

*Interactive Training Activities
for Clinicians*



Providing Healthcare

Professionals with

Quality Education to

Improve HIV Care

HIV Rapid Testing in Labor and Delivery

Live Action Drill

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HIV Rapid Testing in Labor and Delivery (RTLD) “Live Action” Drill

An Interactive Training Activity for Clinicians

Purpose

These “live action drill” tools were created for hospitals to use on Labor and Delivery (L&D) units to train and assess staff and hospital readiness in caring for a laboring patient with HIV or a laboring patient without a documented HIV test. There are two ways to use these live action drill tools:

- 1. Implementing Rapid HIV Testing:** This tool can be used to train staff regarding the essential elements of Rapid HIV testing in labor and delivery (RTLD). It can also be used to help identify the elements that are in place or need to be put into place to effectively implement RTLD in your hospital (e.g. lab, pharmacy, etc). Additional training needs may be identified by conducting this drill.
- 2. Periodic Review of RTLD Protocols and Procedures:** This tool can be used to help staff remain familiar with rapid testing and HIV-related protocols, particularly if staff do not see many HIV positive patients or patients without a documented HIV test. This tool can remind staff about protocols, and identify needed review. It can also be used with new hires who are unfamiliar with protocols and procedures.

Background

Since 1993 there have been medications available to pregnant and laboring women to help prevent perinatal (mother-to-child) HIV transmission. Medication can be given to the mother before, during, and after labor, as well as to the infant after birth. Since HIV transmission is now more preventable, it is important that hospitals determine a laboring patient’s HIV status upon admission if prenatal care has not been provided, the patient has HIV, or her HIV status is undocumented.

Learning Objectives

After completing the Live Action Drills, hospital L&D staff will be able to:

1. Identify needed improvements in the hospital for effective service delivery of HIV testing and treatment in labor and delivery.
2. Describe next steps to increase proficiency of staff to provide effective care for a patient with unknown or positive HIV status.
3. Evaluate the readiness of the hospital to effectively care for a patient with a rapid positive HIV test.

Time and Staff Needed to Conduct This Activity

Conducting the Live Action Drill should take 60-90 minutes using 3-4 different staff members. This allows time for the walk-through and discussion among staff during and/or after the Drill. The staff needed are:

- | | |
|----------------------------|---|
| Role #1: | Midwife/Nurse on L&D who will be caring for the patient |
| Role #2: | Observer/Evaluator who is evaluating the person playing role #1 |
| Role #3: | Patient in labor |
| Role #4 (Optional): | Physician who will be called in to consult and give the patient positive test results |

Materials Needed

Two Live Action Drill checklist tools (one “staff” checklist and one “patient” checklist); two pens/pencils.

When and How to Use This Tool

These live action drill tools were developed to use at your hospital once you have created and implemented rapid testing in labor and delivery protocols. If everything is not in place, this tool will help identify areas needing improvement. Remember, this is a tool to help you prepare for a real situation. Use it however you think will be most useful.

RTLD Live Action Drill

Purpose:	To train and assess staff and hospital readiness in caring for a laboring patient with HIV or a laboring patient without a documented HIV test
Time Required:	Between 60-90 minutes
Materials Needed:	<ol style="list-style-type: none"> 1. At least 3 staff members for role play 2. Live Action Drill Checklists – one for “staff” and one for “patient” 3. 2 pens/pencils 4. At least one Live Action Drill Scenario for “patient”

Instructions

While this is a serious topic, this process can be fun. It is often amusing to see your coworker faking labor and acting like one of your patients, so there may be laughter along the way.

