



Ministry of Health

Opt-out HIV CT for Pregnant Women in Antenatal Clinics

Group information Session

1. Introduce topics for discussion
2. Assess the group knowledge of HIV/AIDS and PMTCT reminding them of the available interventions
3. Request the group to avoid bringing up personal issues as those would be discussed individually.
4. Explain the HIV test and indicate that it is a routine test unless one declined
5. Always reassure women about confidentiality
6. Prepare for HIV test.

Decision to test

No

Give time to come next visit.

Yes

Rapid HIV test performed

Post test counselling for HIV negative

1. Assess client readiness to receive test results
2. Tell the client the test result
3. Counsel client on the window period and the need for retesting after 3 months and 32-36 weeks before delivery
4. Revisit risk reduction plan and help client identify support for risk reduction.
5. Refer client to community-based risk reduction and prevention services.
6. Discuss prevention, disclosure and partner referral
7. Close counselling session
8. Complete administrative duties

Post testing counselling for HIV positive

1. Assess client readiness to receive test results
2. Tell the client the test result
3. Identify source of support
4. Revisit risk reduction plan and help client identify support for risk reduction
5. Counsel about options for PMTCT
6. Counsel on positive living and provide referrals to needed HIV related services
7. Discuss prevention, disclosure and partner Referral for testing
8. Emphasize family centred approach.
9. Close counselling session
10. Complete administrative duties.

Referrals follow up counselling and support as needed

Revised July 2009





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PMTCT of HIV - The Opt out concept

The first step in the PMTCT program is for all pregnant women to know their HIV status. The Zambia National PMTCT program uses an 'OPT OUT' approach for PMTCT. An 'opt out' approach means that HIV testing is part of the routine laboratory undertaken during all pregnancies. The woman does not have to sign a consent form; however, she has to be fully informed of the test and has the option to refuse it.

The following are the steps:

1. HIV counselling

a) Group information session:

In ANC clinics, where there are many clients at one time (e.g. on a booking day), the health care workers can reach more clients by covering some of the basic HIV/AIDS and MTCT facts in a group information session.

- What is the difference between HIV and AIDS?
- How does one get HIV?
- What is PMTCT
- What are the national statistics on HIV and PMTCT?
- What are some ways to prevent HIV infection?
- How do babies get HIV from their HIV-positive mothers?
- What are some of the strategies to prevent MTCT of HIV?
- What are the benefits of counselling and testing?
- How does HIV testing work

b) Individual pre-test counselling is done to individuals who request.

2. HIV testing - Perform test as per rapid testing protocol/algorithm

a) If test is negative; the woman is considered HIV negative

b) If test is positive; a second test is done using a different rapid test.

- If both tests are positive, the woman is considered positive
- If the first is positive and the second test is negative, the woman is HIV indeterminate and the sample needs to be sent for re-testing using Bioline

3. Individual private post-test counselling

a) HIV negative result:

Follow usual post test procedure; counsel on window period and need to re-test after three months and before delivery; discuss risk reduction and refer to community-based risk reduction and prevention services; discuss disclosure and partner referral

b) HIV positive result:

Follow usual post test procedure; assess clients understanding of positive result; identify source of support; re-visit risk reduction; counsel about options for PMTCT; counsel on positive living and provide referrals to HIV-related services; discuss disclosure and partner referral.



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