500</li></ul>
Nitrate
<ul><li>○ Negative</li><li>○ Positive</li></ul>

Keton
<ul> <li>Negative</li> <li>1 plus</li> <li>2 plus</li> <li>3 plus</li> <li>Not available</li> </ul>
Glucose
<ul> <li>Negative</li> <li>Normal</li> <li>50</li> <li>150</li> <li>500</li> <li>≥1000</li> </ul>
рН
<ul> <li>5</li> <li>6</li> <li>7</li> <li>8</li> <li>9</li> <li>Not available</li> </ul>
SG
<ul> <li>1.000</li> <li>1.005</li> <li>1.010</li> <li>1.015</li> <li>1.020</li> <li>1.025</li> <li>1.030</li> <li>Not available</li> </ul>
Leucocytes
<ul><li>○ Negative</li><li>○ 25</li><li>○ 75</li><li>○ 500</li></ul>
STI Results and Screening

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The participant is in arm 2 or for Empilweni and therefore you are about to capture results for the STI testing.	
Proceed	
STI Test Outcome	
he previous STI results of the participants are:	
Baseline NG:[baseline_arm_1][sti_result_ng]	
CT:[baseline_arm_1][sti_result_ct]	
V:[baseline_arm_1][sti_result_tv]	
OC NG:[toc_arm_1_arm_1][toc_ng]	
CT:[toc_arm_1_arm_1][toc_ct]	
V:[toc_arm_1_arm_1][toc_tv]	
Negative Positive	
O O	
· O	
STI Calculation _ w32	
Date the result was obtained.	
Did the participant wait for her STI results? New question added @ 03/11/2022)	
Yes No	
Vas the participant reporting STI symptoms or showed symptoms during the clinical assessment?	
Yes No	
Does the participant report any medication allergies?	
Yes No	

Please contact the study clinician before giving any treatment. Please specify discussed medication allergies and treatment plan with the study clinician
The following treatment has been provided
<ul> <li>Azithromycin 1g stat dose</li> <li>Azithromycin 2g stat dose</li> <li>Ceftriaxone 250mg IM injection</li> <li>Ceftriaxone 1g IM injection</li> <li>Metronidazole 400mg bd x 1 week</li> <li>Metronidazole 2g stat dose</li> <li>Clotrimazole pessary and/or cream</li> <li>Trimethoprim/sulfamethoxazole 400/80 mg 2 tbl. bds for 5 days (bactrim)</li> <li>Ceftriaxone 500mg IM injection</li> </ul>
Date treatment given
What made you change your mind about waiting for the results? (New question added @13/09/2022)
Partner notification provided
<ul><li>Yes, 1</li><li>Yes, multiple</li><li>No</li></ul>
Please explain why the partner notification note was not provided?
You have completed capturing the information from the 32 week exam. Please make sure to check that you have completed all the fields.
Please select "Complete" then "Save and Exit".
Notes
Additional notes

## 32W specimens results

You are about to capture the results of specimens collected during the 32-week visit
Please select "Proceed" to continue
○ Proceed
Hb Results received
○ Yes ○ No
Please capture the Hb result
Please capture the barcode for Hb
Please specify whether the reading was satisfactory for the loop used for Nugent score  Yes No
Please capture the score for the loop used for Nugent scoring
Please specify if candida was present for the loop used for Nugent scoring
○ Yes ○ No
Please specify whether the reading was satisfactory for the loop used for yeast microscopy
○ Yes ○ No
Please capture the nugent score for the loop used for yeast microscopy

Please specify if candida was present for the loop used for yeast microscopy
○ Yes
○ No
Please capture the results for the blood used for Syphilis testing
○ RPR Negative
RPR Positive
○ RPR Indeterminate
Please capture the result for viral load testing
Is the participant's most recent viral load available?
O Vos
○ Yes ○ No
What was the date of the vival lead on a income all of the 2
What was the date of the viral load specimen collection?
What was the participant's most recent viral load?
What was the participants most recent viral load.
Notes
Notes

## Calling Reminders\_2

Staff Name
Today's Date
Time
The presentation dates are below:
TOC Date: [baseline_arm_1][toc_3week]
WEEK 28 CALLING
Date: [baseline_arm_1][sched_28w_rem]
WEEK-32
30-34 Week Actual Date: [week_28_arm_1][week32_visit_date]
Call In Check
Week 37 Call In Check: [week_28_arm_1][cic_date]
POST-NATAL VISIT
Visit open date: [predelivery_checki_arm_1][pd_remind_date_schedpd]
Visit close date: [predelivery_checki_arm_1][pd_close_date_schedpd]
Date of Delivery: [predelivery_checki_arm_1][pd_remind_date_delivery]
6-WEEK IMMUNIZATION VISIT
Actual Date: [predelivery_checki_arm_1][sixw_im_schedpd]
NOTE: You are about to call a participant to remind them of a specific visit. Please make sure to do the following:

- 1. Obtain all relevant contact numbers for the participant on their record
- 2. Ensure that you have checked what the exact date is when the participant is expected to present
- 3. Make sure to give the participant a brief description of what will be done at the visit.
- 4. You will make up to 3 attempts to get hold of the participant.

Please select "Proceed"

Proceed

For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml



Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>○ Successful - Participant</li> <li>○ Successful - Family member</li> <li>○ Unsuccessful - Voicemail</li> <li>○ Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.
Details of Calling Attempt 2
Outcome of the attenuat
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt

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Did she deliver?
<ul><li>Yes</li><li>No</li></ul>
Capture delivery Date
NOTE: instruct to come to the site.
Details of Calling Attempt 3
betails of calling Accompc 5
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.
Notes

Calling notes



Ile calling for 38 weeks  I: Please make sure that you call the participant once per veed	week
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	week
ed	recki
schedule the 38 weeks call	
elect the calling attempt	
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essful - Participant	
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ccessful - Invalid	
he attempt	

Did she deliver?
Details of Calling Attempt 3
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Schedule calling for 39 weeks
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Did you schedule the 39 weeks call
○ Yes ○ No
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt

Details of Calling Attempt 1	
Outcome of the attempt	
Successful - Participant	
Successful - Family member Unsuccessful - Voicemail	
Unsuccessful - Invalid	
Date of the attempt	
Did she deliver?	
) Yes	
) No	
Capture delivery Date	
NOTE: instruct to come to the site.	
Details of Calling Attempt 2	
Outcome of the attempt	
•	
<ul><li>Successful - Participant</li><li>Successful - Family member</li></ul>	
Unsuccessful - Voicemail	
Unsuccessful - Invalid	
Date of the attempt	
, and an analype	
Did she deliver?	
Yes	
○ No	
Details of Calling Attempt 3	
Outcome of the attempt	
Successful - Participant	
Successful - Family member	
Unsuccessful - Voicemail Unsuccessful - Invalid	
J OHSUCCESSIUI - HIVAIIU	
Date of the attempt	

Did she deliver?
○ Yes ○ No
Calling notes
Cabadula calling for 40 weeks
Schedule calling for 40 weeks
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Please select the calling attempt
First Attempt
☐ Second Attempt ☐ Third Attempt
Did you schedule a call for 40 weeks
○ Yes ○ No
Details of Calling Attempt 1
Outcome of the attempt
Successful - Participant
<ul><li>○ Successful - Family member</li><li>○ Unsuccessful - Voicemail</li></ul>
○ Unsuccessful - Invalid
Date of the attempt
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.