Preparation Prior to Activity	<ol style="list-style-type: none"> 1. Review and choose appropriate Live Action Drill scenario(s). 2. Prepare copies of scenario(s) and Checklist tools for “staff member” and “patient.”
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Role #1: “L&D Staff Member”	The first staff member will be acting as the nurse or midwife caring for the patient who arrives at your labor and delivery unit. You want to simulate real life as much as possible, so you will be welcoming the patient and talking with her the way you would if she were a real patient. While this may feel artificial, and it may be difficult to get into the role, do the best you can. The more effort you make to reflect how it would be in real life, the more you and your colleagues will benefit from this activity.
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Role #2: “Evaluator”	<p>The second staff member is going to observe and evaluate the staff member who is playing Role #1 (nurse/midwife). <i>You will use the checklist that says “Staff” on it.</i> You will be observing and evaluating the staff member as s/he walks through the process including:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Testing the patient <input checked="" type="checkbox"/> Giving results <input checked="" type="checkbox"/> Making a treatment plan <input checked="" type="checkbox"/> Providing care during labor and delivery <input checked="" type="checkbox"/> Providing post partum care <input checked="" type="checkbox"/> Providing infant care.
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You are going to observe and assess the nurse/midwife in Role #1's knowledge and skills related to RTLD policies and procedures. As an observer, feel free to "prompt" the staff playing Role #1, using the Staff Checklist, if s/he needs some help or forgot something important.

**Role #3:
"Patient in
Labor"**

The third staff member is going to pretend that s/he is a patient arriving at your labor and delivery unit, *in labor*. They will have the checklist that says "Patient" on it and a tool that says "Scenario" on it. They will have *one* of the below scenarios:

Scenario 1: Angela: This patient has had no prenatal care.

Scenario 2: Raquel: This patient has no documented HIV results in her chart.

Scenario 3: Diana: This patient tells you that she has HIV. She is not from this area but is visiting her relatives in the area.

Scenario 4: Create your own scenario that is better suited for your hospital setting.

This role requires the staff member to be an actor/actress for this activity. They need to pretend that they are coming to the hospital in labor and do not know much/anything about HIV. Try to make the interactions as realistic as possible (for instance, this person should make noise periodically as though they are having contractions and are distracted by the discomfort). The person playing this role will need to act like one of your real patients in labor and assess how the nurse/midwife in Role #1 cares for you. Use the Patient Checklist tool to help with the assessment.

**Role #4
(Optional):
"Physician"**

The fourth staff member will play the role of the physician who comes in to talk with the patient regarding positive test results and treatment plan. *This role can also be played by the person playing Role #3.*

**After
conducting the
Live Action
Drill:**

Going through this process should be illuminating for your hospital and help identify your strengths and any areas for improvement. From your notes and discussion, it may make sense to make an Action Plan for the staff to improve your ability to provide the best possible service to patients with positive HIV or rapid HIV test results.

Rapid Testing in Labor & Delivery (RTLTD)

Live Action Drill Tool to Assess RTLTD Readiness: **STAFF Checklist**

Check which scenario:

- Scenario 1 – Angela:** Patient arrives having had no prenatal care.
- Scenario 2 – Raquel:** Patient arrives with no documented HIV test result
- Scenario 3 – Diana:** Patient not registered at hospital and tells staff she is HIV+ upon arrival. (Skip to box # 4 below)

1. Performing the Rapid Test						
DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column: 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable						
	Activity	To what extent:				
Welcoming Patient and Assessing HIV Status	<input type="checkbox"/> Welcome patient to the unit and review patient records to determine HIV status.	0	1	2	3	NA
	<input type="checkbox"/> If patient has had prenatal care and there is no documented HIV result, ask whether she was tested for HIV during this pregnancy.	0	1	2	3	NA
	<input type="checkbox"/> Notify physician/midwife of patient arrival as per protocol.	0	1	2	3	NA
	<input type="checkbox"/> If patient received prenatal care and/or HIV results outside of this facility, patient signs a release of information to obtain records.	0	1	2	3	NA
	<input type="checkbox"/> If medical records indicate patient is HIV+, call Perinatal Hotline (888-448-8765) to make a treatment plan and skip ahead to labor and delivery (page 5).	0	1	2	3	NA
Informed Consent	<input type="checkbox"/> For patients with no documented HIV test results, explain the rapid HIV test and why it should be done now; explain what HIV is and how it can be transmitted during pregnancy, labor, delivery and breastfeeding.	0	1	2	3	NA
	<input type="checkbox"/> Explain to patient what will happen if test result is positive including: <ol style="list-style-type: none"> 1. An additional confirmatory test will be conducted in order to know if the result is truly positive. Confirmatory results can be positive or negative. 2. While waiting for the confirmatory result, medications which reduce HIV transmission will be given to mother and baby. 3. Physician will discuss birth route with patient. 4. Patient will need to delay breastfeeding, and pump breasts until confirmatory testing is complete. 	0	1	2	3	NA

