

Maternal-Pediatric HIV Prevention and Care Program Test History and Assessment

Counseling Guidance – HIV counseling of women in the delivery and postpartum settings must be appropriate to the needs and HIV testing history of the mother.

Turnaround Time (TAT) for Testing: 1) DOH regulations for delivery settings require that all expedited test (ET) results be back within 12 hours from time of mother's consent or the newborn's birth. With rapid testing technology, this time frame can be reduced to a 1 hour TAT. 2) The TAT for supplemental testing to confirm HIV antibodies should be within 4 days of the ET results. 3) If a HIV-1 RNA test [nucleic acid test (NAT)] is needed to resolve inconclusive antibody results, the TAT for the HIV-1 RNA test should be as short as possible and no longer than 10 days from date of the supplemental antibody test result.

Medical Record Assessment

- Determine test history of mother and need for expedited testing. Expedited testing is required when there is no documentation of an HIV test result obtained during this pregnancy and the mother is not known to be HIV-positive.
- Record findings on the "Maternal-Pediatric HIV Prevention and Care Program Test History and Assessment Form".

Pre-Test Information for Expedited HIV Testing (Must be provided as soon as possible after admission)

- Briefly discuss the nature of AIDS and HIV-related illness.
- Discuss perinatal HIV transmission; i.e., that it can occur in utero, during labor and through breastfeeding.
- Discuss the effectiveness of antiretroviral (ARV) prophylaxis in reducing HIV transmission, including the effectiveness of partial antiretroviral regimens.
- Discuss newborn HIV screening, including:
 - o the requirement that all newborns born in New York State be tested for HIV antibodies with the results reported to their mothers;
 - o the requirement that mothers who have not been tested for HIV during the current pregnancy be offered the opportunity to consent to expedited HIV testing in the labor and delivery setting; and
 - o the fact that if she does not consent to expedited testing in labor, her newborn will be tested for HIV without consent immediately after birth.
- Explain the meaning of a positive maternal or newborn test result, i.e., that the mother is HIV-infected and that her newborn has been exposed to HIV.
- Explain the preliminary nature of a positive expedited test result and the chance of a false positive result. The discussion should be based on the prevalence of HIV infection in the community and among women who deliver at the facility, an assessment of the mother's personal risk history (i.e., history of STD's, no prenatal care, history or use of injection drugs, history of multiple sexual partners), and the necessity and importance of supplemental testing.
- Explain that the expedited HIV test result will be reported to the mother as soon as it is available.
- Obtain informed consent if the mother agrees to be tested.
- If the mother does not agree to be tested, or if there is insufficient time for testing the mother before delivery, inform the mother that the newborn will be tested immediately after birth.

Post-Test Information When the Expedited HIV Screening Test Is Negative (Maternal or Newborn)

- Report the negative test result to the mother as soon as it is available.
- Inform the mother that she and her newborn are most likely free of HIV infection.
- Explain that further testing is not necessary.
- Inform the mother that her newborn will also be tested for HIV antibodies after birth as a part of the Newborn Screening Program.

If the Preliminary HIV Test is Positive (Maternal or Newborn)

- Inform the mother in person that the preliminary test result was positive and that there is a possibility that she is HIV-infected, and that her newborn has been exposed to HIV.
- The attending physician should discuss with the mother the likelihood that the test result is a true positive. The discussion should be based on the prevalence of HIV infection in the community and among women who deliver at the facility and on an assessment of the mother's personal risk history (i.e., history of STD's, no prenatal care, history or use of injection drugs, history of multiple sexual partners).
- Tell the mother that additional tests have been ordered. Give her an approximate time (days/hours) when the test results will be available.
- Advise the mother not to begin or continue breastfeeding her newborn until the results of supplemental tests to determine her HIV status are available (mother can express breast milk while the supplemental tests are pending).
- The attending physician should discuss with the mother the risks and benefits of ARV prophylaxis administered during labor or to the newborn as applicable. Inform the mother that:
 - o use of the ARV regimen has been associated with anemia in newborns but this condition reverses when prophylaxis is discontinued;
 - o it is unlikely that anemia in her newborn will occur from a short course of ARV;
 - o ARV prophylaxis will be discontinued if the additional test results indicate that she is negative for HIV; and
 - o other potential long term side-effects are under study but are unlikely following a short course of prophylaxis.