_	Details of Calling Attempt 2
	Outcome of the attempt
	<ul><li>Successful - Participant</li><li>Successful - Family member</li><li>Unsuccessful - Voicemail</li><li>Unsuccessful - Invalid</li></ul>
	Date of the attempt
	Did she deliver?
	○ Yes ○ No
	Details of Calling Attempt 3
	Outcome of the attempt  Successful - Participant Successful - Family member Unsuccessful - Voicemail Unsuccessful - Invalid
	Date of the attempt
	Calling notes
	Did she deliver?
	○ Yes ○ No
	Schedule calling for 41 weeks
	NOTE FW: Please make sure that you call the participant once per week.
	○ Proceed
	Please select the calling attempt
	☐ First Attempt ☐ Second Attempt ☐ Third Attempt

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Did you schedule a call for 41 weeks	
○ Yes ○ No	
Details of Calling Attempt 1	
Outcome of the attempt	
<ul><li>Successful - Participant</li><li>Successful - Family member</li><li>Unsuccessful - Voicemail</li><li>Unsuccessful - Invalid</li></ul>	
Date of the attempt	
Details of Calling Attempt 2	
Outcome of the attempt	
<ul><li>Successful - Participant</li><li>Successful - Family member</li><li>Unsuccessful - Voicemail</li><li>Unsuccessful - Invalid</li></ul>	
Date of the attempt	2.
Did she deliver?	
○ Yes ○ No	
Details of Calling Attempt 3	
Outcome of the attempt	
<ul><li>Successful - Participant</li><li>Successful - Family member</li><li>Unsuccessful - Voicemail</li><li>Unsuccessful - Invalid</li></ul>	
Date of the attempt	
Calling notes	

Did she deliver?
<ul><li>○ Yes</li><li>○ No</li></ul>
Capture delivery Date
NOTE: instruct to come to the site.
Schedule calling for 41 weeks (293 days)
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Did you schedule a call for 41 weeks
○ Yes ○ No
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Calling notes
Did she deliver?
○ Yes ○ No
Capture delivery Date
NOTE: instruct to come to the site.

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Schedule calling for 42 weeks (296 days)
NOTE FW: Please make sure that you call the participant once per week.
○ Proceed
Please select the calling attempt
☐ First Attempt ☐ Second Attempt ☐ Third Attempt
Did you schedule a call for 42 weeks
<ul><li>Yes</li><li>No</li></ul>
Details of Calling Attempt 1
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt
Did she deliver?
○ Yes ○ No
Details of Calling Attempt 2
Outcome of the attempt
<ul> <li>Successful - Participant</li> <li>Successful - Family member</li> <li>Unsuccessful - Voicemail</li> <li>Unsuccessful - Invalid</li> </ul>
Date of the attempt

Did she deliver?	
○Yes	
○ No	
O NO	
Details of Calling Attempt 3	
Outcome of the attempt	
<ul><li>Successful - Participant</li></ul>	
<ul><li>Successful - Family member</li><li>Unsuccessful - Voicemail</li></ul>	
Unsuccessful - Voicemail Unsuccessful - Invalid	
Offisaccessial - Invalid	
Date of the attempt	
Outcome of the call	
Didd a state of	
Did the participant deliver?	
○Yes	
○ No	
Calling notes	
Did she deliver?	
○Yes	
Ŏ No	
Capture delivery Date	
NOTE: instruct to come to the site.	

## Scheduling\_Post\_Delivery\_Activities using Updated EDD

You are about the schedule dates associated with the following events:
Post-Delivery Appointment     6-Weeks Immunization Appointment
○ Proceed
Post-Delivery Study Visit
You will now schedule dates associated with the post-delivery study visit.
The following dates are associated with this visit:  1. Calling reminder date / Visit opening date  2. Visit closing date
Select "Proceed" to continue
○ Proceed
Please capture the date of delivery
Please schedule the date for the post-delivery reminder call.
Please note that the Delivery date is [pd_remind_date_delivery]. The reminder call will happen 1 day following
delivery.
Calculation Assist for Post Delivery reminder call
This number must equal to: 1
Match
Match
NOTE The date you have entered is incorrect. Please make sure that the numbers correspond.



The post-delivery clo	sing date.	
Calculation Assist fo	Post Delivery closing date	
The participant will I [pd_remind_date_de	ave 14 days post-delivery to prese ivery]. This number must therefore	nt at the clinic. The delivery date was e equal to: 14
Match		
NOTE		
NOTE The date you have e	ntered is incorrect. Please make su	re that the numbers correspond.
Facility delivered		<ul><li>○ Frere</li><li>○ CMH</li></ul>
		Nontyantyambo
		<ul><li>Empilweni</li><li>Bisho</li></ul>
		Other
Please specify the fa	cility of dolivony	<del></del>
riedse specify the it	sincy of delivery	
		<u> </u>
6-Week Immuni	ation Visit	
NOTE:		
In this section you w include:	Il schedule all dates associated wit	th the 6-Week Immunization Study Visit. These dates will
ı. Calling reminder ( 2. Scheduled date oʻ	ate for 6-Weeks Immunization visit 6-Weeks Immunization visit	
	tending the 6-Weeks Immunization	visit
	ntinue	
Select Proceed to co		
Select Proceed to co		
○ Proceed	date for the 6-weeks immunization	reminder

Calculation Assist for 6-weeks immunization reminder. We will call all patients 5 weeks (35 days) following their delivery date. The updated delivery date for the participant was [calling_delivery_date_37weeks].
This number must therefore equal to: 35 and 40
Match
NOTE The date you have entered is incorrect. Please make sure that the numbers correspond.
Please schedule the date for the 6-weeks immunization visit. This visit is scheduled to take place 6 weeks (42 days) following delivery. The updated delivery date is [calling_delivery_date_37weeks]
Calculation Assist for 6-weeks immunization visit
This number must equal to: 42
Match
NOTE The date you have entered is incorrect. Please make sure that the numbers correspond.
Please schedule the date for the 6-weeks immunization visit closing date.
Calculation Assist for 6-Weeks Immunization visit Close Date. Mothers will have up to 8 weeks post delivery to attend this visit. This means 56 days following the delivery.
This number must equal to: 56
Match

NOTE

The date you have entered is incorrect. Please make sure that the numbers correspond.

