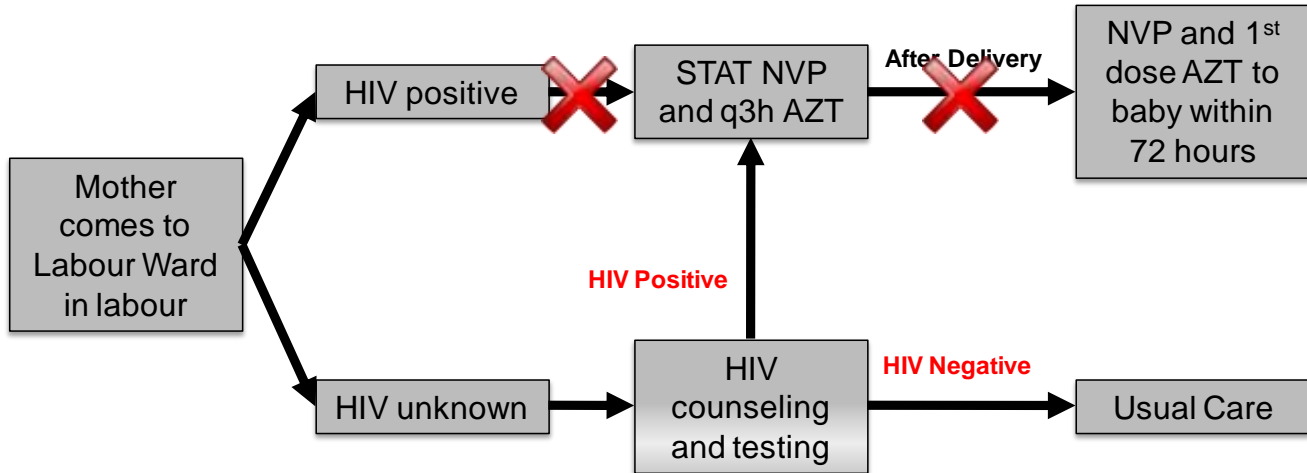


Checklist 4A: Use a Labour Ward Checklist to Ensure All Recommended PMTCT Interventions Are Followed

Problem: PMTCT care to mother and baby during and immediately after delivery is not reliable based on review of labour ward registers. If dual therapy is not given or given inconsistently to mother and child, babies are more likely to contract HIV during the high-risk childbirth period.

Figure 1: Labour Ward PMTCT Pathway



Aims: All HIV-positive mothers receive either nevirapine (NVP) and AZT every three hours or HAART during delivery (goal > 95%). All HIV-exposed babies receive NVP and first doses of AZT in the first 72 hours (goal > 95%).

Change Idea: Use a checklist for mothers on the PMTCT programme to ensure that all of the interventions recommended by the National Department of Health are followed. The checklist is not a part of the patient’s permanent medical record; it is only for use in the labour ward at the time of delivery.

Change Idea Checklist:

- Labour ward staff identify which clients are in the PMTCT programme.
- The labour ward sister refers all unknown clients to the counselor (or nurse) responsible for labour ward voluntary counseling and treatment.
- Use the Labour Ward Checklist for those women who deliver in that labour ward on the pilot day.
- Measure whether this change is successful:
 - Number of deliveries _____
 - Number of HIV-positive mothers _____
 - Number of mothers treated with NVP or HAART _____
 - Number of mothers treated with AZT or HAART _____
 - Number of babies treated with NVP in the first 72 hours _____
 - Number of babies treated with AZT in the first 72 hours _____

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 labour ward PMTCT staff, matrons and/or nurses, counselors, and doctors.
- Choose a specific day and a location to test this idea.
 - 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 participants of the pilot programme as well as the facility manager should meet at the end of the test day to review the results, assess how the test went, and adapt the change as necessary.
- Review your data. The goal is that 95% of HIV-positive mothers get NVP and AZT or HAART and 95% of babies receive NVP and AZT within the first 72 hours. Why or why wasn't your pilot successful?
- If you need to make adjustments to meet your goal, 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 is reliably tested and is achieving the desired outcomes, it can be made part of the routine care of patients. Implement the Labour Ward Checklist for all new patients at every antenatal clinic.
- Share your results with other clinics.

pMTCT RECORD

DATE:

Patient Name and folder number

- * It is standard protocol that all patients on the MTCT program be provided with the necessary prophylaxis.
- * When a patient presents in labour it is important that MTCT status be checked and a record be kept regarding the management of this mother AND baby should she be on the program.
- * If she is unbooked or declined previous testing it SHOULD be offered again before active labour or after delivery.

Patient is on the MTCT program

CD4 Count if Known:

Patient is unbooked or status unknown

Testing and counseling offered YES NO

Patient declined previous testing

Testing and counseling offered YES NO

MOTHER IN LABOUR:

SIGNATURE OF SR ADMITTING PATIENT TO M-WARD

NVP 200mg stat during labour

YES NO

Already on HAART and using own medication

AZT 300mg 3 hourly during labour

YES NO

Using AZT in at least the last 2 weeks

BABY AFTER BIRTH:

SIGNATURE OF SR RESPONSIBLE FOR DELIVERY

AZT 1.2ml stat

YES NO

Exclusive breastfeeding planned YES NO

NVP 0.6ml stat

YES NO

Formula Feeding planned YES NO

AT DISCHARGE:

SIGNATURE OF SR RESPONSIBLE FOR DISCHARGE

AZT 1.2ml bd for 7 days TTO

YES NO

Road to Health Chart completed YES NO

MTCT REGISTER COMPLETED

YES NO

Antenatal Card Attached YES NO

If transferred out during labour: Time of last dose of AZT _____ H _____

This form must accompany mother if transferred out during labour