

CHART ABSTRACTION QA TOOL AND TEACHING INSTRUMENT FOR HIV OBSTETRICS

Reviewer: _____ Date of Review: _____ Chart identifier: _____

Clinic: _____

Payor Source(s): _____

Is the client of Hispanic, Latino, or Spanish origin? Yes ___ No ___

Racial Background (circle all that apply):

- | | | |
|---------------------------|--|-------------------|
| White | Native Hawaiian/Other Pacific Islander | Refused to report |
| Black or African American | American Indian/Alaska Native | |
| Asian | | |

Date of Delivery: _____ Gravida ____, Para ____, Living ____ Age: _____

Program Assessments	Yes	No	N/A	Comment
HIV counseling during prenatal care				
Assessment of high-risk behavior				
Documentation of consent for HIV testing or refusal to consent/signature and date present				
Full history and physical for STDs and co-morbid conditions				
Documentation of HIV status: Elisa/WB				
Repeat syphilis and HIV counseling & testing at 28-32 weeks for all patients, including date and results				
Risk reduction education to prevent primary or re-infection with HIV				
Nutritional assessment at baseline and during pregnancy for appropriate weight gain				

If HIV+ continue on using the following assessment tool				
If HIV+, was referral to high-risk OB or ID made for ART treatment				
HIV infection reported to Surveillance office				
Report to HIV pregnancy registry once on medications (ART)				
Establish Ryan White eligibility/enrollment				
Establish Medicaid eligibility				
Referral to Children's Medical Services (CMS)				
Counseling and testing provided for children as well as partner counseling and testing				
History of prior antiretroviral treatments obtained				
Was ART therapy initiated after the first trimester				
Medication education provided with dosages and side effects				
Initial labs done:				
CMV IgG/IgM				
Toxo IgG/IgM				
GC/Chlamydia				
RPR serology				
HepBsAg				
Hep C				
Rubella				
CBC with diff				
HIV viral load, initially and at least every 3 months				
CD4/CD8, initially and every 3 months				
Were Genotypes (& or Phenotype) done when resistance suspected and if virologic failure is present?				
If failing regime, appropriate medication change performed				
Medication adherence addressed at each visit				
Patients on PCP prophylaxis as appropriate				
Follow up labs during pregnancy performed:				
Lactic acid if symptoms present				

LFTs (if appropriate depending on regime and patient medical history)				
Lipids (if appropriate depending on regime and patient medical history)				
Patient HIV status (positive or negative) transferred to hospital labor and delivery unit, including date of testing				
Protocol in chart for ZDV in labor and or documentation of ZDV during labor and delivery received.				
Documented counseling on contraindication of breastfeeding				
Infant prophylaxis started before 12 hours of age				
Provision made for 6 week supply of ZDV for newborn				
Invasive procedures avoided (no amnio, no fetal scalp electrodes)				
Counseling and C/S delivery done if viral load is >1000 at 38 weeks gestation				
Rupture of membrane was not more than 4 hours before delivery				
Frequency of office visits: every month during first 2 trimesters				
Every 2 weeks at 32 weeks				
Every week from 36 weeks until delivery				
Post partum visit performed				
Family Planning counseling given				
Referral to ID or specialty HIV center after 6 week post partum visit				