## **CONGRATULATIONS**

You have finished scheduling all dates.





**Birth Register Data** 

Participant PIN	
[baseline_arm_1][participant_pin]	
Staff name	
Today's date	
Start time	
You are about to capture data retrieved from the birth registry. Plea	se select "Proceed" to start
○ Proceed	
Delivery Details	
Delivery site	
<ul><li>○ Frere</li><li>○ CMH</li><li>○ Nontyantyambo</li><li>○ Empilweni</li><li>○ Bisho</li><li>○ Other</li></ul>	
Please specify name of delivery facility	7
Clinic file number	
Delivery date	
Calculated gestational age	
<del>(</del> A)	dded @22/03/2023)

Please specify the number of babies during pregnancy
○ 1 ○ 2 ○ 3
Outcome type for baby 1
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Outcome type for baby 2
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Outcome type for baby 3
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Type of delivery for baby 1
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Type of delivery for baby 2
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Type of delivery for baby 3
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Please specify reason
Please specify reason

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Please specify reason	
Gender - Baby 1	
<ul><li>○ Female</li><li>○ Male</li></ul>	
Gender - Baby 2	
<ul><li>○ Female</li><li>○ Male</li></ul>	
Gender - Baby 3	
<ul><li>○ Female</li><li>○ Male</li></ul>	
Complications in labor/Delivery	
Yes	No C
Induction of labour  Antepartun haemorrhage	0
Post Partum haemorrhage	0
Severe pre-eclampsia	$\bigcirc$
Eclampsia O	0
Prolonged rupture of membranes	0
Ruptured uterus	0
Sepsis	0
Obstructed or prolonged labour	0
Retained Placenta	0
Manual removal of placenta	0
Maternal outcome	
○ Live	
○ Death	
APGAR score at 5 minutes for baby 1	
APGAR score at 5 minutes for baby 2	
APGAR score at 5 minutes for baby 3	

	r age se
Birth weight for baby 1 in grams	
Birth weight for baby 2 in grams	
Birth weight for baby 3 in grams	
Did you breastfeed your baby/ies with	nin 1 hour of giving birth?
Infant feeding (New question added @15/11/2022)  © Exclusive Breast Feeding (EBF)	
Exclusive Formula Feeding (EFF)  Any birth defects to note for baby 1	
○ Yes ○ No	
Any birth defects to note for baby 2  O Yes  No	
Any birth defects to note for baby 3	
○ Yes ○ No	
Please specify	
Remarks outcome	
Maternal outcome	

You have completed the Birth register. Please make sure to check if all relevant fields have been selected and the information captured is accurate.

Once this is done, please select the "Complete" option below and then select "Save & Exit".



**Post-Natal Visit Activities** 

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Staff name	
Today's date	
Start time	
Post-Natal Visit	
The participant was scheduled to present within the two dates below. within this timeframe.	Please specify if the participant presented
Visit open date: [predelivery_checki_arm_1][pd_remind_date_delivery]	
Visit close date: [predelivery_checki_arm_1][pd_close_date_schedpd]	
○ Yes ○ No	
You are about to administer the questions associated with the post nat	tal visit.
Please select "Proceed"	
○ Proceed?	
Clinical History Review	
Have you been to the clinic since the last visit with us?	
<ul><li>○ Yes</li><li>○ No</li></ul>	
What was the purpose of your visit?	
☐ ANC Visit ☐ HIV/ART ☐ STI Treatment ☐ Other	

60

Summary notes from the visit

you receive any non-chronic treatment?	our last study visit regarding your pregnancy and delivery or o
<ul><li>○ Yes</li><li>○ No</li></ul>	
Please specify	
Have you used any of the following since the first stu Select multiple	udy visit?
☐ Alcohol ☐ Tik ☐ Dagga ☐ Grandpa ☐ Other ☐ None	
Please specify other drugs used?	
The Baseline STI results of the participants are:	NG: [baseline_arm_1][sti_result_ng]
	CT: [baseline_arm_1][sti_result_ct]
	TV: [baseline_arm_1][sti_result_tv]
The TOC STI results of the participants are:	NG: [toc_arm_1_arm_1][toc_ng]
	CT: [toc_arm_1_arm_1][toc_ct]
	TV: [toc_arm_1_arm_1][toc_tv]
The Week 32 STI results of the participants are:	CT: [3034_weeks_arm_1][w32_ct_res]
	NG: [3034_weeks_arm_1][w32_ng_res]
	TV: [3034_weeks_arm_1][w32_tv_res]
Did the participant receive any STI treatment at their	r last study visit?
○ Yes	
○ No	

Adherence	
You are done w with Adherence	ith questions associated with the clinical history review. You will now start with questions associated.
○ Proceed	
Did you finish t	he whole course of STI treatment?
How many days	s did you take treatment for?
Did you throw ι	up within 2 hours after taking any of the STI treatment?
Yes     No	
Did you take ar	ny other non-chronic treatment at the time?
○ Yes ○ No	
D' I	
Disclosure	
V	
disclosure.	ith questions associated with the adherence. You are about to start asking questions associated w
disclosure.  Proceed	
disclosure.  ○ Proceed	
O Proceed  Did you notify y	your partner of your STI result?
Did you notify y  Yes I gave h  Yes I told hir	your partner of your STI result?
Did you notify y  Yes I gave h  Yes I told hir	your partner of your STI result? im the notification slip m
Did you notify y  Yes I gave h  Yes I told hir  No  What was his re  Supportive  Angry  Violent	your partner of your STI result? im the notification slip m
Did you notify y  Yes I gave h  Yes I told hir  No  What was his re  Supportive  Angry  Violent	your partner of your STI result? im the notification slip m
Did you notify y Yes I gave h Yes I told hir No What was his re Angry Violent	m

