

PMTCT-ANC Clinical Service QA/QI Checklist

Name of Implementing Agency:

Facility Name:

Assessment team member:

Date:

Reminder: This checklist should be completed as part of the broader overall clinical facility assessment. Please also utilize the 'General Management, Administration and Operations' and 'General Infection Control' checklists. Consider also the 'General STI and VCT Laboratory' and 'Pre-post HIV Test and Counseling' lists, as appropriate to the service. Please file this checklist with the other checklists completed during the facility assessment.

1. Training	Method	Score				Observations/rationale for score
1.1 Written procedures (SOPs)/guidelines exist for ANC & PMTCT clinical procedures.	MI/SI	NA	MS	-	2	
1.2 These are accessible to the ANC and PMTCT clinical staff.	MI/SI	NA	MS	-	2	
1.3 ANC and PMTCT staff members have been trained on these procedures.	MI/SI	NA	MS	-	2	
1.4 Clinicians, nurses and relevant health workers completed an accredited course in PMTCT, including care of the HIV-positive pregnant woman, staging and ARV prophylaxis and treatment, care during labor/delivery and post partum follow up of mother & infant.	MI/SI	NA	MS	-	2	

2. Care for HIV+ pregnant women in ANC	Method	Score				Observations/rationale for score
2.1 Client's folder is available with HIV+ test result documented confidentially (inside the folder).	O/R	NA	0	1	2	
2.2 Basic equipment to take vital signs, to perform a routine ANC visit, and an HIV assessment is available.	O	NA	MS	-	2	
2.3 Health worker measures and record client's vital signs.	O/R	NA	0	1	2	
2.4 Health workers ask about and record client's medical and obstetric history, including whether they are currently symptomatic.	O/R	NA	MS	-	2	
2.5 Health worker conducts and records physical examination, including obstetric examination and review for common opportunistic infections.	O/R	NA	MS	-	2	

Scoring Notes:

(NA) Score 0 on an item that is not applicable
 (MS) Failure to reach minimum standard
 (0) No (1) Yes, partially (2) Yes

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2. Care for HIV+ pregnant women in ANC		Method	Score				Observations/rationale for score
2.6	Health workers orders relevant laboratory tests, including those available for HIV staging in addition to routine ANC bloods (including syphilis).	O/R	NA	MS	-	2	
2.7	Health worker conducts and records WHO clinical staging.	O/R	NA	MS	-	2	
2.8	Health worker explores need for treatment/prophylaxis of OIs and prescribes cotrimoxazole according to national guidelines.	O/R	NA	MS	-	2	
2.9	Health worker assesses clinical eligibility for ARV treatment (versus prophylaxis) once laboratory tests are available and documented clearly.	O/R	NA	MS	-	2	
2.10	Health worker discusses benefits of PMTCT or ARV treatment and offers additional counseling as necessary.	O	NA	MS	-	2	
2.11	Health worker discusses infant feeding options consistent with national guidelines.	O	NA	MS	-	2	
2.12	Client is assisted with referral to HIV OPC for full ARV treatment (depending on PMTCT model).	O	NA	0	1	2	
2.13	Health worker determines and documents correct ARV regimen for prophylaxis.	O	NA	0	1	2	
2.14	Health worker refers client to adherence counseling/ARV readiness.	O	NA	MS	-	2	
2.15	Once adherence counseling is completed, the pharmacist dispenses ARV drugs and gives clear instructions as to how they should be taken.	O/CI	NA	0	1	2	
2.16	Client is reviewed every 2 weeks to monitor ART.	O/R	NA	MS	-	2	
2.17	Client is offered the opportunity to link with social support services (PLHA support groups, PMTCT support groups OVC, HBC etc.).	O	NA	0	1	2	

3. Counseling for adherence to ARV prophylaxis/treatment		Method	Score				Observations/rationale for score
3.1	Client's prescribed regimen is documented/available.	O	NA	0	1	2	
3.2	Counselor explores treatment & other adherence support.	O	NA	MS	-	2	
<i>For first adherence counseling session</i>							

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3. Counseling for adherence to ARV prophylaxis/treatment		Method	Score				Observations/rationale for score
3.3	Counselor assesses client's knowledge of HIV/PMTCT.	O	NA	0	1	2	
3.4	Counselor discusses the goal (prophylaxis/treatment) of ARV medication.	O	NA	0	1	2	
3.5	Counselor discusses the importance of adherence to ARV.	O	NA	MS	-	2	
3.6	Counselor discusses adherence to previous medication.	O	NA	0	1	2	
3.7	Counselor discusses disclosure and involvement of family member/friend.	O	NA	MS	-	2	
3.8	Counselor discusses potential barriers to adherence.	O	NA	0	1	2	
3.9	Counselor discusses potential solutions to barriers and difficulties.	O	NA	0	1	2	
3.10	Counselor discusses other client needs.	O	NA	0	1	2	
<i>For second and third adherence counseling session</i>							
3.11	Counselor discusses issues raised from previous sessions and answers client's questions.	O	NA	0	1	2	
3.12	Counselor reviews potential barriers to adherence.	O	NA	0	1	2	
3.13	Counselor discusses potential solutions to barriers and difficulties.	O	NA	0	1	2	
3.14	Counselor obtains client's commitment for good adherence.	O	NA	0	1	2	
3.15	Counselor supports the client to develop a strategy for good adherence.	O	NA	MS	-	2	
3.16	Counselor discusses safe sex practices.	O	NA	0	1	2	
3.17	Counselor discusses benefits, risks and side effects of ARV's.	O	NA	0	1	2	
3.18	Counselor stresses the importance of not sharing ARV drugs.	O	NA	MS	-	2	

