ISOSS HIV pregnancy notification

form date 04/22 www.ucl.ac.uk/isoss

CONFIDENTIAL

HOSPITAL NAME: HOSPITAL CODE:

PART 1: MATERNAL DETAILS

I. Demographic information

Date of birth: ____/____/____ **Soundex:** ………………

NHS no.: …………………………………… **Hospital no.:** ………………………………

Ethnic origin:

White
☐ British
☐ Irish
☐ Any other White background

Black or Black British
☐ Caribbean
☐ African
☐ Any other Black background

Other Ethnic Groups
☐ Chinese
☐ Any other ethnic group, please specify………………

Mixed
☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Any other mixed background

Asian or Asian British
☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Any other Asian background

☐ Not stated

Postcode **(leave off last letter):** ☐☐☐☐ ☐☐■

Country of birth: ………………………………………… If country of birth not UK, date of arrival: ____/____/____
☐ Exact date/year not known, timing: ☐ during pregnancy (date not known) ☐ <1year prior to pregnancy
☐ 1-5 years prior to pregnancy ☐ 5-10years prior to pregnancy ☐ >10years prior to pregnancy

II. Social circumstances

Employment status at booking: ☐ Employed (full or part-time) ☐ Home ☐ Sick ☐ Student
☐ Unemployed ☐ Retired ☐ Voluntary ☐ Not known

Main support during pregnancy: ☐ Partner (cohabiting) ☐ Partner (not cohabiting) ☐ Family/friend
☐ Other ☐ None ☐ Not known

Employment status at booking: ☐ Employed (full or part-time) ☐ Home ☐ Sick ☐ Student
☐ Unemployed ☐ Retired ☐ Voluntary ☐ Not known

Any documented social/complicating issues (tick all that apply)?

☐ Housing concerns ☐ Intimate partner violence/domestic abuse ☐ Drug or alcohol misuse
☐ Mental health issues ☐ Immigration issues (incl refugee/asylum seeker) ☐ Prison ☐ Sex work ☐ Social services involvement/safeguarding ☐ Learning difficulties ☐ Not engaging with healthcare services
☐ Financial concerns (incl accessing foodbank) ☐ None
☐ Other, details: ……………………………………………………………………………………………………
……

Does the woman speak English? ☐ No ☐ Yes
If yes, is English her first language? ☐ No ☐ Yes
Were translation services required? ☐ No ☐ Yes*
***If yes, was an interpreter used when screening result given?** ☐ Yes, independent person (phone or present in the room)
☐ Yes, other: …………………………………………… ☐ No, interpreter not available ☐ Not known

III. Obstetric history

Gravida……… **Parity……+…….** Date(s) of previous livebirths if known: ______________________
☐ Obstetric history not known

PART 2: PREGNANCY AND ANTENATAL CARE DETAILS

Date booked for antenatal care: ____/____/____ ☐ Unbooked (arrived in labour)

Was there a delay to the woman being booked ☐ No ☐ Yes, reason ………………………………………

Maternal weight at booking ………... kg **maternal height at booking** ………... cm

Is this an IVF pregnancy? ☐ Yes ☐ No ☐ Not known

Estimated date of delivery (by ultrasound): ____/____/____

Pregnancy status:
☐ Continuing to term

☐ Miscarriage* – date: ____/____/____ at …….. weeks gestation
☐ Termination* – date: ____/____/____ at …….. weeks gestation
*If miscarriage or termination, any congenital abnormality? ☐ No ☐ Yes: ……………………………………………

Infant feeding intention at booking: ☐ Breastfeeding ☐ Artificial (formula) feeding ☐ Not yet decided

PART 3: ANTENATAL HIV SCREENING

Was IDPS screening offered and accepted for all infections? ☐ Yes ☐ No, reason……………………………

Date of first positive HIV lab test result in pregnancy: ____/____/____

Date first seen by a member of the screening team: ____/____/____

Was the woman seen by screening team within 10 working days? ☐ Yes ☐ No, reason:

………

Previously screened negative in ***this*** pregnancy? ☐ date of screen negative result ____/____/____

Date first seen by HIV specialist services in this pregnancy: ____/____/____

If **newly diagnosed** and not seen within 2 weeks, reason:……………………………………………………

PART 4: INFECTION HISTORY

Likely exposure:
☐ Heterosexual, specify partner's likely risk factor if known: ……………………………………………
☐ Vertical transmission, specify place and age at diagnosis: ……………………………………………
☐ Injecting drug use
☐ Other, specify: ……………………………………………………………………………………

First Diagnosed *when*: ☐ During this pregnancy or ☐ Before this pregnancy

Date of diagnosis: ____/____/____ **If HIV2 only, tick here** ☐

Diagnosed *where*: ☐ Antenatal ☐ Sexual health clinic ☐ Other, specify: ……………………………………

Has this woman ever had an AIDS defining illness? ☐ No ☐ Yes, date of onset…………
Details……………………… ☐ Not known

PART 5: DRUG TREATMENT DURING THIS PREGNANCY

Was this woman on antiretrovirals when she became pregnant? ☐ No ☐ Yes

Did she receive antiretrovirals during pregnancy? ☐ No ☐ Yes ☐ Not yet ☐ Declined

Antiretroviral drugs	Before preg?	Date started (or gest. week)	Date stopped (or gest. week)
Drug 1 …………………………	Yes / No	____/____/____ _____	____/____/____ _____
Drug 2 …………………………	Yes / No	____/____/____ _____	____/____/____ _____
Drug 3 …………………………	Yes / No	____/____/____ _____	____/____/____ _____
Drug 4 …………………………	Yes / No	____/____/____ _____	____/____/____ _____
Drug 5 …………………………	Yes / No	____/____/____ _____	____/____/____ _____

PART 6: MATERNAL CLINICAL STATUS

Symptomatic in this pregnancy? ☐ No ☐ Yes, specify: ……………………………………………
Concurrent maternal infection(s)? ☐ None ☐ HBV ☐ HCV ☐ Syphilis ☐ Other*, specify: ………………
*please inform us if Covid-19 has been suspected/diagnosed in the pregnancy

PART 7: MATERNAL TEST RESULTS

Please provide the first test results available in this pregnancy.
Viral load: ______________ copies/ml Date: ____/____/____ **CD4:** _________ (_____%) Date: ____/____/____

PART 8: ADDITIONAL INFORMATION

COVID-19 vaccine received ☐ Yes ☐ No ☐ Not known
If 'Yes', please specify below which vaccine, number of doses and dates if known:
………

Please enter any additional information in the space below