

## Birthing Hospital Perinatal Rapid HIV Testing Monthly Report

**Hospital:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Month:** \_\_\_\_\_ **20** \_\_\_\_\_

### 1) Of all women delivering in the hospital, please provide the totals as follows:

- |  |  |
|--|--|
| <p><b>A. Total # of women who delivered</b><br/>The total number of women who delivered in the calendar month.</p>   |  |
| <p><b>B. Total # <i>known</i> HIV positive women delivered, <i>prior to rapid testing</i></b><br/>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, <i>prior to rapid testing</i>. (If a woman presents with undocumented status but announces she is positive and a rapid test is performed, she should be counted below in C.3.b)</p> |  |
| <p><b>C. Total # delivered women who presented without documented HIV test</b><br/>The number of women who delivered, who presented to L&amp;D without documentation of HIV status in their chart <b>prior to delivery</b>.</p>  |  |
| <p><b>1. Total # women missed, not rapid tested</b><br/>Of the total undocumented women, total women not declined and not rapid tested.</p>  |  |
| <p><b>2. Total # declined rapid HIV testing</b><br/>Of the total undocumented women, total women who declined rapid testing</p>  |  |
| <p><b>3. Total # rapid HIV tested</b><br/>Total number of women who were rapidly tested for HIV</p>  |  |
| <p><b>a. # negative women</b><br/>Total number of women who were rapidly tested with negative results</p>  |  |
| <p><b>b. # positive women</b><br/>Total number of women who were rapidly tested with a preliminary positive result</p>   |  |
| <p><b>4. Total # women with late prenatal documentation of HIV test</b><br/>Prenatal HIV results not available at presentation, but available prior to delivery.</p>   |  |
| <p><b>5. Total fetal deaths</b><br/>From <b>declined women only</b>, total number of fetal deaths, stillbirths, IUFDs.</p>   |  |
| <p><b>6. Total multiple births and infants received through transports</b><br/>From <b>declined women only</b>, total number of the number of multiple births. Also add the number of infants received through transports.</p>   |  |

### 2) Of all *newborns* presenting to the nursery, please provide totals as follows:

- |  |  |
|--|--|
| <p><b>A. # of newborns without documented maternal HIV test</b><br/>Number of newborns without documentation of HIV status at time of presentation to the nursery. This does not include a newborn whose mother's <i>test is in process</i>, only a newborn whose mother declined testing, or whose mother was missed or not tested.</p> |  |
| <p><b>B. # of newborns rapid HIV tested</b><br/>Total number of newborns who were rapidly tested for HIV</p>   |  |
| <p><b>1. # negative newborns</b><br/>Total number of newborns who were rapidly tested with negative results</p>  |  |
| <p><b>2. # positive newborns</b><br/>Total number of newborns who were rapidly tested with a preliminary positive result</p>   |  |
| <p><b>C. # of newborns not rapid test</b><br/>Number of newborns who remain untested <i>at time of discharge</i>.</p>  |  |

**Prepared by:** \_\_\_\_\_ **Phone #:** (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

This form must be submitted by the 10<sup>th</sup> of each month to: PACPI/PRTII Attention: Anne Statton  
 Questions? (312) 334-0974 (Anne Statton)  
 Email to [pacpi2000@aol.com](mailto:pacpi2000@aol.com) or fax to 312-334-0973.