MANAGEMENT OF PREGNANCY IN WOMEN WITH HIV 2014

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**British HIV Association**

**National audit and survey of management of pregnancy in women living with HIV**

Please complete the following questions regarding arrangements for managing pregnancy among women living with HIV.

Please liaise closely with your corresponding maternity/obstetric and paediatric services and ask them to supply any information which you do not have within the HIV service. We advise that you send these services copies of this printable version of the form to help them provide such information.

Once you have gathered all necessary information via this printable form, please enter the data online at: <https://www.surveys.bhiva.org/preg14.html> (the questions are the same but you will also need your BHIVA audit site-code which is a 6 digit number).

An accompanying audit of pregnancies among women living with HIV will be conducted by reviewing data submitted routinely to the National Study of HIV in Pregnancy in Childhood.

# Section 1: Multi-disciplinary care arrangements

Note to maternity services: if you work with more than one HIV care service, you may like to keep a copy of your answers to this section of the questionnaire, so as to provide the same information to each.

**Please consult your corresponding maternity services if necessary in order to answer the following questions:**

**1. Please list maternity service(s) which provide care for your service’s HIV patients, and state how many HIV-positive women with an EDD in 2013 were booked in each (this should be the total number of HIV-positive women booked in the maternity service, not just those who receive their HIV care in your service):**

**If there is more than one maternity service providing care for your service’s HIV patients, when entering your data online please click on the "add" link to open a new set of answer boxes in order to give details of each one separately.**

|  |  |
| --- | --- |
| Maternity service 1:  Town/city: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hospital: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of HIV positive patients booked with EDD in 2013 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Maternity service 2:  Town/city: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hospital: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of HIV positive patients booked with EDD in 2013 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Maternity service 3:  Town/city: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hospital: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of HIV positive patients booked with EDD in 2013 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Maternity service 4:  Town/city: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hospital: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Number of HIV positive patients booked with EDD in 2013 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**2. Is there a local multi-disciplinary team responsible for the care of women living with HIV throughout pregnancy and delivery?**

|  |  |
| --- | --- |
| Yes | O |
| If yes, which of the above maternity service(s) does it cover? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No - skip to Section 2 | O |

**3. Who leads the team?**

|  |  |
| --- | --- |
| Obstetrician | O |
| HIV physician | O |
| Midwife | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If more than one team leader, please describe: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**4. What is the membership of the team (tick all that apply)?**

|  |  |
| --- | --- |
| Obstetrician | [ ] |
| HIV physician | [ ] |
| Midwife | [ ] |
| HIV specialist nurse | [ ] |
| Paediatrician | [ ] |
| Woman&#39;s health advisor | [ ] |
| Psychologist | [ ] |
| Social worker | [ ] |
| Other | [ ] |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**5. Does the team include dedicated midwive(s) whose primary role is care of women with HIV and/or viral hepatitis?**

|  |  |
| --- | --- |
| Yes | O |
| If yes, please state number of WTE: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No | O |

**6. Does the team include dedicated CNS(s) whose primary role is care of women with HIV and/or viral hepatitis?**

|  |  |
| --- | --- |
| Yes | O |
| If yes, please state number of WTE: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| No | O |

**7. How quickly are women seen in the HIV clinic after being diagnosed with HIV through routine antenatal screening?**

|  |  |
| --- | --- |
| Same or next working day | O |
| 2-3 days | O |
| Within a week | O |
| 1-2 weeks | O |
| More than 2 weeks | O |

# Section 2: Anti-retroviral therapy (ART) in pregnancy

**8. Is there an agreed local policy on preferred choice of first-line regimen for women initiating ART during pregnancy?**

|  |  |
| --- | --- |
| Yes, local policy is to follow BHIVA national guidance | O |
| Yes, a local policy has been agreed that differs from or is more detailed than BHIVA national guidance | O |
| No | O |
| Not sure | O |

**9. What regimen(s) is/are recommended for a pregnant woman with baseline VL over 100,000 copies/ml and CD4 count less than 350 cells/mm3?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Preferred | May be used as alternative | Not recommended locally |
| Tenofovir/emtricitabine PLUS efavirenz, nevirapine or boosted PI | O | O | O |
| Abacavir/lamivudine PLUS efavirenz, nevirapine or boosted PI | O | O | O |
| Zidovudine/lamivudine PLUS efavirenz, nevirapine or boosted PI | O | O | O |

**10. Please state any other first-line regimens used locally for pregnant women with wild type HIV 1, baseline VL over 100,000 copies/ml and CD4 count less than 350 cells/mm3:**

|  |  |
| --- | --- |
| Nucleoside backbone(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other agent(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**11. What regimen(s) is/are recommended for a pregnant woman with baseline VL less than 10,000 copies/ml and CD4 count over 350 cells/mm3?**

**Nucleoside backbone:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Preferred | May be used as alternative | Not recommended locally |
| Tenofovir/emtricitabine | O | O | O |
| Abacavir/lamivudine | O | O | O |
| Zidovudine/lamivudine | O | O | O |
| Abacavir/lamivudine/zidovudine | O | O | O |
| Zidovudine monotherapy | O | O | O |