<u>.</u>	How did disclosure affect your relationship?
}	○ Continued as before
ŀ	Started using a condom
5	He engaged with other partners
5	○ He refused sex
7 }	<ul> <li>Relationship ended</li> </ul>
)	Did he take treatment?
0	
1	○ Yes
2  3	○ No
4	○ I don't know
5	
6	Where did he seek treatment?
7	○ Private
8	Public
9	○ Traditional
20	
21	Why did you not notify your partner?
22 23	
24	○ I didn't feel it was necessary
25	O I am embarrassed
26	I'm afraid he gets angry
27	○ I'm afraid he gets violent ○ I'm afraid he will end the relationship
28	This direction the relationship
29	Did you tell anyone else of your STI infection?
30	Did you tell allyone else of your 311 illiection:
31 32	○ Yes
33	○ No
34	
35	Did you tell anyone else of your STI infection?
36	○ Voc
37	○ Yes ○ No
38 39	
10	Who did you tell?
<b>1</b> 1	
12	Family member
13	☐ Friend
14	☐ HCW ☐ Other
15 16	
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18	Delivery Details of Infant
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6	○ CMH ○ Nontyantyambo
57	○ Empilweni
8	Bisho
9	Other
60	
	Please specify facility of delivery



Date of delivery
Coloniated masterianal and
Calculated gestational age
(Added @22/03/2023)
Please specify the number of babies during pregnancy
○ 1 ○ 2 ○ 3
Outcome type for baby 1
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Outcome type for baby 2
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Outcome type for baby 3
<ul><li>○ Live birth</li><li>○ Still birth</li><li>○ Early Neonatal Death</li></ul>
Type of delivery for baby 1
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Type of delivery for baby 2
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Type of delivery for baby 3
<ul> <li>○ Born before arrival</li> <li>○ Normal Vaginal Delivery</li> <li>○ Assisted Vaginal Delivery</li> <li>○ Elective Cesarean Section</li> <li>○ Emergency Cesarean Section</li> </ul>
Please specify reason

Please specify reason
Please specify reason
ricuse specify reason
Gender - Baby 1
<ul><li>○ Female</li><li>○ Male</li></ul>
Gender - Baby 2
<ul><li>○ Female</li><li>○ Male</li></ul>
Gender - Baby 3
<ul><li>○ Female</li><li>○ Male</li></ul>
Maternal outcome
○ Live ○ Death
Specify
APGAR score at 5 minutes for baby 1
Note to RA: Check on Road to Health
(if no number listed, enter 99)
APGAR score at 5 minutes for baby 2 Note to RA: Check on Road to Health
Note to 10% check on noud to ficulti
(if no number listed, enter 99)
APGAR score at 5 minutes for baby 3 Note to RA: Check on Road to Health
(if no number listed, enter 99)

Birth weight in grams for baby 1
Note to RA: Check on Road to Health
Birth weight in grams for baby 2
Note to RA: Check on Road to Health
Birth Weight in grams for baby 3
Note to RA: Check on Road to Health
Newborn problems
Note to RA: Check on Road to Health
☐ Birth defects ☐ Hypoxic brain injury ☐ Convulsions /fits ☐ Jaundice ☐ None
Please Specify
riease specify
Was the baby exposed to HIV? (Added @29/03/2023)
○ Yes ○ No
Was Nevirapine given to the baby/babies
○ Yes ○ No
Was birth PCR done for the baby/babies
○ Yes ○ No
NOTE: If not taken by birth facility please take blood for PCR.
PCR Barcode for the baby/baby 1

1 2 3
4 5 6
8 9 10
11 12 13 14
15 16 17 18
19 20 21 22
23 24 25
26 27 28 29
30 31 32 33
34 35 36 37
38 39 40
41 42 43 44
45 46 47 48
49 50 51 52
53 54 55
56 57 58 59 60

NOTE: If not taken by birth facility please take blood for PCR.
PCR Barcode for the baby/baby 2
NOTE: If not taken by birth facility please take blood for PCR.
PCR Barcode for the baby/baby 3
Result of birth PCR for baby 1
<ul><li>○ Positive</li><li>○ Negative</li><li>○ Indeterminate</li><li>○ Not yet available</li></ul>
Result of birth PCR for baby 2
<ul><li>○ Positive</li><li>○ Negative</li><li>○ Indeterminate</li><li>○ Not yet available</li></ul>
Result of birth PCR for baby 3
<ul><li>○ Positive</li><li>○ Negative</li><li>○ Indeterminate</li><li>○ Not yet available</li></ul>
Call clinician and make a note about this.
Was eye ointment given to the baby 1
<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>
Was eye ointment given to the baby 2
<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>
Was eye ointment given to the baby 3
<ul><li>Yes</li><li>No</li><li>Don't know</li></ul>

Please specify to how many babies and which one



Was the baby/babies admitted to hospital following delivery		
) Yes ) No		
ease specify the details about the reason for admission, number of babies admitted and which babies		
pes baby 1 have any of the following symptoms?		
] Cough		
Runny nose		
Eye discharge		
Sneezing		
] None		
pes baby 2 have any of the following symptoms?		
] Cough		
Runny nose		
Eye discharge		
] Sneezing		
None		
pes baby 3 have any of the following symptoms		
has busy 3 have any of the following symptoms		
] Cough		
Runny nose		
Eye discharge		
Sneezing		
] None		
the baby/babies receiving any treatment at the moment		
) Yes		
) No		
ease specify		
eeding methods		
) Breastfeeding		
Formula feeding		
) Mixed		
• • • • • • • • • • • • • • • • • • • •		

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Delivery details of Mother
Is the baby present with the biological mother
○ Yes ○ No
Please specify
Are you currently taking any treatment
○ Yes ○ No
Please specify
Have you had sexual intercourse since delivery of your baby?
○ Yes ○ No
Do you have any of the following symptoms?
☐ Discharge ☐ Pain when urinating ☐ None
Please specify
You have completed all the questions associated with this visit. You will now start with the process of specimen collection. You will need to collect the following specimens:
From the mother you will need to collect 3 vaginal swabs: - Vaginal Swab 1 for STI testing (Storage) - Vaginal Swab 2 for Microbiome (Storage) - Vaginal Swab 3 for Profiling (Storage)
From the baby you need to collect: - Nasopharyngeal swab
- Conjunctival
Select "Proceed" to capture the information associated with these specimens