1. Performing the Rapid Test

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
Informed Consent (Continued)	<input type="checkbox"/> Provide patient with written materials about HIV in her first language (if possible). Offer to use interpreter as appropriate.	0	1	2	3	NA
	<input type="checkbox"/> Inform patient of confidentiality policy including that test result will be in her medical chart and shared with the care team as needed.	0	1	2	3	NA
	<input type="checkbox"/> Address all of patient’s questions and concerns effectively.	0	1	2	3	NA
	<input type="checkbox"/> Ask for patient’s verbal consent to do the rapid HIV test.	0	1	2	3	NA
	<input type="checkbox"/> Explain the process of specimen collection (blood draw, etc.).	0	1	2	3	NA
	<input type="checkbox"/> Ask patient if she would like to be alone or with others when specimen is obtained and result given.	0	1	2	3	NA
	<input type="checkbox"/> Inform patient about how long it will be before the results are available.	0	1	2	3	NA
	<input type="checkbox"/> If patient wants results after delivery, (and result is positive) explain to her that medication will be given to her and her infant during labor and after delivery to reduce HIV transmission.	0	1	2	3	NA
Collecting the Specimen	<input type="checkbox"/> Collect specimen respecting patient preferences for being alone or with others.	0	1	2	3	NA
	<input type="checkbox"/> Other:	0	1	2	3	NA

Comments on performing the rapid HIV test:

2. Disclosing the Test Result and Making a Treatment Plan

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
Make treatment plan before disclosing positive result to patient	<input type="checkbox"/> If result is positive, call Perinatal Hotline to make a treatment plan re: medications, route of birth and labs needed.	0	1	2	3	NA
	<input type="checkbox"/> Document preliminary positive rapid test result in chart; make arrangements for confirmatory testing.	0	1	2	3	NA
Disclosing Positive Result NOTE: This might be a nurse, midwife, doctor or other OB specialist.	<input type="checkbox"/> Disclose positive rapid HIV test results in a sensitive and confidential manner.	0	1	2	3	NA
	<input type="checkbox"/> Review with patient what a positive test result means including:					
	a) An additional confirmatory test will be conducted in order to know if the result is truly positive. Confirmatory results can be positive or negative.					
	b) While waiting for the confirmatory result, medications that reduce HIV transmission will be given to mother and her baby.	0	1	2	3	NA
	c) Physician will discuss birth route with patient.					
	d) Patient will need to delay breastfeeding, and pump breasts until confirmatory testing is complete.					
	<input type="checkbox"/> Provide emotional support as needed.	0	1	2	3	NA
	<input type="checkbox"/> Answer all the patient’s questions sensitively.	0	1	2	3	NA
<input type="checkbox"/> Address patient’s concerns and if unable to answer any questions offer to get other staff that are more qualified.	0	1	2	3	NA	
<input type="checkbox"/> Explain how her results and HIV status will be kept confidential among her care team.	0	1	2	3	NA	
<input type="checkbox"/> Explain the precautions that will be taken to protect confidentiality with family and visitors (e.g. with medications, breastfeeding, etc.).	0	1	2	3	NA	
<input type="checkbox"/> Treat patient respectfully throughout process to ensure that patient is not made to feel different or stigmatized.	0	1	2	3	NA	
Confirmatory Test Conducted	<input type="checkbox"/> Ensure that confirmatory test will be done; draw additional blood if requested.	0	1	2	3	NA
	<input type="checkbox"/> Explain to patient when the results from this test will be available.	0	1	2	3	NA
	<input type="checkbox"/> Update patient contact information.	0	1	2	3	NA

2. Disclosing the Test Result and Making a Treatment Plan

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
	<input type="checkbox"/> Other:	0	1	2	3	NA