4. Counseling for infant feeding options		Method	Score				Observations/rationale for score
4.1	Counselor welcomes client and partner, establishes rapport and describes the infant feeding counseling session.	O	NA	0	1	2	
4.2	Counselor explains benefits and risks of exclusive breastfeeding when HIV positive.	O	NA	MS	-	2	

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4. Counseling for infant feeding options	Method	Score				Observations/rationale for score
4.3 Counselor explains benefits and risks of replacement feeding when HIV positive.	O	NA	MS	-	2	
4.4 Counselor discusses the dangers of mixed feeding.	O	NA	MS	-	2	
4.5 Counselor allows client to ask questions and lets clients know that the decision about feeding is entirely up to them.	O	NA	0	1	2	
4.6 Counselor works with client to explore whether replacement feeding is AFASS (Affordable, Feasible, Acceptable, Sustainable, Safe).	O	NA	0	1	2	
4.7 Counselor discusses tips for good breast feeding practice if client elects to breast feed.	O	NA	0	1	2	
4.8 Counselor discusses tips for good replacement feeding practice if client elects to feed with formula.	O	NA	0	1	2	
4.9 Counselor discusses whether formula would be provided by the program and for how long formula would be available.	O	NA	0	1	2	
4.10 Counselor provides referral to feeding support group or HBC.	O	NA	0	1	2	
4.11 Counselor makes follow up appointment to discuss feeding options.	O	NA	0	1	2	

5. PMTCT in labor and delivery wards	Method	Score				Observations/rationale for score
5.1 SOPs and job aides for management of HIV-positive woman and the infant during labor/immediate post-partum period are available on labor ward.	O/MI/SI	NA	0	1	2	
5.2 Recommended ART regimes for PMTCT are available on the labor ward, stored safely and within expiry date.	O	NA	MS	-	2	
5.3 Room with audio and visual privacy is available to discuss PMTCT and offer/re-offer CT as required.	O	NA	MS	-	2	
5.4 Labor ward staff welcome clients and remind them about PMTCT programs.	O	NA	0	1	2	
5.5 Labor ward staff screen client about their testing status.	O	NA	0	1	2	
5.6 Offer CT to those not tested previously according to standard national protocol.	O	NA	0	1	2	
5.7 Labor ward staff use a partograph consistently for all clients.	O/R	NA	0	1	2	

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5. PMTCT in labor and delivery wards		Method	Score				Observations/rationale for score
5.8	Labor ward staff members give those women confirmed HIV+ intra-partum doses of ARV regimen and doses ARV for infants in a timely fashion and according to national guidelines.	O/R	NA	MS	-	2	
5.9	Labor ward staff members practice safe obstetric procedures throughout labor, i.e., no amniotomy, instrumental delivery avoided, vulva and vagina washed with chlorhexidine wash, cesarean section if feasible preferable to vaginal delivery.	O/R	NA	MS	-	2	
5.10	Labor ward staff members practice Universal Precautions and are not observed to discriminate against HIV-positive mother or infant.	O	NA	MS	-	2	
5.11	Post-exposure prophylaxis available on labor ward.	O	NA	0	1	2	

6. Immediate care for infants born to HIV+ mothers		Method	Score				Observations/rationale for score
6.1	Labor ward staff assess the well being of infant/baby, and measure and record baseline infant anthropometric measurements.	O/R	NA	0	1	2	
6.2	Labor ward staff provide post-partum doses of ARVs to infants in appropriate and timely manner.	O/R	NA	MS	-	2	
6.3	Labor ward staff counsel mother and provide support about infant feeding options.	O	NA	MS	-	2	
6.4	If complementary feeding, formula is provided upon discharge for 4 weeks.	O/R/CI	NA	MS	-	2	
6.5	Labor ward staff initiate routine immunization schedule.	O/R	NA	MS	-	2	
6.6	Labor ward staff ensure that infant is referred to pediatric or HIV follow-up clinic for 6 week check up.	O/R/CI	NA	MS	-	2	
6.7	Labor ward staff organize home visit or linkage with HBC teams.	O	NA	0	1	2	

