

## EMTCT HIV - STD CLINIC SUPERVISION CHECK LIST

## Treatment and care – HIV

STD clinic: ..... File Number: .....

Date of supervision: ..... Supervised by: .....

**Known HIV positive mother became pregnant: Please refer tables 1 and 3****Mother identified during ANC screening : Please refer tables 2 and 3**

Table1

Known positive mother	Yes/No/NA	Responsible officer
1. POA at which mother informed about pregnancy mentioned		CV/MO
2. EMTCT care commenced during the first trimester		CV/MO
3. Suppressed viral load available at or around detection of pregnancy		CV/MO
4. CD4 count available at or around detection of pregnancy		CV/MO
5. Treatment adherence is satisfactory at detection of pregnancy		CV/MO

Table2

Mother with positive HIV screening report	Yes/No/NA	Responsible officer
1. Mother attended STD clinic within 2 weeks of testing date of ANC blood sample		CV/MO/MLT/PHNS
2. Mother registered at STD clinic		CV/MOIC
3. Age of the patient available		CV/MO
4. Place/district of residence mentioned		PHNS

5. Nationality of the patient mentioned		PHNS
6. Assessed for risk and vulnerability factors		CV/MO
7. At first visit mother's blood sample sent for		CV/MO
<ul style="list-style-type: none"> <li>• Repeat HIV screening test</li> </ul>		
<ul style="list-style-type: none"> <li>• Western blot test</li> </ul>		
<ul style="list-style-type: none"> <li>• HIV molecular diagnostic test</li> </ul>		
8. Mother screened for other STI		CV/MO
9. Partner/partners registered at STD clinic		CV/MO
10. Baby's file No mentioned in mother's file		CV/MO
11. MP/RP's file number mentioned		CV/MO

**Table 3**

<b>Mother's file</b>	<b>Yes/No/NA</b>	<b>Responsible officer</b>
1. Details relevant to this pregnancy documented		CV/MOIC/MO
2. Copy of H 512A available in HIV file		PHNS/NO/MO
3. LMP available		CV/MO
4. EDD available		CV/MO
5. POA at registering at ANC clinic mentioned (H512A)		CV/MO/PHNS
6. POA at ANC blood testing mentioned (H512A)		CV/MO/PHNS
7. POA at registering for EMTCT care mentioned		CV/MO
8. Details about past obstetric history available in the file		CV/MO

<b>Investigations and treatment of the mother</b>	<b>Yes/No/NA</b>	<b>Responsible officer</b>
1. CD4 available at		CV/MO
First trimester		
Third trimester		
2. Viral load Available at		CV/MO
First trimester		
4 weeks after initiation of ART		
36 week		
3. Screened for STI		CV/MO
4. Screened for OI		CV/MO
5. Baseline/around detection of pregnancy hematological and biochemical tests done		CV/MO
6. ART regimen decided according to national guideline		CV/MO
7. POA at initiation of ART recorded		CV/MO
8. Adherence details recorded at each visit		CV/MO
9. Mothers with unsuppressed viral load at 36 weeks identified and managed accordingly		CV/MO
10. Delivery details recorded		CV/MO
<b>Important referrals/ multidisciplinary care/counseling</b>	<b>Yes/NO/NA</b>	<b>responsibility</b>
11. VOG referral done at the commencement of care		CV/MO
12. Informed area MOH		CV/MO
13. Informed hospital director/ICNO		CV/MO
14. Detailed management plan sent to Neonatologist		CV/MO
15. Multidisciplinary meeting held prior to delivery		CV/MO

16. Infant feeding counseling sessions done at STD clinic. (At least 3 sessions prior to delivery)		CV/MO
17. Infant feeding counseling session by the Paediatrician done		CV/MO
18. Preferred infants feeding method identified prior to delivery after counseling		CV/MO
19. Mode of delivery discussed and planed by the VOG		CV/MO
20. Instruction given regarding hospital admission for delivery		CV/MO/PHNS
21. Date of delivery/ LSCS planned by 36 weeks		CV/MO
22. Lactation suppression therapy given		CV/MO
23. Instructions on hygienic milk preparation given		CV/MO
24. Letter to NGO for formula milk given		CV/MO/PHNS
25. Safe delivery kits provided for tertiary care center		CV/MO/PHNS
26. Availability of PEP at tertiary care center checked		CV/MO
27. Post-partum family planning method discussed and arranged		CV/MO
28. Neonatal PEP issued prior to delivery		CV/MO
29. Details of neonatal PEP administration discussed with mother prior to delivery		CV/MO
<b>Baby's STD file</b>		
30. Date of birth available		CV/MO
31. Place of birth mentioned		CV/MO
32. MOD mentioned		CV/MO
33. Gestational age at delivery mentioned		CV/MO
34. Birth weight recorded		CV/MO
35. Feeding details recorded		CV/MO
36. High risk infants are identified and managed according to guidelines		CV/MO

37. Molecular diagnostic test for HIV arranged		CV/MOIC/MO
At birth		
4-6 months		
8 weeks of age		
38. Virological test results available at least within 2 weeks of testing		CV/MO/MLT
39. Infants with positive virological tests managed based on pediatric HIV guideline		CV/MO
40. HIV serological tests arranged		CV/MOIC/MO
At 9 months		
At 18 months		
41. Vaccination of the baby arranged through paediatrician		CV/MOIC/MO