If the Supplemental HIV Test(s) is Positive for HIV (Maternal or Newborn)

- Report the result in person to the mother and/or the person authorized to consent to health care for the newborn.
- Inform the mother that additional tests confirmed the positive result which means that she is infected with HIV and that her newborn has been exposed to HIV and may or may not be infected.
- If ARV has been administered during labor and delivery or to the newborn, remind the mother that the chance the newborn is HIV-infected is greatly reduced.
- Inform the mother that her newborn must receive other diagnostic tests to determine if the newborn has become infected.
- Provide the mother with post-test information, including:
 - support for coping with the emotional impact of receiving the positive test result, including referrals to mental health services, (if the mother is an adolescent, consider referrals to an agency providing specialized mental health services for adolescents);
 - counseling against breastfeeding;
 - information regarding available medical treatment for both the mother and child;
 - a discussion of potential discrimination problems and protections;
 - screening for domestic violence potential;
 - an offer of assistance in notifying the mother's spouse/partner and determining the HIV status of other children of the mother, if any, and referrals for family-centered counseling and case management as appropriate; and
 - information on behavior change to prevent HIV transmission to others.
- Collect a blood specimen from the infant before discharge, preferably within 48 hours of birth, for diagnostic HIV testing of the infant (qualitative RNA or DNA testing). Do not use cord blood.
- Arrange for HIV appointments for the mother and the infant prior to discharge; document in their records.

If the Supplemental HIV Test is Negative or Indeterminate for HIV (Maternal or Newborn)

- Inform the mother that the test results do not confirm or exclude HIV infection in her or the baby, and that further testing is needed.
- Determine if a HIV-1 RNA was performed. If not, an HIV-1 RNA test should be ordered as soon as possible to resolve the mother's infection status.
- Obtain a specimen from the infant for diagnostic HIV testing (qualitative RNA or DNA testing). Do not use cord blood.
- Counsel the mother against breastfeeding.

If all Supplemental Test(s) are Negative for HIV (Maternal or Newborn)

- Report the result to the mother and/or the person authorized to consent to health care for the newborn.
- Advise the mother that additional tests were negative for HIV, which means that the preliminary test result was a false positive and she is most likely not HIV-infected.
- Reassure her that false positive results sometimes occur with expedited screening tests for HIV.
- Discontinue ARV prophylaxis.
- Inform the mother that ARV prophylaxis has been associated with anemia in the newborn which resolves on discontinuation.

For All Woman Known to be HIV-Positive or Who Report Being HIV-Positive

At Delivery

- Provide expedited testing for mothers whose records include no documentation of HIV infection but who report being HIV-positive.
- Determine if intrapartum and newborn ARV prophylaxis are scheduled.
- If ARV is not scheduled, discuss the risks and benefits of prophylaxis.
- Initiate therapy to the mother with consent.

Postpartum

- Counsel not to breastfeed.
- Obtain a specimen from the infant for diagnostic testing (qualitative RNA or DNA testing). Do not use cord blood.
- After discussion of ARV risks and benefits, initiate prophylaxis of the newborn with the consent of the mother.
- Inform the mother that her newborn will still be tested after birth as part of the Newborn Screening Program.
- Determine whether the mother and newborn are receiving HIV treatment and develop a discharge plan that is responsive to their needs.

For All Women

Newborn Screening

- Inform the mother that her newborn will be tested for HIV-1 and several other conditions as part of the Newborn Screening Program and that the results will also indicate the mother's HIV status. If the mother became infected with HIV-1 close to the time of delivery, the Newborn HIV Screening result may not be positive at the time of the screening.
- Explain that a negative test means that she and her newborn are most likely free of HIV-1 infection.
- Explain that a positive result will mean that she is HIV-1-infected and that her newborn has been exposed to HIV-1 and may be infected.
- Inform the mother that she should ask for all newborn screening test results if she does not receive them from the baby's pediatrician.

Maternal-Pediatric HIV Prevention and Care Program Test History and Assessment Instructions

***When completing mother's HIV test history, use results from the mother's most recent HIV test.**

Printed HIV educational materials should be provided to supplement information provided to women in the delivery setting. To obtain materials, use the New York State Department of Health order form, which is included in the *"HIV Education and Prevention Consumer Catalog of HIV/AIDS Materials."*

The catalog can be found at:

<http://www.health.ny.gov/diseases/aids/publications/orderinginfo.html>

Click on "Ordering information and on-line orders" at the top of the webpage.

Instructions for completing the Maternal-Pediatric HIV Prevention and Care Program Test History and Assessment Form

Section I. Mother's Information: Enter information requested in spaces provided.

Section II. Newborn's Information: Enter information requested in spaces provided. For multiple births, fill out one form per newborn.

Section III. Prenatal Care Provider: If no prenatal care provider can be identified, enter "none".

Section IV. Physician/Provider Responsible for Newborn After Discharge: Identify the physician or other provider who will care for the newborn after discharge.

