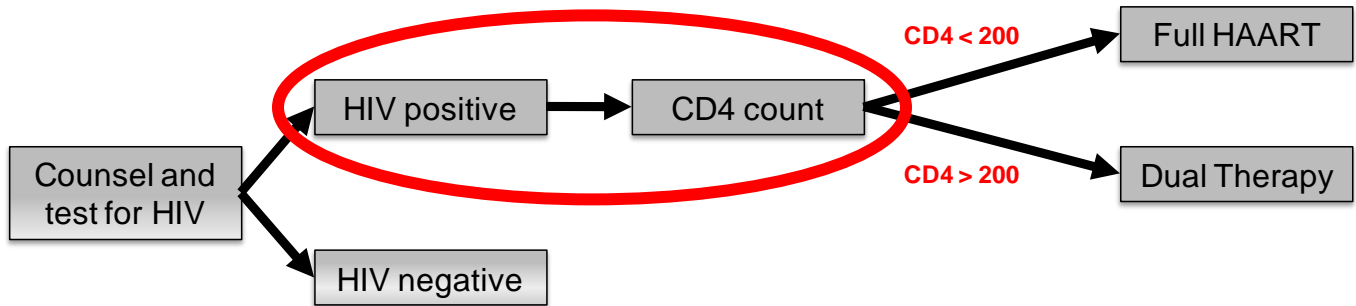


Checklist 1B: Bundle the CD4 Test with Antenatal Clinic (ANC) Blood Tests at First ANC Booking Visit

Problem: Deciding whether to start a pregnant HIV mother on AZT or HAART requires knowing if her CD4 count is above or below 200. Many women leave the clinic after receiving their HIV diagnosis because they have to wait in a separate queue for CD4 testing after they have already had their routine ANC bloods drawn.



Aim: Test all newly diagnosed HIV-positive mothers for CD4 count (goal > 95%).

Change Idea: Combine or bundle the CD4 test with routine ANC labs taken at the first ANC booking visit. Since mothers are already having blood drawn for other laboratory tests, CD4 should be added to avoid having two blood draws for the same client.

Change Idea Checklist for Clinics That Draw ANC Bloods Before Doing Voluntary Counseling and Testing:

- Sister draws an extra blood tube for CD4 on *all* women who are getting booking visit bloods.
- If client tests HIV positive, send the extra tube for CD4 testing.
- If client tests negative, discard extra tube and send other bloods to lab in the usual way.
- Measure whether this change is successful:
 - Number of first bookings on the test day _____
 - Number of mothers who tested HIV positive _____
 - Number of CD4 tests that were done _____

Important Notes: Not all clinics will need to make this change, especially if ANC bloods are drawn after the client's HIV status is known. Other clinics may be able to "add on" a requisition for CD4 testing with the Full Blood Count (FBC), so a separate blood tube need not be drawn. The success of this change depends on a steady supply of blood tubes, so ensure that these are ordered in advance. Please be aware that CD4 blood tubes can be kept out of the refrigerator and out of direct sunlight for up to two days before being processed by the lab (that is, the tubes can be kept for one night at the PHC before transported to hospital). Finally, it is important that the CD4 count results are followed up, reported back to the mother, and HIV-positive clients are appropriately triaged to dual therapy or full HAART.

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

Checklist of tasks to complete before testing this change idea:

- Discuss this idea (hold a meeting) to get buy-in from the ANC and PMTCT staff, including matrons 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) _____

Checklist of tasks to complete 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 HIV-positive mothers get the CD4 test.
- 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.