Comments on disclosing the test result and making a treatment plan:

3. Admission to Labor and Delivery

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
Labs	<input type="checkbox"/> Obtain additional labs, including, but not limited to: HIV viral load and CD4 count.	0	1	2	3	NA
Medications	<input type="checkbox"/> IV AZT given within one hour.	0	1	2	3	NA
	<input type="checkbox"/> Administer oral antiretrovirals.	0	1	2	3	NA
	<input type="checkbox"/> Maintain confidentiality, assess who is in the room and has information.	0	1	2	3	NA
During Labor and Delivery	<input type="checkbox"/> Avoid artificial rupturing of membranes.	0	1	2	3	NA
	<input type="checkbox"/> Avoid applying fetal scalp electrode and fetal scalp sampling.	0	1	2	3	NA
	<input type="checkbox"/> If needed, augment labor with oxytocin to shorten labor.	0	1	2	3	NA
	<input type="checkbox"/> Other:	0	1	2	3	NA

Comments on admission to Labor and Delivery:

4. Postpartum and Infant Care

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
Infant care immediately after birth	<input type="checkbox"/> Gently wipe off secretions.	0	1	2	3	NA
	<input type="checkbox"/> Avoid vigorous nasopharyngeal suction.	0	1	2	3	NA
	<input type="checkbox"/> Maintain that skin to skin is o.k.	0	1	2	3	NA
	<input type="checkbox"/> Cleanse injection sites before giving injections.	0	1	2	3	NA
	<input type="checkbox"/> Bathe infant as soon as temperature is stable.	0	1	2	3	NA
	<input type="checkbox"/> Began oral AZT and other recommended medications. If mom did not receive antiretroviral medication during labor, administer infant antiretrovirals as soon as possible.	0	1	2	3	NA
	<input type="checkbox"/> Teach mother (and family, if appropriate) how to administer medication.	0	1	2	3	NA
	<input type="checkbox"/> Maintain confidentiality.	0	1	2	3	NA
	<input type="checkbox"/> Encourage bottle feeding only.	0	1	2	3	NA
<input type="checkbox"/> Obtain lab studies as recommended, including HIV-1 and DNA-PCR.	0	1	2	3	NA	
Postpartum	<input type="checkbox"/> Continue antiretrovirals.	0	1	2	3	NA
	<input type="checkbox"/> Encourage pumping breast until confirmatory result is determined.	0	1	2	3	NA
	<input type="checkbox"/> Assess mother for pp depression, maternal safety, general mental health, substance use.	0	1	2	3	NA
	<input type="checkbox"/> Reinforce using safer sex and risk reduction techniques until confirmatory results are available.	0	1	2	3	NA
Follow-up Care	<input type="checkbox"/> Facilitate an appointment with an HIV specialist for mother and infant (call Perinatal Hotline for this and other community resources as needed).	0	1	2	3	NA
	<input type="checkbox"/> Identify a community pharmacy that will fill infant AZT as needed.	0	1	2	3	NA
	<input type="checkbox"/> Provide a list of community resources for HIV+ people (use Perinatal Hotline as needed).	0	1	2	3	NA

4. Postpartum and Infant Care

DIRECTIONS: Assess each activity listed by circling the appropriate number in the "To What Extent" column:

0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity

To what extent:

Other:

0 1 2 3 NA

Comments on postpartum and infant care:

Overall Assessment of RTLD Readiness (check one):

1 = Needs Improvement

2 = In Good Shape

3 = In Excellent Shape

General/Overall Comments:

Rapid Testing in Labor & Delivery (RTLTD)

Live Action Drill Tool to Assess RTLTD Readiness: **PATIENT Checklist**

Check which scenario:

- Scenario 1 – Angela:** I have had no prenatal care.
- Scenario 2 – Raquel:** I arrive with no documented HIV test result
- Scenario 3 – Diana:** I have HIV and am not from this area. I tell staff about my HIV status upon arrival.