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 $\bigcirc$  Proceed

1 2	Please confirm the barcode for the vaginal swab collected for STI testing
3 4	○ [baseline_arm_1][participant_pin]-PNV1
5 6	Please confirm the barcode for the vaginal swab collected for Microbiome
7 8	○ [baseline_arm_1][participant_pin]-PNV3
9 10	Please confirm the Barcode for the Vaginal Swab collected for Profiling
11 12 13	○ [baseline_arm_1][participant_pin]-PNV2
14 15	Please confirm the Barcode for the Nasopharyngeal swab (right nose) baby 1
16 17	○ [baseline_arm_1][participant_pin]-PNB1N1
18 19	Please confirm the Barcode for the Nasopharyngeal swab (left nose) baby 1
20 21	○ [baseline_arm_1][participant_pin]-PNB1N2
22 23	Please confirm the barcode for the Nasopharyngeal swab (right nose) baby 2
24 25	○ [baseline_arm_1][participant_pin]-PNB2N1
26 27	Please confirm the barcode for the Nasopharyngeal swab (left nose) baby 2
28 29 30	○ [baseline_arm_1][participant_pin]-PNB2N2
31 32	Please confirm the barcode for the Nasopharyngeal swab (right nose) baby 3
33 34	○ [baseline_arm_1][participant_pin]-PNB3N1
35 36	Please confirm the barcode for the Nasopharyngeal swab (left nose) baby 3
37 38	○ [baseline_arm_1][participant_pin]-PNB3N2
39 40	Please confirm the Barcode for the Nasopharyngeal swab for STI testing baby 1
41 42	○ [baseline_arm_1][participant_pin]-PNB1N1
43 44 45	Please confirm the barcode for the Conjunctival swab (right eye) baby 1
46 47	○ [baseline_arm_1][participant_pin]-PNB1C1
48 49	Please confirm the barcode for the Conjunctival swab (left eye) baby 1
50 51	○ [baseline_arm_1][participant_pin]-PNB1C2
52 53	Please confirm the barcode for the Conjunctival swab (right eye) baby 2
54 55	○ [baseline_arm_1][participant_pin]-PNB2C1
56 57	Please confirm the barcode for the Conjunctival swab (left eye) baby 2
58 59 60	○ [baseline_arm_1][participant_pin]-PNB2C2

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Please confirm the barcode for the Conjunctival swab (right eye) baby 3
○ [baseline_arm_1][participant_pin]-PNB3C1
Please confirm the barcode for the Conjunctival swab (left eye) baby 3
○ [baseline_arm_1][participant_pin]-PNB3C2
Please specify the vaginal pH
Disease select which all atting any wood to recognize with all
Please select which pH strips are used to measure vaginal pH
CardinalHealth pH Indicator Strips (range 3.6-6.1)
<ul><li>○ pH Indicator Strips pH 0-14</li><li>○ Natureland vaginal pH test (range 3.5-6.5)</li></ul>
Did you give the participant the study voucher?
○ Yes ○ No
You have completed capturing the Post-Natal information. Please make sure to check that you have completed all the fields.
Please give the participant 6 weeks immunization visit date as per schedule.
Please select "Complete" then "Save and Exit".
Notes
Additional notes



Date		
Staff name		
ou are about to capture the results o	of the specimens collected during the po	ost natal visit
Please select "Proceed" to continue		
Proceed		
Receive Date		
Fest date (Mother)		
STI results from the mother		
	Positive	Negative
CT	0	$\circ$
NG	0	$\circ$
ſV	0	0
GTI result, mother_ calc	4	
Fest date (Baby)		<b>5</b> ,
STI Results from Baby 1		
CT (Right Nose)	Positive	Negative
NG (Right Nose)	0	0
TV (Right Nose)	0	0
CT (Left Nose)	0	0
	0	0
NG (Left Nose)	$\smile$	$\sim$
NG (Left Nose) √ (Left Nose)	$\circ$	$\bigcirc$

		Page 113
CT (Right Eye)	$\bigcirc$	$\circ$
NG (Right Eye)	$\bigcirc$	0
TV (Right Eye)	$\bigcirc$	0
CT (Left Eye)	$\bigcirc$	$\circ$
NG (Left Eye)	$\bigcirc$	$\circ$
TV (Left Eye)	$\bigcirc$	$\circ$
, ,		
STI Results from Baby 2		
CT - Right Nose	Positive O	Negative
NG - Right Nose	0	0
TV - Right Nose	0	0
CT - Left Nose	0	0
NG Left Nose	0	0
TV - Left Nose	0	0
CT - Right Eye	0	0
NG - Right Eye	0	0
TV - Right Eye		0
CT - Left Eye		0
NG - Left Eye		$\circ$
TV - Left Eye	$\circ$	$\circ$
STI Results from Baby 3		
CT - Right Nose	Positive	Negative
NG - Right Nose	0	0
TV - Right Nose	$\circ$	$\circ$
CT - Left Nose	0	0
NG - Left Nose	$\circ$	$\circ$
TV - Left Nose	$\circ$	$\circ$
CT - Right Eye	$\circ$	
NG - Right Eye	$\bigcirc$	0
TV - Right Eye	$\circ$	•
CT - Left Eye	$\circ$	$\circ$
NG - Left Eye	$\bigcirc$	0
TV - Left Eye	$\circ$	$\circ$
Result of birth PCR for baby 1		
OPositive		
<ul><li>Negative</li><li>Indeterminate</li></ul>		
Not yet available		

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1 2 3 4 5 6	Result of birth PCR for baby 2  O Positive O Negative O Indeterminate O Not yet available
7 8 9 10 11 12 13 14 15	Result of birth PCR for baby 3  O Positive O Negative O Indeterminate O Not yet available
16 17 18 19 20 21	Notes
22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 58 58 59 59 59 59 59 59 59 59 59 59 59 59 59	Notes

## **6-Week Immunization Visit Activities**

Staff name
Today's date
Time
Did the mother present within the specified dates below:
Start Date: [predelivery_checki_arm_1][sixweek_remind_schedpd]
Actual Date: [predelivery_checki_arm_1][sixw_im_schedpd]
End Date: [predelivery_checki_arm_1][sixw_im_close_schedpd]
○ Yes ○ No
You are about to administer the questions associated with 6-weeks immunization visit.
Please select "Proceed"
○ Proceed
How many babies were delivered?
$\bigcirc 1$
$\bigcirc \overset{-}{2}$ $\bigcirc \overset{-}{3}$
Was baby 1 admitted to hospital since the last study visit
○ Yes ○ No
Was baby 2 admitted to hospital following delivery
○ Yes ○ No
Was baby 3 admitted to hospital following delivery
○ Yes ○ No
Please specify

