

Sample Script for Routine Prenatal and 3rd Trimester HIV Testing in the OB Out-Patient Setting

Overview

This three-minute HIV education script is designed to help obstetric clinicians talk with pregnant women about routine HIV testing. The suggested script provides both the best (and legally required) information about HIV testing for patients and follows national recommendations. You can adapt this script as needed for your patient population.

All women should be informed that HIV testing is a routine part of prenatal care and understand that she can decline the test. HIV education materials (pamphlets, videos) can also be used to help patients understand the importance of testing and the results of tests.

Pretest Education Script

1. Testing icebreaker

- ◆ Were you given information about routine prenatal tests that we perform? Did you have a chance to read it?
- ◆ You may have noticed that an HIV test is performed routinely.
- ◆ Do you have any questions about the tests?

2. About routine HIV testing

- ◆ The HIV test will tell you whether or not you have HIV infection. HIV is the virus that causes AIDS.
- ◆ Even if you've had an HIV test before, unless you know you are positive, we recommend having the test during *every* pregnancy. We will also repeat the test in the last three months of your pregnancy.
- ◆ A mother who has HIV infection can pass it to her baby during pregnancy, during labor and delivery, and during breastfeeding.
- ◆ If a pregnant woman with HIV takes special medicine during pregnancy, she can greatly reduce the chance her baby will get the virus.
- ◆ Finding out early if you have HIV means you can get treatment for yourself. This is important because we have many effective medicines to treat HIV and to slow the disease.

3. How HIV is transmitted

- ◆ Besides transmission from mother to baby, the virus is spread from person to person through vaginal, oral or anal sex without a condom. It is also spread by sharing needles with a person with HIV.
- ◆ Here is a pamphlet that has more information about how people can protect themselves from getting HIV.

4. Opt out of testing

- ◆ You will be tested for HIV today unless you tell me not to. You can decline the test.



If Your Patient Declines Testing: Assess and Address Your Patient's Reluctance to be Tested

*Encouraging HIV testing after an initial refusal can be uncomfortable, but it is in line with current recommendations.
Following are possible responses to common reasons for refusal.*

- ◆ If she **doesn't think she has HIV**, perhaps because she's in a monogamous relationship, she could be right. But remind her that the only way to be sure is to be tested.
- ◆ If she wants to **talk with her partner** (who is not with her) or to think about the test, suggest that you reschedule all the prenatal tests for her next visit (in the next few weeks).
- ◆ If she's worried that **someone will find out about her HIV status**, assure her that her medical records are confidential, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
- ◆ If she thinks she **doesn't need retesting** because she had a negative result in the past, point out that it's best for her—and her baby—to be certain of her current status early in her pregnancy.
- ◆ If she has a **fear of needles**, do all the prenatal tests at the same time, so she won't have to be “stuck” more than necessary. Or, you may offer her a finger stick or an HIV oral fluid test.
- ◆ If she's concerned about **job loss, the loss of personal relationships or even domestic violence**, talk through the relevant issues with her; then, if necessary, direct her to the appropriate services for additional assistance.
- ◆ If she thinks testing **won't be covered by her health plan**, assure her that most plans do cover HIV testing during pregnancy. Also let her know that in most states, the AIDS Drug Assistance Program facilitates access to early treatment of HIV for people without health insurance.

Adapted from: CDC Resource Kit: One Test. Two Lives

5. Conclusion

- ◆ Do you have any other questions about the tests we will do today?
- ◆ We will draw your blood and you will get the results in a few weeks (*fill-in specific time or appointment*). Please call if you have any questions.

(Give contact information for further counseling, support or resources, if needed or requested.)

Clinician Responsibilities in Routine Opt-out HIV Testing

- ◆ Document early prenatal and repeat 3rd trimester HIV test results and post-test counseling, if positive, in patient's prenatal chart.
- ◆ It is not necessary to document acceptance of an HIV test unless your state law or facility requires. Contact your local or state public health department for specific information.
- ◆ If she decides NOT to test, document her decision(s) in the medical record.
- ◆ Assess and address the patient's reason(s) for not testing.
- ◆ Discuss HIV testing at all future visits.
- ◆ Document testing history and results of all tests in the prenatal summary and send to the delivery hospital in a timely manner.

HIV Post-test Counseling Script

(When counseling a patient about the results of an HIV test, the clinician should deliver preliminary and confirmed positive test results to the patient in person. Negative results do not need to be delivered in person.)

Interpreting HIV Test Results

If a rapid HIV test is performed, using a finger stick or oral swab, results can be delivered to the patient with the understanding that the result is “preliminary” and needs to be confirmed with a second test. False positive results are rare but possible. If the result of a traditional HIV antibody test (e.g. ELISA) is positive, the laboratory will perform a confirmatory test (e.g. Western blot) and report both results to the clinician.

For NEGATIVE test results:

- ◆ This test result means that you are probably NOT infected with HIV but the test may not show recent infection.
- ◆ If you’ve been exposed to HIV in the past 3 months, you should be tested again.
- ◆ Negative results don’t mean that you are immune to infection. I recommend that all women use condoms if they don’t know their partner’s HIV status, especially during pregnancy and breastfeeding.
- ◆ I recommend that your partner(s) be tested for HIV.

(Delivering a negative test provides the opportunity to do additional HIV/STD prevention teaching and tailored risk reduction counseling.)

For preliminary POSITIVE test results:

- ◆ This test result means that you are likely to be infected with HIV, the virus that causes AIDS.
- ◆ We will perform a confirmatory test to make sure that this result is accurate. No test is 100% accurate.
- ◆ If the confirmatory result is positive, effective treatment is available to keep you healthy and to prevent you from passing HIV to your baby.
- ◆ With treatment, you can live a long and healthy life.

(Perform confirmatory HIV testing using a traditional antibody test (e.g., Western blot or IFA). Patients should be told how they will be informed about the results of this confirmatory test. If a preliminary positive result occurs late in pregnancy or during labor, start ARV prophylaxis. It can be discontinued if the confirmatory result is negative.)

For confirmed POSITIVE test results:

- ◆ This test result means that you are infected with HIV, the virus that causes AIDS.
- ◆ Effective treatment is available to keep you healthy and to prevent you from passing HIV to your baby.
- ◆ With treatment, you can live a long and healthy life.
- ◆ Learning your HIV status is one of the most important steps you can take to having a healthy pregnancy.
- ◆ You will need to be evaluated further by an experienced HIV clinician (if HIV care and treatment is not available on site.)
- ◆ You will be given antiretroviral medications, including AZT (also known as zidovudine [ZDV] or Retrovir®) to help prevent transmission of HIV to your baby.
- ◆ You may need a caesarean section to further reduce the risk of transmitting HIV to your baby.
- ◆ You will need to feed your baby infant formula to reduce the risk of transmitting HIV after your baby is born.

(Explain the need and options for safer sex, partner testing/contact notification, and encourage referral of partners and children for testing. Provide all appropriate referrals.)

For INDETERMINATE test results:

- ◆ The test result means that you need to be tested again.
- ◆ You may be in the process of becoming HIV-positive but the test is not able to detect it yet.
- ◆ I recommend that you use condoms and don’t share needles.

This sample script is adapted in part from the “Quickie HIV Pretest Counseling for the Busy Clinician” SUNY, HSCB, Maternal and Pediatric Services (MAPS) of Brooklyn and the CDC’s Resource Kit: *One Test. Two Lives.*