

ED/Non-Birthing Hospital Perinatal Rapid HIV Testing Monthly Report

Hospital: _____ **City:** _____ **Month:** _____ **20** _____

1) Please provide the total, unduplicated number of pregnant women who *presented* to the ED

A. Total # of pregnant women presenting to the ED

The total number of pregnant women presenting in the calendar month.

B. Total # presenting to ED without documented prenatal HIV test

The total number of pregnant women who presented without documentation of HIV status in their chart.

1. Total # counseled for rapid HIV testing

The total number of pregnant women undocumented for HIV status counseled for HIV testing.

2. Total # missed for rapid HIV testing

Of the total undocumented pregnant women presenting, total women not declined and not rapid tested.

3. Total # declined rapid HIV testing

Of the total undocumented pregnant women presenting, total women who declined rapid testing

4. Total # rapid HIV tested Total number of women who were rapidly tested for HIV

a. Total # negative Total number of women who were rapidly tested with negative results

b. Total # positive Total number of women who were rapidly tested with positive results

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

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

B. Total # **known HIV positive** women delivered, *prior to rapid testing*

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 testing*. (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)

C. Total # delivered women who presented without documented HIV test

The number of women who delivered, who presented to L&D without documentation of HIV status in their chart **prior to delivery**.

1. Total # women missed, not rapid tested

Of the total undocumented women, total women not declined and not rapid tested.

2. Total # declined rapid HIV testing

Of the total undocumented women, total women who declined rapid testing

3. Total # rapid HIV tested Total number of women who were rapidly tested for HIV

a. # negative women Total number of women who were rapidly tested with negative results

b. # positive women Total number of women who were rapidly tested with a preliminary positive result

4. Subtract fetal deaths or add multiple births

From **declined women only**, subtract the number of fetal deaths, stillbirths, IUFDs. Add the number of multiple births

±/-

3) Of all *newborns*, please provide totals as follows:

A. # of newborns without documented maternal HIV test

Number of newborns (under 72 hrs of life) without documentation of HIV status at time of presentation to the nursery or admission. This does not include a newborn whose mother's *test is in process*, only a newborn whose mother declined testing, or whose mother was missed or not tested.

B. # of newborns rapid HIV tested Total number of newborns who were rapidly tested for HIV

1. # negative newborns Total number of newborns who were rapidly tested with negative results

2. # positive newborns Total number of newborns who were rapidly tested with a preliminary positive result

C. # of newborns not rapid tested

Number of newborns who remain untested *at the end of the reporting period*.

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

This form must be submitted by the 10th of each month to: MACA Attention: Anne Statton
Questions? (312) 334-0974 (Anne Statton) Email to reports@maca-us.org or fax to 312-334-0973.