1 2	Does baby 1 have any of the following symptoms?
3	☐ Cough
4	☐ Runny nose
5	Eye discharge
6 7	☐ Sneezing ☐ None
8	
9 10	Does baby 2 have any of the following symptoms?
11	☐ Cough
12	☐ Runny nose
13 14	Eye discharge
15	☐ Sneezing ☐ None
16	
17 18	Does baby 3 have any of the following symptoms?
19	☐ Cough
20	☐ Runny nose
21 22	☐ Eye discharge
23	☐ Sneezing ☐ None
24	There is a second of the secon
25 26 27 28 29 30	Are any of the babies receiving any treatment at the moment
31 32	Feeding methods
33	☐ Breastfeeding
34 35	Formula feeding
36	☐ Mixed
37 38	Have you or the baby been to the clinic since the last visit with us?
39	○ Yes
40 41	○ No
42 43 44	What was the purpose of your visit?
44 45	☐ ANC Visit
46	☐ HIV/ART
47	☐ STI Treatment ☐ Other
48	
49 50	Summary notes from the visit
51	Summary notes nom the visit
52	
53	
54 55	
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	вил Ореп	Page 1.
Do you know you	r current HIV status?	
<ul><li>☐ HIV positive or</li><li>☐ Known HIV pos</li><li>☐ Newly diagnos</li><li>☐ Don't know (newly diagnos)</li></ul>	sitive, not on ART sed HIV positive (tested today by clinical staff)	
	b yet testeu touay)	
Please conduct a	HIV Rapid test and capture the result below	
<ul><li>Positive</li><li>Negative</li></ul>		
Please conduct a	confirmatory HIV Rapid test and capture the result below	
<ul><li>○ Positive</li><li>○ Negative</li></ul>		
HIV PCR result of	baby 1	
<ul><li>○ Positive</li><li>○ Negative</li><li>○ No result</li></ul>		
Please record bar	code for blood and HIV PCR	
HIV PCR result of	baby 2	
OPositive		
<ul><li>Negative</li><li>No result</li></ul>		
Please record bar	code for blood and HIV PCR	
HIV PCR result of	baby 3	
<ul><li>Positive</li><li>Negative</li><li>No result</li></ul>		
Please record bar	code for blood and HIV PCR	
NOTE You have collecte	ed all specimens associated with this visit. Once you select the "Proceed" option be	low you will be
CT: [post_natal_a	arm_1][sti_result_ct]	
NG: [post_natal_a	arm_1][sti_result_ng]	
TV: [post_natal_a	arm_1][sti_result_tv]	
○ Proceed	For peer review only - http://bmjopen.bmj.com/site/about/guidelines.xhtml	

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S	TI result, mother_ calc
D	oes the participant report any medication allergies?
	Yes No
	lease contact the study clinician before giving any treatment. Please specify discussed medication allergies and reatment plan with the study clinician
Т	he following treatment has been provided
	Azithromycin 1g stat dose Azithromycin 2g stat dose Ceftriaxone 250mg IM injection Ceftriaxone 1g IM injection Metronidazole 400mg bd x 1 week Metronidazole 2g stat dose Clotrimazole pessary and/or cream Trimethoprim/sulfamethoxazole 400/80 mg 2 tbl. bds for 5 days (bactrim)
D _	Pate treatment given
P	artner notification provided
(	Yes, 1 Yes, multiple No
P	lease explain why the partner notification note was not provided?
	he mother tested positive for an STI at the Post Natal visit. You need to collect a Nasal Pharyngeal swab for baby bid you manage to collect this specimen?
	Yes No
P	lease confirm the PIN for the Nasal Pharyngeal swab for baby 1.
	) [baseline_arm_1][participant_pin]-NPB1

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The mother tested positive for an STI at the Post Natal visit. You need to collect a Nasal Pharyngeal swab for baby 2. Did you manage to collect this specimen?
○ Yes ○ No
Please confirm the PIN for the Nasal Pharyngeal swab for baby 2 .
○ [baseline_arm_1][participant_pin]-NPB2
The mother tested positive for an STI at the Post Natal visit. You need to collect a Nasal Pharyngeal swab for baby 3. Did you manage to collect this specimen?
○ Yes ○ No
Please confirm the PIN for the Nasal Pharyngeal swab for baby 3.
○ [baseline_arm_1][participant_pin]-NPB3
You have completed capturing the Post-Natal information. Please make sure to check that you have completed all the fields.
Please select "Unverified" then "Save and Exit".
Notes
Additional notes



Adverse Outcomes		Pag
Staff Name		
Today's date		
Start time		
Was there an adverse birth outcome?		
<ul><li>○ Yes</li><li>○ No</li></ul>		
Was there a serious adverse event	○ Yes ○ No	
Early loss of baby		
What type of early loss?	_	
<ul><li>Miscarriage</li><li>Ectopic</li><li>Termination of pregnancy</li><li>Still Born</li></ul>		
Date	7	
Ectopic pregnancy	0,	
Date of surgery		
Termination pregnancy		
Date		
Reviewed by site PI	○ Yes ○ No	
Date Reviewed		

Review Notes	
Name of Reviewer	○ Remco Peters
You have completed capturing the adverse of completed all the fields.	outcomes information. Please make sure to check that you have
Please select "Complete" then "Save and Exi	it".
Notes	
Additional notes	

AGUILIUTIAI NOTES



## **Activities Associated with Visit**

Staff Details
Staff Name
Today's Date
Start time
Presentation Outcome
Presentation outcome.
Did the participant present at the study site for this visit?
○ Yes ○ No
Activities Associated with ToC for Arm 1
You are about to facilitate activities associated with the 4-week ToC. You will need to execute the following:
<ol> <li>Collect Specimens</li> <li>Run a STI test</li> <li>Conduct clinical history and behavioral questionnaire</li> <li>Symptom screening if negative test</li> <li>Treatment and partner referral if positive test</li> </ol>
○ Proceed
Activities Associated with 32 Week Visit
You are about to facilitate activities associated with the 32 week visit. You will need to execute the following:
<ol> <li>Collect Specimens</li> <li>Run a STI test</li> <li>Conduct clinical history and behavioral questionnaire</li> <li>Symptom screening if negative test</li> <li>Treatment and partner referral if positive test</li> </ol>
○ Proceed
You are about to facilitate activities associated with the 32 week visit. You will need to execute the following:
<ol> <li>Collect Specimens</li> <li>Conduct clinical history and behavioral questionnaire</li> <li>Symptom screening</li> <li>Treatment and partner referral if positive screening</li> </ol>
○ Proceed

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Activities Associated with the First Postnatal Visit			
You are about to facilitate activities associated with the 1st post natal visit. You will need to execute the following:			
<ol> <li>Determine the presentation date (Only proceed when its 14 days after the delivery date)</li> <li>Collect pregnancy and birth outcomes data (Discharge Summary and/or Road to Health Card)</li> <li>Conduct mother and child clinical examination and history questionnaire</li> <li>Specimen collection for mother and child</li> </ol>			
○ Proceed			
Pregnancy and Birth Outcome Data			
You are about to start with the pregnancy and birth outcome data capturing.			
You can use the discharge summary and road to health as your data sources.			
Select "Proceed" below to display the pregnancy and birth outcome details			
○ Proceed			
Delivery date			
Mother and Baby Clinical Examination and History			
You are done capturing the pregnancy and birth outcome data.			
The next step is to capture the mother and baby clinical examination and history details.			
Select "Proceed" below to display the questionnaire.			
○ Proceed			
O Froceeu			
Scheduling the 6 week Immunization Date			
Schedule a 6 week immunization.			
Use the below date assist to schedule the 6 week immunization date.			