1. Performing the Rapid Test

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity	To what extent:				
<input type="checkbox"/> I am welcomed upon my arrival to the unit.	0	1	2	3	NA
<input type="checkbox"/> I am asked what I know about HIV and asked whether I have been tested for HIV before or during this pregnancy (my answer is “no”).	0	1	2	3	NA
<input type="checkbox"/> Staff explain the rapid HIV test and why it is important in a way that is easy to understand.	0	1	2	3	NA
<input type="checkbox"/> Staff explain that if the test came back positive, they would need to treat me and my baby with medications.	0	1	2	3	NA
<input type="checkbox"/> Staff explain that I would need to delay breastfeeding.	0	1	2	3	NA
<input type="checkbox"/> Staff explain that if this test result is positive, I would need to get another test to confirm the result.	0	1	2	3	NA
<input type="checkbox"/> Staff seem comfortable explaining the information.	0	1	2	3	NA
<input type="checkbox"/> I receive written materials about HIV in my first language or am offered interpretation services.	0	1	2	3	NA
<input type="checkbox"/> I give consent to have the HIV test and they drew my blood for the test.	0	1	2	3	NA

Comments on performing the rapid HIV test:

2. Getting the HIV Test Results						
DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column: 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable						
Activity					To what extent:	
<p><u>Questions I might have:</u></p> <p>❗ What if I really do have HIV, will my baby get it?</p> <p>❗ How will my baby go from bottle back to breast if I'm not really infected?</p> <p>❗ Who tells my partner/spouse?</p> <p>❗ Does this mean I'm going to die?</p> <p>❗ When will I really know if I have HIV or not?</p> <p>❗ What are the side effects of the medications?</p>	<input type="checkbox"/> Staff tell me that my test result is positive in a sensitive and confidential manner	0	1	2	3	NA
	<input type="checkbox"/> Staff remind me what a positive rapid test means in a way that I can understand. This includes:	0	1	2	3	NA
	a) An additional confirmatory test will be conducted in order to know if the result is truly positive. Confirmatory results can be positive or negative.					
	b) While waiting for the confirmatory result, my baby and I would be given medication to help prevent HIV transmission.					
	c) The doctor will discuss birth route options with me					
	d) I will need to delay breastfeeding, and pump my breasts until the confirmatory testing is complete					
	<input type="checkbox"/> Staff are caring and emotionally supportive (I may feel really sad or angry or scared about this test result and what it means).	0	1	2	3	NA
	<input type="checkbox"/> Staff answer all my questions sensitively – see left side bar for possible questions. If they can't answer them more knowledgeable staff are contacted to help.	0	1	2	3	NA
<input type="checkbox"/> Confidentiality is explained to me and staff are respectful of my wishes about who will know about this test result.	0	1	2	3	NA	
<input type="checkbox"/> I am treated respectfully through this process and not made to feel different.	0	1	2	3	NA	
<input type="checkbox"/> Staff explain that my test results and HIV status will be kept private and only staff caring for me will know	0	1	2	3	NA	
<input type="checkbox"/> Blood is drawn for another test and staff tell me when to expect the results.	0	1	2	3	NA	
Comments on getting the HIV test results:						

3. Admission to Labor and Delivery

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
Labs	<input type="checkbox"/> I am told about some additional tests that staff may want to run.	0	1	2	3	NA
Medications	<input type="checkbox"/> Staff start my medications and answer all of my questions.	0	1	2	3	NA
	<input type="checkbox"/> Staff maintain my confidentiality by noticing who is in the room.	0	1	2	3	NA

4. Postpartum and Infant Care

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
Infant care immediately after birth	<input type="checkbox"/> I am able to hold my baby after the birth.	0	1	2	3	NA
	<input type="checkbox"/> Staff start my baby’s medications.	0	1	2	3	NA
	<input type="checkbox"/> Staff teach me how to administer the medication.	0	1	2	3	NA
	<input type="checkbox"/> Staff are sensitive and maintain my confidentiality.	0	1	2	3	NA
	<input type="checkbox"/> I am encouraged to bottle feed only while pumping my breasts to maintain milk supply while awaiting confirmatory results.	0	1	2	3	NA
	<input type="checkbox"/> Staff handle my disappointment about not breastfeeding in a sensitive manner; staff help me learn about pumping.	0	1	2	3	NA
Postpartum	<input type="checkbox"/> Staff ask me how I am feeling (mental health) and if I am feeling depressed.	0	1	2	3	NA
	<input type="checkbox"/> Staff ask about domestic violence and my safety.	0	1	2	3	NA
	<input type="checkbox"/> Staff ask about my drug and alcohol use.	0	1	2	3	NA
	<input type="checkbox"/> Staff talk about practicing safer sex until confirmatory results are available.	0	1	2	3	NA

