

**Protocol for Area 15 MAMA BEAR Collaboration
(STD, Healthy Start, TOPWA, CMS & HIV/AIDS Surveillance)**

I. Purpose: This Protocol addresses communication and collaboration between the five above-referenced programs in Area 15, specifically regarding initial notification and ongoing case conferences in order to improve continuity of care among pregnant women and infants infected with, or exposed to, STD or HIV.

II. Mama Bear Notification: Within 24 hours of any program learning of a new Mama Bear, Baby Bear, or Maybe Bear¹ the contact person of that program will send a “Mama Bear Notification” via email to the other four programs. The Notification will include a *Patient Identification Number* and “*Please call me or call _____*)” *for additional case information.*” The initiating program must send the notification using read receipt option. The email “subject” shall be “**Mama Bear Alert!**” If the case meets the criteria for High Priority, then “**STOP/DROP&ROLL**” must be added to the email “subject.”

- A. **High Priority patient:** If a patient meets one or more of the following criteria she is considered “High Priority:” 1) Late entry into prenatal care (>28 weeks gestation), or initial HIV diagnosis during this pregnancy; 2) aggravating factors, e.g. homelessness, domestic violence, mental illness, sex worker; 3) walk-in (had no prenatal care prior to delivery); 4) medical non-compliance.
- B. **Patient Identification Number:** If TOPWA is the initiating program, it will assign the Patient ID number prior to sending notification. **If any other** program initiates the Notification, they will designate a temporary Patient ID number using the patient’s date of birth. When the patient is diagnosed with HIV, “**TP2**” shall follow the 4-digit ID number (e.g. 1004-TP2). If the patient’s HIV status is unknown, “**TPU**” shall follow the 4-digit ID number (e.g. 1004-TPU). A patient’s county of residence will be indicated by a letter **S, O, M, or I** and shall follow the ID number and TP2 code (e.g. **1004-TP2-O**).
- C. **Receipt of Notification:** If the initiating program does NOT receive “read receipt” confirmation within two business days, it will immediately make Notification by other means, including contacting the backup person(s).
- D. **Follow-up to Notification:** Upon receipt of a Notification (no later than the following business day), each contact person (or designee) shall call the initiating program and collect the necessary case information.

III. Case Conferencing: All programs will be represented at the monthly TOPWA Staff Meeting and will discuss each case, following the case conference format. The TOPWA Coordinator will be responsible for providing advance notice of the meeting location/date/time.

¹“**Mama Bear**” is any woman residing in Area 15 who is pregnant and diagnosed with an STD/HIV. “**Baby Bear**” is an infant born to a woman diagnosed with an STD/HIV. “**Maybe Bear**” is a woman with either STD/HIV OR pregnancy status yet unconfirmed, but highly likely to be confirmed.

IV. Approval:

This Protocol is effective _____, 2004, and approved by:

Area 15 HIV/AIDS Program Coordinator	_____
Area 15 HIV/AIDS Surveillance Coordinator	_____
Area 15 STD Program Manager	_____
CMS Supervisor	_____
Epidemiology Department Supervisor	_____
Healthy Start Coalition	_____
TOPWA Coordinator	_____
St. Lucie County Health Department Administrator	_____

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