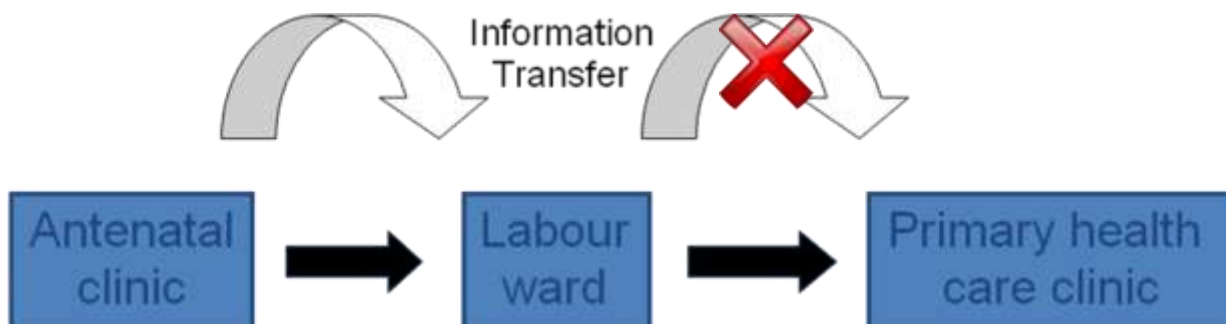


Checklist 5A: Reliable Transfer of PMTCT Information to PHC to Ensure All HIV-Exposed Babies Receive Appropriate Follow Up

Problem: At the six-week follow-up appointment at the baby clinic, a significant number of newborns are not identified as having been exposed to HIV. The mother’s HIV information is frequently lost between delivery in the labour ward and returning to the PHC for the baby’s six-week check-up, so clinic staff do not know which babies require a PCR test. The number of PCR tests done at six weeks is far less than the number of HIV-exposed children.

Figure 1: Process Map



Aim: All HIV-exposed babies get a PCR test at six weeks (goal > 95%).

Change Idea: For all mothers in the labour ward, regardless of HIV status, attach the mother’s antenatal card (that includes her HIV status) to the baby’s Road-to-Health Card (RTHC). When the mother brings the child to the baby clinic, the staff can easily see if the baby was exposed to HIV or not. It then becomes easy to identify which children should have the PCR test done.

Change Idea Checklist:

- Clients come to the labour ward and deliver as usual.
- At the time of discharge, the labour ward sister staples the mother’s ANC card to the baby’s Road-to-Health Card. This should be done for all mothers regardless of HIV status.
- When the mother comes to the clinic for post-natal care, the sister checks the mother’s HIV status on the ANC card at the time of six-week visit. If mother is HIV positive, baby should be PCR tested and mother should get routine HIV care (repeat CD4 testing, referral to wellness clinic, or referral to HAART).
- Measure whether this change is successful:
 - Number of live births _____
 - Number of HIV-exposed babies _____
 - Number of DPT/Hib vaccines given _____
 - Number of PCR tests done _____

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 and PHC staff, including matrons and/or nurses, doctors, and counselors. NOTE: It is important to ensure that obstetricians agree that the antenatal card can be removed from the labour ward folder to be attached to the RTHC.
- Choose a specific time frame (e.g., one month) and a location to test the idea.
 - Time frame _____
 - 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 period:

- The participants of the pilot programme as well as the facility manager should meet at the end of the testing period to review the results, assess how the test went, and adapt the change as necessary.
- Review your data. Why or why wasn't your test successful? The goal is that 95% of HIV-exposed babies get a PCR test at six weeks.
- If you need to make adjustments to meet your goal, make a new plan 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 patients who deliver at the labour ward.
- Share your experience with other labour wards.