**12. Third agent, if any:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Preferred | May be used as alternative | Not recommended locally |
| Efavirenz | O | O | O |
| Nevirapine | O | O | O |
| Boosted atazanavir | O | O | O |
| Boosted darunavir | O | O | O |
| Boosted lopinavir | O | O | O |
| Boosted fosamprenavir | O | O | O |

**13. Please state any other first-line regimens used locally for pregnant women with wild type HIV 1, baseline VL less than 10,000 copies/ml and CD4 count over 350 cells/mm3:**

|  |  |
| --- | --- |
| Nucleoside backbone(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other agent(s): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

14. Is raltegravir used locally for women presenting after 28 weeks of pregnancy with VL over 100,000 copies/ml or unknown?

|  |  |
| --- | --- |
| Yes, raltegravir is used routinely in these circumstances | O |
| Yes, raltegravir may be used | O |
| No, raltegravir is not used locally in these circumstances | O |
| There is no agreed policy and the situation has not arisen | O |
| Not sure | O |

**15. Is there a local policy on stopping non-nucleoside reverse transcriptase inhibitor (NNRTI)-based HAART post-partum in women who do not require treatment for their own health?**

|  |  |
| --- | --- |
| Yes, local policy is to follow BHIVA national guidance | O |
| Yes, a local policy has been agreed that differs from or is more detailed than BHIVA national guidance | O |
| No | O |
| Not sure | O |

**16. Is HIV resistance testing done routinely for women after stopping short-course ART for prevention of mother to child transmission?**

|  |  |
| --- | --- |
| Yes | O |
| No | O |
| Not sure | O |

**17. If yes, when is this performed?**

|  |  |
| --- | --- |
| State timing: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Section 3: Mode of delivery**

Please liaise with maternity services as necessary to answer questions in this section.

Note to maternity services: if you work with more than one HIV care service, you may like to keep a copy of your answers to this section of the questionnaire, so as to provide the same information to each.

**18. Is there a local policy on recommended mode of delivery for women with HIV?**

|  |  |
| --- | --- |
| Yes | O |
| No - skip to section 4 | O |
| Not sure | O |

**19. What is the local policy on mode of delivery for women on HAART with plasma viral load less than 50 copies/ml at or after 36 weeks gestation, and no relevant obstetric factors?**

|  |  |
| --- | --- |
| Recommend pre-labour caesarean section (PLCS) | O |
| Recommend planned vaginal delivery | O |
| Maternal choice of mode of delivery | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**20. In cases where PLCS is recommended solely for prevention of mother to child transmission, when is this performed?**

|  |  |
| --- | --- |
| Before 37 weeks gestation | O |
| 37-38 weeks | O |
| 38-39 weeks | O |
| 39 weeks or later | O |

# Section 4: Sexual health screening

**21. What is your policy as regards sexual health screening near the start of pregnancy for women with HIV? Please tick the *first* answer that applies.**

|  |  |
| --- | --- |
| Recommend screen near start of pregnancy for all women with HIV | O |
| Recommend screen for women newly diagnosed with HIV during pregnancy | O |
| Recommend screen only if considered at risk | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**22. What is your policy as regards (repeat) sexual health screening in the third trimester for women with HIV? Please tick the *first* answer that applies.**

|  |  |
| --- | --- |
| Recommend screen for all women with HIV | O |
| Recommend screen for all women with HIV for whom vaginal delivery is planned | O |
| Recommend screen only if considered at risk and/or with STI infection earlier in pregnancy | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Section 5: Urgent HIV testing

**Please liaise with maternity service(s) to answer questions in this section.**

Note to maternity services: if you work with more than one HIV care service, you may like to keep a copy of your answers to this section of the questionnaire, so as to provide the same information to each.

**23. Is point of care HIV testing (POCT) available at all times in all delivery units, to enable rapid testing of women presenting in labour or advanced pregnancy whose HIV status is unknown?**

|  |  |
| --- | --- |
| Yes | O |
| No | O |
| Not sure | O |
| Please comment if you wish: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**24. If no, is there an arrangement for urgent laboratory testing?**

|  |  |
| --- | --- |
| Yes | O |
| No | O |
| Not sure | O |

**25. If yes, is this arrangement effective?**

|  |  |
| --- | --- |
| Yes | O |
| No | O |
| Not sure | O |
| If no or unsure, please comment: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**26. How long does it take to obtain the result of an urgent laboratory test?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Within 1 hour | 1-2 hours | More than 2 hours |
| During working hours: | O | O | O |
| Outside working hours: | O | O | O |

**27. Who administers urgent HIV testing when this is required (tick all that apply)?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | HIV specialist or lead midwife | Any midwife on duty | Obstetrician | HIV or GUM nurse | HIV or GUM physician | Other | Please state: |
| During working hours | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Outside working hours | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**28. Have there been any problems in providing urgent HIV testing for women presenting in labour or advanced pregnancy?**

|  |  |
| --- | --- |
| Yes | O |
| No, because need for urgent test has not arisen | O |
| No, urgent test(s) have been provided without problems | O |
| Not sure | O |

**29. If yes, please describe these problems:**

|  |  |
| --- | --- |
| Description: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| How frequently have these problems occurred within the past year? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Section 6: Antenatal, intra and post-partum management

**Please liaise with maternity service(s) to answer questions in this section.**

Note to maternity services: if you work with more than one HIV care service, you may like to keep a copy of your answers to this section of the questionnaire, so as to provide the same information to each.

