

Birth Hospital Perinatal Rapid HIV Screening Monthly Report

Hospital: _____ **City:** _____

Month: _____ **20** _____

1. Total # of women who delivered
The total number of women who delivered in the calendar month.

2. Total # **known HIV positive** women delivered, *prior to rapid screening*
The number of women who were delivered, who were diagnosed as being HIV positive prior to delivery, and their status is documented in the medical chart, *prior to rapid screening*.

3) Initial HIV screening:

A. Total # delivered women who presented without documented HIV screen in the pregnancy, *prior to rapid screening* The number of women who delivered, who presented to L&D without prenatal documentation of HIV status in their chart **prior to delivery**.

1. Total # women missed, not rapid HIV screened
Of the total untested, delivering women, total women not declined and not rapid screened.

2. Total # women declined, not rapid HIV screened
Of the total untested, delivering women, total women who declined rapid screening

3. Total # women rapid HIV screened
Total number of untested, delivering women who were rapidly screened for HIV

a.# negative women

b.# positive women

B. Total fetal deaths
From **declined or missed women only**, total number of fetal deaths, stillbirths, IUFDs.

C. Total multiple births and infants received through transports
From **declined women only**, total number of multiple births. Also add the number of infants received through transports.

4) Infants born to women without any HIV screening in the current pregnancy:

A. # of newborns without any documented maternal HIV screen
Number of newborns without documentation of HIV status at time of presentation to the nursery. This does not include a newborn whose mother's **screen is in process**, only a newborn whose mother declined screening or whose mother was missed or not screened.

B. # of newborns rapid HIV screened for maternal antibody
Total number of newborns who were rapidly screened for maternal HIV antibody

i. # negative newborns

ii. # positive newborns

C. # of newborns not rapid HIV screened
Number of newborns who remain undocumented for any maternal HIV antibody **at time of discharge**.

5) Repeat 3rd Trimester HIV screening:

A. Total # delivered women who presented without documented HIV screen after 27 weeks in the pregnancy, *prior to rapid screening* The number of delivered women who presented to L&D with documentation of any HIV screening in pregnancy, but **without** an HIV screen performed after 27 weeks and **prior to delivery**.

1. Total # women missed, not rapid HIV screened
Of the total delivering women not repeat screened after 27 weeks, total women not declined and not rapid screened.

2. Total # women declined, not rapid HIV screened
Of the total delivering women not repeat screened after 27 weeks, total women who declined rapid screening

3. Total # women rapid HIV screened
Total number delivering women not repeat screened after 27 weeks, who were rapidly screened for HIV

a. # negative women

b. # positive women

B. Total fetal deaths
From **declined or missed women only**, total number of fetal deaths, stillbirths, IUFDs.

C. Total multiple births and infants received through transports
From **declined women only**, total number of multiple births. Also add the number of infants received through transports.

6) Infants born to women without repeat 3rd trimester HIV screening in the current pregnancy:

A. # of newborns without documented maternal HIV screening after 27 weeks of pregnancy
Number of newborns without documentation of maternal 3rd trimester HIV status at time of presentation to the nursery. This does not include a newborn whose mother's **screen is in process**. Only includes a newborn whose mother was not screened for HIV after 27 weeks of the pregnancy nor at delivery because she **declined testing**, was missed or otherwise not tested.

B. # of newborns rapid HIV screened for maternal antibody
Total number of newborns who were rapidly screened for maternal HIV antibody after 27 weeks of pregnancy

i.# negative newborns

ii.# positive newborns

C. # of newborns not rapid HIV screened
Number of newborns who remain undocumented **at time of discharge** for maternal HIV antibody after 27 weeks of pregnancy.

Prepared by: _____ **Phone #:** (____) _____ - _____ **Date:** ____/____/____