

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^{1,2}

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 counseling³; may be done separately from testing.)

3. Method of providing above information (*documentation recommended, not required by law*):
 - Handout covering the above⁴
 - 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 pregnant¹, 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*)

¹ Health and Safety Code, Section 125085

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

³ Health and Safety Code, Section 125107

⁴ Handout developed by California Department of Public Health per HSC Section 125092: "Protecting Yourself and Your Baby," available as free download, bottom of page <http://www.beyondaids.org/helpforCA.html>