CHAPTER 22

PROCEDURES FOR DISC PARTICIPANTS
WHO ARE PREGNANT OR WHO HAVE RECENTLY GIVEN BIRTH

DISC will see a number of girls who are pregnant or who have given birth recently. Staff members should be sensitive to their concerns, make them comfortable, and assure them that their continued participation in DISC is valued.

22.1 Annual Data Collection Visits

The following procedures should be used for annual data collection visits.

22.1.1 If clinic staff learn that a girl is pregnant or lactating before the annual or final data collection visit is scheduled:

a. Call to schedule the visit as soon as possible. Assure the participant that DISC is still interested in her. If a blood draw is scheduled, tell the participant that her blood will not be drawn, and that she should not fast before the visit. If possible, the visit can be re-scheduled (either within or outside of the visit window, when necessary) to measure the participant three months post-partum or post-lactation.

b. Notify the DISC clinic interventionist as soon as possible that a participant is pregnant or lactating and give him/her the ID and namecode of the participant.

c. Do not mail the menses calendars, if they are scheduled for the visit.

d. At the data collection visit, measure the girl's height and record her pregnant condition in the Revised Stature and Maturity Form or the Final Visit 01 Physical Exam Form. Administer the Participant History and/or the Participant

Medical Information Follow-up Form. Omit all other measures. Clinic physicians should not do a physical exam or perform any other medical procedures on a girl who is pregnant. Complete a DISC II Annual Visit Summary or the Final Visit 01 Summary Form and record the reason for missing measures and forms as "pregnancy" or "lactation".

e. Do not give the girl menses calendars for the post-visit six weeks.

f. Get information on the girl's estimated delivery date, and her plans for the future to make locating and scheduling for the next annual visit easier. The next annual visit should be scheduled no earlier than three months post-partum or post-lactation.

22.1.2 If the clinic staff learn that a girl is currently pregnant or lactating at the clinic visit:

a. Measure only the girl's height and record her pregnant condition on the Revised Stature and Maturity Form or the Final Visit 01 Physical Exam Form. Administer the Participant Medical History Follow-up Form and/or the Participant History. Omit all other measures. Clinic physicians should not do a physical exam or perform any other medical procedures on a girl who is pregnant. Complete a DISC Annual Visit Summary Form or a Final Visit 01 Summary Form, and record "pregnancy" or "lactation" as the reason for missing measures or forms.

b. Review any menses calendars that might have been returned before the visit with the girl. Do not give the girl menses calendars for the post-visit six weeks.

c. Get information on the girl's estimated delivery date, and her plans for the future to make locating and scheduling for the next annual visit easier. The next annual visit should be scheduled no earlier than three months post-partum or post-lactation.

d. Notify the DISC interventionist as soon as possible that a participant is pregnant or lactating and give him/her the participant's ID and namecode.

22.2 INTERVENTION SESSIONS

The following procedures should be used for intervention sessions or activities:

1. The collection of NCC and NDS food recalls, the Case Management Form, the Diet Acceptability Forms, and the measurement of weight at intervention sessions should be omitted until three months post-partum or post-lactation. The Participant Tracking Form should be completed, and the measurement of height at intervention sessions should be carried out as usual.

2. If intervention staff learn independently that an intervention group participant is pregnant or lactating, they should notify an UNBLINDED member of the clinic data collection staff so that plans for the next data collection visit can be made in advance.