

DOH Form 4068: "Maternal-Pediatric HIV Prevention and Care Program Test History and Assessment"

Purpose: To document the maternal HIV test history and determine if expedited HIV testing is required (*be sure the form you use is dated 2/05 - discard all others*).
Important to Note: It is the birth facility's responsibility to verify that prenatal HIV counseling and the maternal HIV test history is properly documented in the prenatal record. *Prenatal HIV testing must be documented with either a dated copy of the laboratory report; by a note, signed by the provider that indicates the date that HIV testing was done and the test result, or by a computer/electronic record indicating the date of HIV testing and the test result.*

Check the Correct Boxes! Follow these steps to insure accurate completion of the DOH 4068 form:

Prenatal Status Box	What it Means	When to Check the Box	Then What? Document the Expedited HIV Testing Status
A	<i>Mother tested HIV negative during the current pregnancy with documentation present in the prenatal or computerized record.</i>	Check box "A" only when there is documentation of a negative HIV test, done during the current pregnancy, in the prenatal record. Documentation means that a copy of the HIV test result, a note, signed by the clinician, which includes the date of the test and the test result, or a computer/electronic record indicating the date of HIV testing and the test result is found in the record. <i>The mother's verbal report of HIV testing is not sufficient!</i> "A" box should only be checked to indicate a negative HIV test conducted prior to hospital admission.	"G" box should be checked to indicate that expedited HIV testing was not done OR If there is documentation of a negative prenatal HIV test and the mother has also signed consent for an expedited HIV test at the time of delivery, boxes "A" and "E" should be checked.
B	<i>Mother tested HIV positive during, or sometime prior to, this pregnancy.</i>	Mother tested HIV positive before or during the current pregnancy. Documentation means that a copy of the HIV test result; a doctor's notation of the mother's positive HIV status, or a computer/electronic record indicating the date of HIV testing and the test result is found in the record. <i>The mother's verbal report of HIV testing is not sufficient!</i>	If mother tested HIV positive during or prior to this pregnancy, expedited testing is not indicated. Box "G" should be checked.
C	<i>Not tested for HIV during this pregnancy.</i>	Mother has no history of prenatal HIV testing during the current pregnancy.	<i>Expedited testing must be done</i> – check either box "E" or "F", depending on whether the mother or the infant is tested.
D	<i>Test history unknown or undocumented.</i>	There is no indication of prenatal HIV testing in the prenatal record, or HIV testing was done but the result is not in the prenatal record and cannot be obtained by phone or fax, or there is no documentation of HIV infection in the mother's record.	Whenever the "D" box is checked, expedited testing must be done – check either box "E" or "F", depending on whether the mother or the infant is tested.

How is the information from DOH Form 4068 used? The HIV box information (one from A → D and one from E → F) is transferred to the Newborn Blood Collection Form (DOH 1514). The information from the DOH 1514 form is used to establish the birth facility's compliance with the Maternal-Pediatric HIV Prevention and Care Program requirements.

Still have questions? Please call 518-486-6048 for assistance.

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

NEW YORK STATE DEPARTMENT OF HEALTH
AIDS Institute

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.

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 Counseling 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 therapy in reducing HIV transmission, including the effectiveness of partial antiretroviral regimens.
- Discuss newborn HIV testing, including:
 - the requirement that all newborns born in New York State be tested for HIV with the results reported to their mothers;
 - the requirement that mothers who have not been HIV-tested during the current pregnancy be offered the opportunity to consent to expedited HIV testing in the labor and delivery setting; and
 - 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 the infant may or may not be infected.
- Explain the preliminary nature of a positive expedited test result, the chance of a false positive result (based on the specific test algorithm used by the facility), and the necessity and importance of confirmatory testing.
- Explain that the expedited HIV test result will be reported to the mother as soon as it is available.
- Obtain written 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 Counseling for Expedited Testing If 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 (confirmatory) testing is not required.
- Inform the mother that her newborn will also be HIV tested 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).
- Counsel the mother that a confirmatory test has been ordered. Give her an approximate time (days/hours) when the confirmatory test result will be available.
- Advise the mother not to begin or continue breastfeeding her newborn until the results of confirmatory HIV testing are available (mother can express breast milk while the confirmatory test is 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:
 - use of the full ARV regimen has been associated with anemia in newborns but this condition reverses when treatment is discontinued;
 - It is unlikely that anemia in her newborn will occur from a short course of ARV;
 - ARV prophylaxis will be discontinued if the confirmatory test result is negative; and
 - other potential long term side-effects are under study but are unlikely following a short course of therapy.

The Department of Health requires that all preliminary positive HIV test results are reported. Complete the DOH form entitled, "Maternal-Pediatric HIV Prevention and Care Program, Report on Preliminary Positive HIV Test Results" (DOH-4159) and send to the DOH as instructed on the form. This report must be submitted in each case of a preliminary positive HIV test result whether or not the confirmatory test is positive.

If the Confirmatory HIV Test Is Negative (Maternal or Newborn)

- Report the result in person to the mother and/or the person authorized to consent to health care for the newborn.
- Advise the mother that the confirmatory HIV test is negative, 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 treatment has been associated with anemia in the newborn which resolves on discontinuation.

If the Confirmatory HIV Test Is Positive (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 the confirmatory HIV test is positive which means that she is infected with HIV and that her newborn has been exposed to HIV and may or may not be infected. Advise her that the test measures HIV antibodies in her blood which have been passed to the newborn.
- 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.
- Provide the mother with post-test counseling, 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.
- Arrange for follow-up care for both the mother and the infant prior to discharge.

If the Confirmatory HIV Test Is Indeterminate (Maternal or Newborn)

- Inform the mother that she and the baby need to return for further HIV testing.
- Obtain a specimen from the infant for DNA PCR testing.
- Counsel the mother against breastfeeding.

For Women Known to Be or Who Report Being HIV-Infected

- Provide expedited testing for mothers whose records include no documentation of HIV infection but who report being HIV positive.

At Delivery

- Determine if intrapartum and newborn ARV therapy are scheduled.
- If ARV is not scheduled, discuss the risks and benefits of therapy.
- Initiate therapy to the mother with consent.

Postpartum

- Counsel not to breastfeed.
- After discussion of therapy risks and benefits, initiate treatment 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 Women Who Tested Negative During This Pregnancy

Postpartum

- Inform the mother that her newborn will be tested for HIV and several other conditions as part of the Newborn Screening Program and that the results will also indicate the mother's HIV status.
- Explain that a negative test means that she and her newborn are most likely free of HIV infection.
- Explain that a positive result will mean that she is HIV-infected and that her newborn has been exposed to HIV and may be infected.
- Inform the mother that she will receive all newborn test results from the baby's pediatrician.