

### Birthing Hospital Perinatal Rapid HIV Screening Monthly Report

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

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

1. Total # of women who delivered in the calendar month.	
2. Total # <b>known HIV positive</b> women who delivered. The number of women who delivered, who were diagnosed as being HIV positive <b>prior</b> to delivery, and their status is documented in the medical chart,	
<b>3. Initial HIV screening:</b>	
A. Total # delivered women who presented <b>without</b> documented HIV screen in the pregnancy <b>prior to delivery</b> .	
1. Total # women missed, not rapid HIV screened Of the total untested, delivering women, the number who were not offered testing.	
2. Total # women declined, not rapid HIV screened Of the total untested, delivering women, the number who declined rapid screening.	
3. Total # women rapid HIV screened Total number of untested, delivering women who were screened for HIV using rapid test technology.	
a.# negative women	b.# positive women
B. Total fetal deaths From <b>declined or missed women only</b> , total number of fetal deaths, stillbirths, IUIDs.	
C. Total multiple births and infants received through transports From <b>declined women only</b> , total number of multiple births. Also add the number of infants received through transports.	
<b>4) Infants born to women without <u>any</u> HIV screening in the current pregnancy:</b>	
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.	
<b>5) Repeat 3<sup>rd</sup> Trimester HIV screening:</b>	
A. Total # delivered women who presented without documented HIV screen after 27 weeks in the pregnancy. The number of delivered women who presented to L&D with documentation of any HIV screening in pregnancy, but <b>without</b> an HIV screen performed after 27 weeks and <b>prior to delivery</b> .	
1. Total # women missed, not rapid HIV screened Of the total delivering women not repeat screened after 27 weeks, total number not offered rapid screening.	
2. Total # women declined, not rapid HIV screened Of the total delivering women not repeat screened after 27 weeks, total number who declined rapid screening	
3. Total # women rapid HIV screened Total number delivering women not repeat screened after 27 weeks, who were screened for HIV using rapid test	
a. # negative women	b. # positive women
B. Total fetal deaths From <b>declined or missed women only</b> , total number of fetal deaths, stillbirths, IUIDs.	
C. Total multiple births and infants received through transports From <b>declined women only</b> , total number of multiple births. Also add the number of infants received through transports.	
<b>6) Infants born to women without <u>repeat 3<sup>rd</sup> trimester</u> HIV screening in the current pregnancy:</b>	
A. # of newborns without documented maternal HIV screening after 27 weeks of pregnancy Number of newborns without documentation of maternal 3 <sup>rd</sup> 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: ____/____/____	

This form must be submitted by the 10<sup>th</sup> of each month to Illinois Department of Public Health, Attention: Christi S. Jackson  
 Questions? (312) 814-1328 or christi.jackson@illinois.gov (Christi S. Jackson)  
 Email to [DPH.PerinatalHIV@Illinois.gov](mailto:DPH.PerinatalHIV@Illinois.gov)