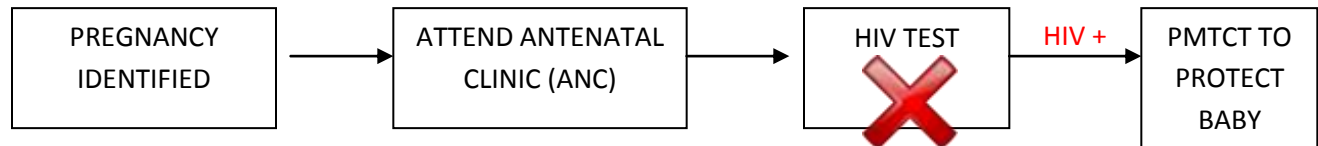


## Checklist 1A: Reliable Antenatal HIV Testing for PMTCT

**Problem:** We do not reliably test all mothers for HIV at the time of their first antenatal clinic (ANC) booking. If the mothers are not identified, they cannot be enrolled in the PMTCT programme. Many HIV-exposed babies become infected with HIV because we do not give them appropriate HIV prophylaxis.

Figure 1: Process Map



**Aim:** Test all women who attend antenatal clinic for HIV (goal > 95%).

**Change Idea:** All women are counseled and tested at the first antenatal visit. HIV counseling and testing are made a part of the clinical services in routine antenatal care. By changing the timing of the HIV test to occur during the clinical examination, women are less likely to leave the clinic without getting tested.

### Change Idea Checklist:

- Counselor segregates all women who are attending ANC for a first booking visit to a separate area.
- Counselor (or nurse) conducts group counseling with this group before they see the sister for palpation.
- Before palpation, sister obtains consent and performs HIV test.
- Sister *does not give the results* immediately.
- Sister proceeds with the clinical examination and palpation as usual.
- Sister refers the patient for routine bloods (or obtains the bloods herself), and includes CD4 if she knows the client is HIV positive.
- Sister refers client back to the counselor for their results and appropriate post-test counseling. (If the counselor is unavailable, the sister should provide counselling.)

**How to Introduce This Change Idea to Your Clinic and Sustain Success:**

*Checklist of tasks to be completed before testing this change idea:*

- Discuss this idea (hold a meeting) to get buy-in from the ANC and PMTCT staff, including managers and/or nurses and counselors
- Choose a specific ANC first booking day and a location for the pilot
  - Date \_\_\_\_\_
  - Location \_\_\_\_\_
- Identify staff who are interested in introducing this change to participate in the pilot
  - Staff member(s) \_\_\_\_\_
- Measure whether this change is successful
  - Number of first bookings on the test day \_\_\_\_\_
  - Number of women who agreed to be tested on that day \_\_\_\_\_

*Checklist of tasks to be completed after the pilot testing day:*

- The facility manager, antenatal sister, and counselor should meet at the end of the day of the test to review the results, assess how the test went, and adapt the change as necessary.
- The goal is that 95% of ANC first bookings test for HIV (see Aim above).
- Was your test successful? Why or why not? What adjustments can you make to achieve success? If you need to make adjustments, make a new plan for the next antenatal clinic and test the new plan at the very next opportunity. Meet after the test day is complete to review results, assess how the test went, and adapt the change as necessary. Continue this process until the system is working smoothly.
- Once the change has been reliably tested and is achieving the desired outcomes, it can be made part of the routine care of patients. Implement this protocol for all new patients at every antenatal clinic.
- Share your results with other primary health care clinics.

Comments: Clinics should choose to implement one or all of the sub-changes associated with the change “Reliable Antenatal HIV Testing for PMTCT,” depending on their circumstances. This change requires thoughtfulness regarding clinic flow and bottlenecks, drawing blood, and resource requirements. Nurses must be trained and engaged in the counseling and testing process.