ISOSS HIV pregnancy notification

form date 04/23 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.:** ……

Is the woman registered with a GP? Yes ☐ No ☐ **Gender the same as when registered at birth?** ☐ **Yes F,** ☐ **No M,** ☐ **No non-binary,** ☐ **No - other**

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
Which language did the woman require translation services for? ……

III. Obstetric history

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

PART 2: PREGNANCY AND ANTENATAL CARE DETAILS

Woman known to have booked at another hospital in this pregnancy? ☐ No ☐ Yes, details ……

Woman known to be transferring her pregnancy care to another hospital? ☐ No ☐ Yes, details ……

Date booked for antenatal care at your hospital: ____/____/____ ☐ 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 <u>all</u> infections? ☐ Yes ☐ No, reason……

Was HIV diagnosis a result of the IDPS screening? ☐ Yes ☐ No, details……

Date screening sample taken: ____/____/____

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

Was the result given to the woman within 5 working days? ☐ Yes ☐ No, See Screening Standard IDPS-S05 (referral: timely assessment of screen positive and known positive women)

reason: ……

Was this appointment: face to face ☐ virtual via phone ☐ virtual other ☐, details……

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:

☐ Sexual, 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: ____/____/____

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

Is the GP aware of the woman's HIV diagnosis? ☐ Yes ☐ No ☐ 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	____/____/____ _____	____/____/____ _____

PART 6: MATERNAL CLINICAL STATUS

Symptomatic in this pregnancy? ☐ No ☐ Yes, specify: ……..

Concurrent maternal infection(s)? ☐ None ☐ HBV ☐ HCV ☐ Syphilis ☐ Other, specify: ……..

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

Please enter any additional information in the space below