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The below field must be equal to 42.

Use the date field above to ensure that the current field is equal to 42.

	ollection of Vaginal Loops
	u will need to collect a single vaginal loop that will be used to prepare two slides. Once collected you will need t epare the slides for storage.
0	Proceed
Dat	te of collection of vaginal loops
	nfirm the pin associated with the first vaginal loop that will be used for
	[baseline_arm_1][participant_pin]-FL1
Cor	nfirm the PIN associated with the second vaginal loop that will be used for
0	[baseline_arm_1][participant_pin]-FL2
St	corage of Loops
You foll	u have collected both slides. Before commencing with the rest of the specimens, please make sure to do the owing:
2. F	Slides are individually packed in their own package Record PIN on outside of package Complete the lab CRF with matching PINs and test instructions
0	Proceed
Vā	aginal Swab Collection
	u will now collect 3 vaginal swabs. They will be used as follows:
1. S 2. F	STI testing (1st Specimen) Profiling (2nd Specimen) Microbiome (3rd Specimen)
0	Proceed
	1
Dat	te of specimen collection for vaginal swabs
Cor	nfirm the PIN associated with the first vaginal swab
0	[baseline_arm_1][participant_pin]-FV1

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Confirm the PIN associated with the second vaginal swab			
○ [baseline_arm_1][participant_pin]-FV2			
Confirm the PIN associated with the third vaginal swab			
○ [baseline_arm_1][participant_pin]-FV3			
Nasopharyngeal Swab Collection			
You are about to collect the Nasopharyngeal swab on the Baby.			
Collect the specimen and confirm the PIN below.			
○ [baseline_arm_1][participant_pin]-NS1			
GeneXpert Testing for the First Specimen			
You will now start with the testing of the first vaginal swab specimen.			
Follow the below steps:  1. Ensure that the GeneXpert Machine is switched-on. Perform a quikc qulaity check on the machine.  2. Load the specimen and run the machine.  3. Conduct Clinical History and Behavioural Questionnaire			
Select "Start Test" when ready to run the test.			
○ Start Test			
Clinical History and Behavioural Questionnaire			
You have started running the STI test.			
Conduct clinical history and behavioural questionnaire. Select "Proceed" to display the questionnaire			
○ Proceed			
How often have you had sex since the last time we saw you?			
<ul><li>○ 0</li><li>○ 1 to 5 times a week</li><li>○ More than 5 times a week</li></ul>			
STI Results			
Positive Negative			
NG O			
СТ			

The part	icipant tested positive for an STI.
The next	t step is to administer treatment with the participant.
Select "F	Proceed" to display treatment options.
○ Proce	eed
The next	t step is to screen the patient for STI symptoms
Is the pa	articipant symptomatic?
○ Yes	
○ No	
The part	cicipant screened positive for at least a single STI symptom
The next	t step is to administer treatment with the participant.
Select "F	Proceed" to display treatment options.
○ Proce	eed.
O 1.1000	
Tream	ent and Partner Notification
Select th	ne treatment regimen you administered to the participant
○ Azith	romycin
O Doxy	
○ Ceftri ○ Metro	onidazole
	STINGLES!
Did you	administer partner notification treatment?
○ Yes	
○ No	
Storag	ge Processes
You have	e collected all required specimens.
You can	now prepare the specimens for storage, follow the below steps:
	e that each specimen has a complete Lab CRF
2. Pack t	the Lab CRFs in the specimen container ethat the Lab CRF is complete and specimens are stored according to the storage requirements.
J. LIISUI	e that the Lab CKL is complete and specimens are stored according to the storage requirements.
Select "(	Confirm" after perform tha above specimen procedures.
○ Confi	rm

Notes

Additional notes



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Close-out	1 age 120
Staff member	
Date	
Participant ID: [baseline_arm_1][participant_pin_verify]	
TERMINATION DETAILS	
Date of termination	
Study Time-Point	<ul><li>○ BASELINE</li><li>○ TOC</li><li>○ 32 WEEKS</li><li>○ POST-NATAL VISIT</li></ul>
Reason for termination	<ul> <li>End of study (study completed)</li> <li>death (participant)</li> <li>Participant refused further participation</li> <li>Participant unable to adhere to visit schedule</li> <li>Participant relocated, no follow-up planned</li> <li>Investigator decision</li> <li>unable to contact the participant</li> <li>Participant not eligible for enrollment</li> <li>Invalid ID due to duplicate screening/enrollment</li> <li>Other</li> <li>Early study closure</li> <li>End of study (adverse outcome)</li> </ul>
Specify refusal reason/ Investigator reason	
Other, Specify	
General Comments	

**Ad-Hoc** 

Staff name	
	 -
Please capture date of visit	
Please summarize the purpose of the visit	



**Safety Protocol** 

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Today's date		
Time		
Time		
Staff		
Safety Protocol Issue	○ Social Harm	
	<ul><li>Protocol Violation</li><li>Unanticipated Problem</li></ul>	
Date Reported		
Notes		

# **STI Data Qc And Filing**

SECTION A: STAFF DETAILS			
Staff Member Name			
Date			
SECTION B: QUALITY ASSURANCE			
Forms Received from the Field		RQ Consent form Study Note Proof of Reimbursement Enrolment Log Expert Baseline: CT/NG Expert Baseline: TV Expert Postnatal: CT/NG Expert Postnatal: TV IHLS: CD4 Count IHLS: Syphilis Test IHLS: Viral Load IHLS: Baby HIV PCR OTHER	
		lect all that you received )	
Other - Specify the other form(s) receive	d		
QUALITY ASSURANCE: Phase 2A  Get all the participant's enrolment source documents and perform a comprehensive QC on all the source documents. After the QC is done, mark each document as "checked, properly completed" if you have no query opened on the source document.			
IN CASES WHERE A QUERY IS OPENED. PLEASE CONTACT THE RESPONSIBLE DATA COLLECTOR IMMEDIATELY!			
Please note that you also accept receipt of all source documents by checking them below.			
Consent Form Study Note	Checked, Properly Completed	Not completed, Returned to the RA	
Proof of Reimbursement		0	
Enrolment Log	0	0	
Expert Baseline: CT/NG	O	0	