4. Postpartum and Infant Care

DIRECTIONS: Assess each activity listed by circling the appropriate number in the “To What Extent” column:
 0 = Did not happen 1 = Needs Improvement 2 = Good 3 = Excellent NA = Not Applicable

Activity		To what extent:				
Follow-up Care	<input type="checkbox"/> Staff make sure that I have an appointment with an HIV specialist for both me and my baby.	0	1	2	3	NA
	<input type="checkbox"/> Staff help to identify a community pharmacy that will fill the AZT for my baby as needed.	0	1	2	3	NA
	<input type="checkbox"/> Staff give me a list of community resources for HIV+ people in my area if I really am infected.	0	1	2	3	NA
	<input type="checkbox"/> Other: What else does the staff do that is effective?	0	1	2	3	NA

Comments on postpartum and infant care:

Overall Assessment of RTLD Readiness (check one):

- 1 = Needs Improvement
 2 = In Good Shape
 3 = In Excellent Shape

General/Overall Comments:

Live Action Drill: HIV Rapid Testing in L&D Scenario 1: Angela

Patient arrives at your labor and delivery unit having had no prenatal care

Read this out loud to the others doing the Action Drill.

Patient Name: My name is Angela.

Age: I am 19 years old.

Background: This is my second pregnancy. My first baby died at 2 months of age of unknown causes. I came here because I think my bag of water broke, but I'm not really sure. I have been afraid to seek care.

Pregnancy status: I am not feeling any contractions yet. My membranes might be ruptured but I am not exactly sure how many weeks pregnant I am.

Social environment: I am here at the hospital with a friend who was worried about me. The father of the baby is not in the picture. I have been living with different friends. I have no family in the area.

Read to yourself: You are really afraid of what is going to happen here at the hospital because of your past experience. You were too afraid to get prenatal care because of what happened to your first baby. You just didn't want to hear anything bad.

Live Action Drill: HIV Rapid Testing in L&D Scenario 2: Raquel

The patient arrives at your labor and delivery unit with no documented HIV test result in her chart.

Read this out loud to the others doing the Action Drill.

Patient Name: My name is Raquel.

Age: I am 30 years old.

Background: This is my 3rd pregnancy. I have two children that are 2 and 5 years old. I have come in today with my husband. I have had an uncomplicated pregnancy so far and the same doctor for all 3 pregnancies.

Pregnancy status: 39 weeks, contractions every 5-7 minutes, my membranes are intact. I didn't get an HIV test in my first trimester because I didn't think I needed to.

Social environment: I live with my husband and two children and also have extended family nearby. My husband and I both work outside the home.

Read to yourself: You are really tired of being pregnant and ready to have this baby.

Live Action Drill: HIV Rapid Testing in L&D Scenario 3: Diana

Patient is not registered at this hospital because she is not from this area (she is visiting family) and tells staff that she has HIV upon her arrival.

Read this out loud to the others doing the Action Drill.

Patient Name: My name is Diana.

Age: I am 36 years old.

Background: I have had good prenatal care at a different hospital. I have been taking antiretroviral medications for 2 years consistently. I am here on a romantic vacation with my husband visiting from _____ (either Los Angeles or San Francisco).

Pregnancy status: I am 35 weeks pregnant and my water recently broke. I was 3 cm dilated when I came in. My contractions are irregular.

Social environment: I found out 4 years ago that I had HIV. My family and friends are all very supportive.

Read to yourself: You are really upset that you are not at your regular hospital with people who know you. You are nervous that you don't know anyone and worried that they won't want or know how to take care of you.