7. Caring for HIV+ mother in post-partum period		Method	Score				Observations/rationale for score
7.1	Labor ward staff ensure that HIV+ mothers are given post-partum ARV doses for PMTCT.	O/R	NA	MS	-	2	
7.2	Labor ward staff discuss symptoms of post-partum infection and discuss perineal hygiene.	O	NA	0	1	2	

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7. Caring for HIV+ mother in post-partum period		Method	Score				Observations/rationale for score
7.3	Labor ward staff provide ongoing counseling and psychosocial support, and follow up as necessary.	O	NA	0	1	2	
7.4	Labor ward staff discuss and support infant feeding choices, and offer to link mother with feeding support groups.	O	NA	MS	-	2	
7.5	Labor ward staff discuss family planning options or provide FP methods/make referrals depending on service model.	O/R	NA	MS	-	2	
7.6	Labor ward staff discuss protection of partner and offer condoms.	O	NA	0	1	2	
7.7	Labor ward staff actively refer to routine HIV care and treatment services.	O/R	NA	MS	-	2	

8. Subsequent infant and maternal follow up		Method	Score				Observations/rationale for score
8.1	Post-partum review of infant/mother pair provided at 6-8 weeks post partum.	O/R	NA	MS	-	2	
8.2	Mother's and infant's clinical history taken including whether PMTCT ARV doses taken.	O/R	NA	0	1	2	
8.3	Infant/baby examined and anthropometric measurements taken and documented.	O/R	NA	0	1	2	
8.4	Infant feeding options discussed and reinforced; If complementary feeding, provide new supplies.	O	NA	MS	-	2	
8.5	Immunization status reviewed.	O/R	NA	0	1	2	
8.6	Laboratory tests reviewed/ordered.	O/R	NA	0	1	2	
8.7	Plan for infant HIV testing developed.	O/R	NA	0	1	2	
8.8	PCP prophylaxis initiated for infant in accordance with national guidelines.	O/R	NA	MS	-	2	
8.9	Infant and mother (and all family members) referred to pediatric or family centered HIV care and treatment clinic.	O/R	NA	MS	-	2	
8.10	Referral to HBC program where required.	O/R	NA	MS	-	2	
8.11	Protection of partner discussed and condoms offered.	O	NA	MS	-	2	
8.12	Family planning discussed, offered or referral made.	O/R	NA	MS	-	2	

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9. Management of pharmaceutical supplies (including ARV drugs) + other Essential Commodities: ANC, OPC, labor ward	Method	Score				Observations/rationale for score
9.1 ARV, OI drugs, formula are procured in line with national MoH and/or FHI guidelines and meet quality standards.	O	NA	MS	-	2	
9.2 Bulk store room for ARV drugs, OI drugs and formula clean, secure and with adequate cabinet storage.	O	NA	MS	-	2	
9.3 All drugs and formula stored by the principle "First Expired, First Out".	O	NA	0	1	2	
9.4 Bulk store room equipped with air-conditioning, extractor fans and temperature/humidity monitoring devices/recording charts.	O	NA	MS	-	2	
9.5 SOPs and forms/registers for stock management and inventory are available and followed.	O/R	NA	0	1	2	
9.6 Guidelines and SOPs for accurate forecasting of pharmaceutical supplies are available and followed.	O/R	NA	0	1	2	
9.7 Regular physical stock counts conducted.	O/R	NA	0	1	2	
9.8 System for dealing with damaged, expired, short-dated and excess levels of drugs and formula.	SI/R	NA	0	1	2	
9.9 Adequate buffer stock of ART and essential pharmaceutical supplies and commodities is available.	O/R	NA	0	1	2	

10. Dispensing of pharmaceutical supplies (including ARV drugs) + other Essential Commodities: ANC, OPC, labor ward	Method	Score				Observations/rationale for score
10.1 Dispensing room for ARV drugs, OI drugs and formula is clean, secure and with adequate cabinet storage.	O	NA	MS	-	2	
10.2 Dispensing area is clean and tidy and free of clutter.	O	NA	0	1	2	
10.3 SOPs for dispensing medication and formula are available and followed.	O/R	NA	0	1	2	
10.4 Medications and formula are dispensed with clear labels and instructions.	O	NA	MS	-	2	
10.5 Dispenser provides counseling on how to take medications, adverse reactions, side effects etc.	O	NA	0	1	2	

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10. Dispensing of pharmaceutical supplies (including ARV drugs) + other Essential Commodities: ANC, OPC, labor ward	Method	Score				Observations/rationale for score
10.6 Written material available with advice for clients on medications and how to mix formula and feed safely.	O	NA	0	1	2	
10.7 SOPs and registers for recording dispensing and monitoring stock control are available and utilized.	O/R	NA	0	1	2	
10.8 Daily and monthly dispensing records and stock reports are available.	O/R	NA	0	1	2	

TOTAL SCORE:	/ 228	TOTAL MS MET:	/ 49	NUMBER NAs CIRCLED	/ 114
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