Section V. HIV Test History at Delivery (Prenatal HIV Test History) and In-Hospital Testing (Expedited HIV Testing):

(Check one box from A- D and one box from E- G).

(1) HIV Test History at Delivery (Prenatal HIV Test History):

- A. If the mother tested HIV-negative during this pregnancy, check the "A" box. Then, check how testing was documented in the record (laboratory report; dated, signed note in record, or computer record).
- B. If the mother tested HIV-positive during or prior to this pregnancy, check the "B" box. Then, check how testing was documented in the record (laboratory report; dated, signed note in record, or computer record).
- C. If the mother has not been tested during this pregnancy, check the "C" box.
- D. If HIV test history is unknown, or if there is no documentation of the HIV test result in the medical record, check box "D".

(2) In Hospital Testing (Expedited HIV Testing Status):

- E. If the mother received expedited HIV testing (with consent), check box "E". (Note: If there is documentation of a negative prenatal HIV test and the mother has also consented to an expedited HIV test at the time of delivery, boxes "A" and "E" should be checked.)
- F. If the newborn received an expedited test, check box "F".
- G. If expedited testing was not indicated because the mother was tested during this pregnancy, or because she is HIV-positive, check the "G" box.

Section VI. Second prenatal HIV test during pregnancy:

Indicate "Yes" if documentation is found of a second HIV test at any time during the current pregnancy. Indicate "No" if no documentation can be found of a second HIV test at any time during the current pregnancy.

Section VII. HIV Care Status is completed if the mother is known, or found to be, HIV-positive.

Indicate whether or not the mother reports having received health care services for HIV infection. Discharge planning should address primary and HIV care for the mother and newborn. Per standard discharge planning practice, please ensure that detailed information relevant to post-discharge care is entered in the medical records of mother and newborn.

Filing Instructions

Distribute DOH-4068 copies as indicated on the form. One copy is to be placed in the mother's medical record and one copy is to be placed in the newborn's medical record. A copy should also be sent to the HIV Medical Designee.

Note: This form contains HIV-related information that is protected by the confidentiality provisions of Public Health Law Article 27-F.

Maternal-Pediatric HIV Prevention and Care Program Test History and Assessment

I. Mother's Information

Mother's Name

Also Known As (AKA)

Mother's Date of Birth (mm/dd/yyyy)

Mother's Medical Record Number

II. Newborn's Information

Baby's Name

Name to be Used by Baby (if Different)

Baby's Date of Birth (mm/dd/yyyy)

Baby's Medical Record Number

Newborn Screening Program Lab ID Number

III. Prenatal Care Provider

Name (Indicate "None" if no Prenatal Care)

Street Address

City, State, Zip Code

IV. Physician/Provider Responsible for the Newborn after Discharge

Name

Street Address

City, State, Zip Code

V. HIV Testing

(1) **HIV Test History at Delivery (Prenatal HIV Test History)** – Check one from A-D. Indicate source of HIV test history information.

A. **Tested HIV-negative during this pregnancy (be sure test date falls within this prenatal period). Check source of information:**

- Hard copy of laboratory report in the record, or
 Written note, signed by a clinician, indicating the date of HIV testing and the test result, or
 Computer/electronic record indicating the date of HIV testing and the test result.

B. **Tested HIV-positive during or prior to this pregnancy. Check source of information:**

- Hard copy of laboratory report in the record, or
 Written note, signed by a clinician, indicating the date of HIV testing and the test result, or
 Computer/electronic record indicating the date of HIV testing and the test result.

C. **Not tested during this pregnancy**

D. **Test history unknown/not documented**

(2) **In-Hospital Testing (Expedited HIV Testing Status)** – Check one from E-G; document in the appropriate medical record.

E. **Mother Tested** (with consent) (Note: If there is documentation of a negative prenatal HIV test and the mother has consented to an expedited HIV test at the time of delivery, boxes "A" and "E" should be checked.)

F. **Newborn tested**

G. **Testing not needed** (Mother tested negative during this pregnancy or is known to be HIV-positive).

VI. **Did the maternal record have documentation of a second HIV test during the current pregnancy?** Yes No

VII. **HIV Care Status** (Complete if the mother is HIV-positive).

To clear all check boxes below, click here

(1) Has mother received health care services for HIV infection? Yes No Unknown

(2) Have arrangements for post-discharge postpartum and HIV care been made for the mother? Yes No

(3) Have arrangements for post-discharge well baby and HIV care been made for the newborn? Yes No

Person Completing Form:

Name

Date (mm/dd/yyyy)

Time

Note: This form contains HIV-related information that is protected by the confidentiality provisions of Public Health Law Article 27-F.

A copy of this form goes in the mother's and the baby's medical records, and to the HIV Medical Designee.