**CHECKLIST FOR CARE OF HIV+ PREGNANT WOMEN AND EXPOSED INFANTS**

**Dartmouth-Hitchcock Family HIV Program**

**Revised June 2014**

**Underlying principles:**

* Women with HIV who are pregnant require a comprehensive, multidisciplinary evaluation. Their plan of care should address their own HIV care needs, the prevention of perinatal HIV transmission, and the needs of the HIV-exposed neonate.
* Specialty consultation with HIV and Maternal-Fetal Medicine providers is recommended. If local providers are not available, use the national Perinatal HIV Hotline (888-448-8765).
* The adult HIV, OB, neonatal, and local community-based providers need to coordinate and communicate about care for the HIV+ woman and her family.
* This checklist is designed to help the primary medical care coordinator (either medical case manager or medical provider) plan and execute coordinated care across the spectrum of perinatal HIV. The checklist items are grouped by specialty but could be performed by any provider on the team.
* While this checklist begins with identification of pregnancy, contraception status and pregnancy planning is an important part of routine HIV care for women.

**Patient name and date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Expected date of delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  | | **Name** | | **Contact #** | | | **Agency** | | **Signed release of information (if needed)** | |
| **Medical Case Manager** | |  | |  | | |  | |  | |
| **HIV provider** | |  | |  | | |  | |  | |
| **OB provider** | |  | |  | | |  | |  | |
| **Delivery Hospital** | |  | |  | | |  | |  | |
| **Pediatrician** | |  | |  | | |  | |  | |
| **Community case manager** | |  | |  | | |  | |  | |
| **Mental health provider** | |  | |  | | |  | |  | |
| **Other provider:** | |  | |  | | |  | |  | |
|  | **Intake or 1st trimester** | | **2nd trimester** | | **3rd trimester** | **Delivery and discharge planning** | | **Weeks 1-6 post-delivery** | | **Month 4-6 post-delivery** |
| **Maternal medical care** | See **Care of HIV-infected Pregnant Women** in  Guide for HIV/AIDS Clinical Care, HRSA HIV/AIDS Bureau April 2014.  [**http://aidsetc.org/topic/prevention-mother-child-transmission**](http://aidsetc.org/topic/prevention-mother-child-transmission)  Table 1: Recommended evaluation and routine monitoring of pregnant women  Table 2: Recommended Evaluation and routine monitoring in labor and delivery  Table 3: Immunizations and post-exposure prophylaxis…  See **Perinatal treatment guidelines** for use of antiretroviral therapy during pregnancy:  <http://www.aidsinfo.nih.gov/>  First and second trimester: ART  Third trimester: Determine mode of delivery and labor and delivery ART | | | | | | | □ Continue maternal ART unless unable to adhere or pay for meds; link her to HIV primary care if not established  □ Reinforce adherence if on ART  □ Reinforce no breastfeeding  □ Discuss contraception | | □ Confirm that mother is receiving HIV primary care  □ Reinforce adherence if on ART  □ Reinforce no breastfeeding  □ Discuss contraception |
| **Infant medical care** |  | |  | | □ Identify pediatric team and sign releases of information  □ Develop newborn care plan including access to HIV DNA PCR testing and oral ZDV syrup (inpatient and after discharge) | □ Obtain CBC with diff, AST/ALT, and HIV DNA PCR (birth)  □ Administer oral ZDV syrup per guidelines (<http://www.aidsinfo.nih.gov/>  □ Parent teaching about infant medications  □ Confirm infant access to oral ZDV syrup as outpt  □ Referral to home health agency  □ Schedule HIV and OB f/u visits within 2 wks of d/c | | □ Continue infant ZDV prophylaxis  □ Perform infant HIV DNA PCR and CBC (Day 14-22)  □ Perform infant HIV DNA PCR and CBC (Month 1-2)  □Referral to pediatric ID specialist re PCP prophylaxis | | □ Perform Infant HIV DNA PCR |
| **Nutrition** | □Nutrition counseling  □MVI/Folate supplement. | |  | |  |  | | □ Confirm access to infant formula | |  |
| **Mental health and substance use** | □ MH/SA assessment and referral; obtain signed releases of information  □ Assess parenting skills  □ Discuss HIV disclosure  □ ART adherence counseling  □ Smoking cessation counseling  □ Assess for intimate partner violence | | □ MH/SA assessment and referral  □ ART adherence counseling  □ Smoking cessation counseling | | □ MH/SA assessment and referral  □ ART adherence counseling  □ Smoking cessation counseling | □ MH/SA assessment and referral  □ ART adherence counseling  □ Smoking cessation counseling  □ Assess for intimate partner violence | | □ MH/SA assessment and referral  □ ART adherence counseling  □ Smoking cessation counseling | | □ MH/SA assessment and referral  □ ART adherence counseling  □ Smoking cessation counseling |
| **Psychosocial support** | □ Assess family and peer support  □ Offer consumer advocate support | |  | |  | □ Assess family and peer support  □ Offer consumer advocate support | |  | |  |
| **Pharmacy access** | □ Insurance or ADAP assessment | |  | | □ Confirm delivery hospital has access to IV AZT |  | | □ Confirm infant has access to oral ZDV syrup | |  |
| **Financial support** | □ Assess insurance status and income eligibility  □ Assess ability to pay for phone and electricity | |  | |  | □ Confirm telephone access  □ Assess infant insurance coverage for prophylaxis  □ Assist with co-pays | | □ Confirm telephone access  □ Assess insurance status and income eligibility  □ Assist with co-pays | | □ Confirm telephone access  □ Assess insurance status and income eligibility  □ Assist with co-pays |
| **Transportation** | □ Assess transportation options  □ Provide transportation support | | □ Plan transportation for scheduled visits | | □ Plan transportation for scheduled visits | □ Plan transportation to maternal postpartum and HIV primary care and to infant care | | □ Plan transportation to maternal postpartum and HIV primary care and to infant care | |  |
| **Housing** | □ Assess housing and refer as needed | | □ Assess housing | | □ Assess housing | □ Assess housing situation | | □ Assess housing | | □ Assess housing |
| **Registry and research** | □ Register with Antiretroviral Pregnancy Registry (800-258-4263 or [www.APRegistry.com](http://www.APRegistry.com)  □ Assess eligibility for clinical trials | |  | |  |  | | □ Assess infant eligibility for clinical trials | | □ Update reporting to Antiretroviral Pregnancy Registry  □ Assess infant eligibility for clinical trials |