**30. What is local practice regarding screening for trisomy 21 in pregnant women with HIV?**

|  |  |
| --- | --- |
| Offer combined screening test (pregnancy-associated protein A and nuchal translucency) to all women with HIV | O |
| Offer combined screening test according to age | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Not sure | O |

**31. What is local practice regarding amniocentesis in women with HIV?**

|  |  |
| --- | --- |
| Offer in accordance with obstetric practice as for women without HIV | O |
| Defer if possible until VL <50 copies/ml | O |
| Always avoid | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Not sure | O |

**32. What is local practice regarding external cephalic version in women with HIV?**

|  |  |
| --- | --- |
| Offer if required to women with VL <50 copies/ml at or after 36 weeks and no obstetric contraindication | O |
| Offer in other circumstances | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do not offer | O |
| Not sure | O |

**33. What is local practice regarding pre-labour rupture of membranes at or after 36 weeks in women with VL less than 50 copies/ml?**

|  |  |
| --- | --- |
| Immediate caesarean section | O |
| Induction of labour | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Not sure | O |

**34. What is local practice regarding fetal blood sampling or scalp clip during term labour in women with VL less than 50 copies/ml?**

|  |  |
| --- | --- |
| Avoid use if possible | O |
| Do not avoid | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Not sure | O |

**35. What is local practice regarding amniotomy in women with VL less than 50 copies/ml?**

|  |  |
| --- | --- |
| Avoid use if possible | O |
| Do not avoid | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Not sure | O |

**36. What is local practice regarding episiotomy in women with VL less than 50 copies/ml?**

|  |  |
| --- | --- |
| Avoid use if possible | O |
| Do not avoid | O |
| Other | O |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Not sure | O |

**37. What is local practice regarding instrumental delivery in women with VL less than 50 copies/ml?**

|  |  |
| --- | --- |
| Avoid instrumental delivery if possible | O |
| Avoid forceps if possible, use vacuum | O |
| Avoid vacuum if possible, use forceps | O |
| Use either forceps or vacuum | O |
| Not sure | O |

**38. What is local practice regarding use of cabergoline to suppress lactation in women with HIV avoiding breast-feeding?**

|  |  |
| --- | --- |
| Offer routinely | O |
| Offer in some circumstances | O |
| Do not use | O |
| Not sure | O |

# Section 7: Paediatric management

**Please liaise with maternity and paediatric services to answer questions in this section.**

Note to maternity and paediatric services: if you work with more than one HIV care service, you may like to keep a copy of your answers to this section of the questionnaire, so as to provide the same information to each.

**39. Do all infants born to women with HIV receive their first dose of anti-retroviral prophylaxis within 4 hours of delivery?**

|  |  |
| --- | --- |
| Yes | O |
| No | O |
| Not sure | O |

**40. If no, please state the number of infants born within the past year who did not receive their first dose within 4 hours, and comment on the circumstances in which this occurred:**

|  |  |
| --- | --- |
| Number of infants affected in past year: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Comment: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**41. Are there arrangements in place for ensuring follow-up and testing of infants born to women with HIV?**

|  |  |
| --- | --- |
| Yes | O |
| No | O |
| Not sure | O |

**42. Please comment on the effectiveness of these arrangements:**

|  |  |
| --- | --- |
| Comment | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**43. Are there arrangements in place for ensuring testing of existing children of women diagnosed with HIV during pregnancy?**

|  |  |
| --- | --- |
| Yes | O |
| No | O |
| Not sure | O |

**44. Please comment on the effectiveness of these arrangements:**

|  |  |
| --- | --- |
| Comment | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**45. What is local practice regarding co-trimoxazole prophylaxis for infants born to mothers with HIV (tick all that apply)?**

|  |  |
| --- | --- |
| Prescribe from 4 weeks of age for infants persistently HIV DNA/RNA positive (ie infected) | [ ] |
| Prescribe from 4 weeks for infants who initially tested HIV DNA/RNA positive for whom HIV infection has not yet been excluded | [ ] |
| Prescribe from 4 weeks for infants born to mothers with HIV VL over 1000 copies/ml at 36 weeks or at delivery in whom HIV infection has not yet been excluded | [ ] |
| Prescribe from 4 weeks for all infants for whom HIV infection has not yet been excluded | [ ] |
| Other | [ ] |
| Please state: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# Section 8: Concluding comment

**46. Please add any further comment you wish regarding maternity care for women with HIV in your area:**

|  |  |
| --- | --- |
| Comment: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please click on "Submit form". Your answers are not saved until you do so.**