Pag	e 151 of 160	BMJ Open	Page 132		
	5 D . II . T7 /		_		
1 2	Expert Baseline: TV	O	0		
3	Expert Postnatal: CT/NG	0	0		
4	Expert Postnatal: TV	0	0		
5 6	NHLS: CD4 Count	0	0		
7	NHLS: Syphilis Test	0	0		
8 9	NHLS: Viral Load	0	0		
10	NHLS: Baby HIV PCR	0	0		
11 12	[forms_received_oth]	0	0		
13 14 15	Skip				
16 17	Electronic Data QC				
18					
19 20 21	You are supposed to go throu	ugh each electronic data tool and en	sure the following:		
22	1. Each Tracking Field has a	data point.			
23 24	2. The data is consistent				
25 26	3. The data is verified with source documents				
27 28 29 30	After doing the above inspection. You marked the forms as complete and locked the form.				
31	Once all the forms are checke	ed and properly completed.			
32 33		Checked and Completed Properly	Query Opened		
34 35	1, Baseline: Screening and Enrolment		O		
36	2, Baseline: Baseline data	0	0		
37	3, STI: Physical Exam	0	$\circ$		
38 39 40	4, STI: Specimen and Randomization		0		
41	5, STI: Scheduling	$\circ$	$\circ$		
42 43	6, STI: TOC Visit Activities	$\circ$	$\circ$		
44	7, STI: Calling Reminder_2	0	$\circ$		
45 46 47	8,STI: Scheduling post Delivery activities	0	0		
48	9, Birth Register data	$\circ$	$\circ$		
49 50	10, Post Natal Visit Activities	$\circ$	0		
51	11, 6 week Immunization Visit	0	O		
52 53 54	Activities		<u> </u>		
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### **SAVING INSTRUCTION**

MARK THIS FORM AS COMPLET ONCE VERIFIED AND LOCK IT.

SELECT SAVE AND EXIT FORM.

Proceed to QC other source documents.

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Scheduling 2
Scheduling of Dates Associated with [randomization].
NOTE You are about to schedule dates associated with [randomization] participants.
Please select "Proceed".
○ Proceed
Scheduling of Dates Associated
NOTE: You are about to schedule dates associated with microbiome participants.
Please select "proceed"
○ Proceed
Scheduling Dates for 3-Week ToC
NOTE: The participant tested positive and therefore we need to schedule a date, exactly 3-weeks from today to conduct a test-of-cure.
Scheduling the 3-week ToC
NOTE: Please schedule a date, 3 weeks from today treatment given. Please use the calculator assistance to ensure that you schedule a date exactly 21 days from today.
Calculator Assist
The number here must be equal to 21
ERROR The field does not equal to 21, please change it
Have you handed the TOC date to the participant?
○ Yes ○ No

Scheduling Dates Associated with ToC Reminder

**₹EDCap**°

Schedule date for REMINDER of 3-week ToC visit
Calculator Assist for scheduling ToC reminder date
The reminder phone call will be made 18 days following the treatment date. The number of days need to equal to 18.
ERROR
You did not enter the date correctly. The number should equal to 18. Please redo the date.
Scheduling Dates Associated with 3-Week ToC Missed Visit Date
NOTE: You have successfully scheduled the reminder date.
Please select "proceed" to schedule the missed visit date for the 3 week ToC visit.
○ Proceed
Schedule the date for the MISSED VISIT of the ToC visit.
This date should be 3 weeks after the date on which the participant received their test result.
Calculator Assist for scheduling 3-week ToC Missed Visit
The participant's time period allowed for attending a ToC will start 3 weeks after they received their result and will close 3 weeks after the date they received their result.
The number here must show 35
ERROR You did not enter the date correctly. The number should equal to 35. Please redo the date.
NOTE: You have successfully scheduled the 3-week ToC close date
Please select "proceed" to start scheduling the next visit dates

**₹EDCap**°

Proceed

Dat	tes Associated with reminder for the 28 Week call
NO	
Υοι	u are about to schedule dates for the call reminder at 28 weeks.
Ple	ase select "Proceed".
0	Proceed
Not Sch is.	te: nedule the date for the 28 week call. We will contact each participant to ask the date for their 30 weeks clini
Cal	culation assist for scheduling the 32-week reminder date.
Thi	s number must equal to 196
Day	ys to call reminder
	ROR e number you have entered does not match 196. Please select a different date so that the number equals to
Scheduling the Dates Associated with the 32 Week Gestational Visit	
NO	TE
Υοι	u are about the start scheduling dates associated with the 32 week visit. You will need to schedule the follow sociated dates:
	Week 32 date
	Week 32 reminder date Week 32 missed visit date
Sel	ect "Proceed" to start scheduling
	Proceed
Schedule the date for the 32 week gestational age, visit	
Not	te to RA: please make sure that this date does not fall on Friday, weekend, and public holidays.
— Dav	ys Difference (the difference between 32 weeks & Gestational age)

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Calculate assist for 32 week visit
The number here must equal to [gest_week_calc]
Match
The date you have entered does not meet the 93 day criteria. Does the intended or original date fall on a Friday weekend or public holiday?
○Yes
○ No
ERROR The numbers you have entered deep not match. Please select a different data so that the numbers match
The numbers you have entered does not match. Please select a different date so that the numbers match.
Dates Associated with reminder for the 32 Week Gestational Age Visit
NOTE:
You have successfully scheduled the 32 week date.
We will need to contact the participant at least 7 days before the scheduled visit to remind them.
Select "Proceed" to schedule the reminder date for the 32 week visit.
○ Proceed
Note: Schedule the date for the 32 week reminder. We will contact each participant starting 7 days prior to their 32-week gestation date. That means the date scheduled here should be 7 days earlier then the scheduled date for the 32-week visit.
Calculation assist for scheduling the 32-week reminder date.
This number must equal to 7

### **ERROR**

The number you have entered does not match 7. Please select a different date so that the number equals to 7

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Dates associated with the 32 week gestational age missed visit
NOTE: You have successfully scheduled the 32 week reminder date.
Select "Proceed" to schedule the 32 week missed visit date.
○ Proceed
Schedule the date for the 32 week missed visit date.
Note: Participants will have 3 weeks (21 days) to present for their 32 week visit date after which the visit will be closed out.
Calculation Assist for scheduling the 32-Week missed visit date.
This number must equal to 21
ERROR The number you have entered does not match 21. Please select a different date so that the number equals to 21
Estimated Delivery Date
You are about the schedule the Estimated Delivery Date.
Please select "proceed"
○ Proceed
Estimated Delivery Date
Days difference between estimated date of delivery and gestational age

Calculation Assist for scheduling the Estimated Date for Delivery date.	
This number must equal to [edod_calc]	
Match	

#### **ERROR**

The number you have entered does not match. Please select a different date so that the numbers match

You have completed all the scheduling dates.

Please check that all dates entered comply with the "calculation assistance". Once this has been done you can select "Complete" and "Save & Exit"

#### **NOTES**

Notes box



Time

# **Data Quality**

	_
Name	

## **Updated Estimated Delivery Date**

Please specify the updated delivery date

