

## CHECKLIST FOR HIV TESTING, PREGNANT PATIENT, CALIFORNIA MEDICAL SETTING

**NAME OF PERSON TO BE TESTED:** \_\_\_\_\_

**A. HIV testing offered by provider to pregnant patient (or at labor and delivery if no prenatal test documented), as required by law<sup>1,2</sup>**

1.  Patient has been informed of the intent to do an HIV antibody test (along with other prenatal tests such as for and Rh and hepatitis B), and that it is a routine part of pregnancy care.
2.  Patient has been provided with information about HIV antibody testing in pregnancy, including:
  - the purposes, risks, and benefits of the test.
  - the risk of transmission of HIV infection, if present, to the baby, and the ability to greatly reduce this risk through approved treatments.

*(Note also separate requirement for prenatal HIV counseling<sup>3</sup>; may be done separately from testing.)*

3. Method of providing above information (*documentation recommended, not required by law*):
  - Handout covering the above<sup>4</sup>
  - Above information discussed orally with patient

4.  Patient has been informed that he or she has the right to decline the test, and:
  - Patient does not refuse test
  - Patient refuses test

*(Documentation of refusal in chart by medical care provider is required if not pregnant<sup>1</sup>, recommended for pregnant patient; signature below confirms refusal if this box is checked.)*

**Signature, Preg. Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**B. Post-test Counseling of Pregnant Patient**

- Patient has received information and counseling, as appropriate, to explain the results and the implications for the mother's and infant's health, including any follow-up testing and care that are indicated.

**If the woman tests positive for HIV antibodies:**

- Patient has received a referral to a provider, provider group, or institution specializing in prenatal and post partum care for HIV-positive women and their infants (required whenever possible).
- Patient has received a referral for consultation with HIV specialist who provide care for pregnant and post partum HIV-positive women and their infants (strongly encouraged).

**Signature, Preg. Care Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Legal/Patient Info. References:** *(Beyond AIDS/Foundation assume no liability for usage, see . [www.beyondaids.org/helpforca.html](http://www.beyondaids.org/helpforca.html))*

<sup>1</sup> Health and Safety Code, Section 125085

<sup>2</sup> Health and Safety Code, Section 125090 as amended, effective 1/1/08

<sup>3</sup> Health and Safety Code, Section 125107

<sup>4</sup> Handout developed by California Department of Public Health per HSC Section 125092: "Protecting Yourself and Your Baby," available as free download in 14 languages:

[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_prev\\_hivhcv.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_prev_hivhcv.aspx)