



FORMS & GUIDES



Counseling Checklists for HIV Testing in Antenatal Care Settings

How to Use the Pre- and Post- HIV Test Counseling Checklists

These pre- and post-test counseling checklists were developed to support a range of providers (trained counselors, lay counselors, peer educators, expert clients, mother mentors, doctors, nurses, pharmacists, community health workers, and others) who work with pregnant women living with HIV and their families. Pre- and post-HIV test counseling can help clients understand the importance of HIV testing, the HIV testing process, the meaning of their test results, and key steps to ensure their own and their baby's health. The pre- and post-test counseling checklists should be adapted to reflect national HIV testing and counseling and PMTCT guidelines, as well as the specific clinic, community, and cultural contexts in which they are used. It may be helpful to translate the checklists into the local language.

There are 3 checklists: one on pre-test counseling, one on post-test counseling for HIV-negative women, and one on post-test counseling for HIV-positive women. Pre-test counseling may be conducted individually or in group sessions, depending on national and clinic protocols. Post-test counseling should always be conducted in an individual setting, ensuring the client's privacy and confidentiality.

Key information from pre- and post-test sessions should be recorded on the checklists and kept in the client's file. While many ANC and PMTCT programs do not keep client files, such information from pre- and post-test sessions is a very important part of quality, continuous care and client-centered counseling. If individual client files are not maintained at the clinic, these checklists can also be used as job aides to guide providers when conducting pre- and post-test counseling.

Basic information: Write down the client's name and file number. Be sure to sign and date the form at the end of each session and then put the completed form in the client's file.

Key topics: Lists of key topics to cover during pre- and post-test counseling, and a suggested flow of topics, are provided. These topic lists should be used as a guide to pre- and post-test counseling sessions, and adapted as needed according to the client's specific situation and needs. Once a specific topic is covered and discussed with the client, place a tick mark in the appropriate column. It is important to allow time for the client to react and to ask questions throughout the pre- and post-test sessions. Never rush sessions. Clients should always be made to feel comfortable expressing emotions and questions and should never be judged or punished. Clients' rights should always be respected and upheld, including their right to decline testing or to return at a later date for testing and counseling.

Notes: Write any additional notes about the post-test session, the client's needs, or next steps in the space provided.

Date of next counseling session/clinic appointment: Schedule a follow-up counseling appointment with the client and record this date, as well as any clinic appointments, in the space provided.

Pre-HIV Test Counseling Checklist for Pregnant Women (group or individual session)

Client's Name: _____

Client's File#: _____

TOPIC	TICK
1. Introduce yourself and give an overview of the counseling session	
2. Review HIV basics, transmission, and prevention	
- Review HIV basics and answer questions	
- Modes of HIV transmission, including from mother to baby	
- Ways to prevent HIV transmission, including PMTCT	
3. Counsel on benefits of HIV testing	
- You cannot tell from looking at a person if he or she has HIV	
- Everyone should learn their HIV-status, especially pregnant women	
- HIV testing is a part of routine antenatal care and is offered to all pregnant women	
- If a pregnant woman has HIV, she can pass it to her baby	
- Benefits of knowing one's HIV-status, including PMTCT	
3. Explain HIV testing process	
- Confidentiality	
- Client's right to refuse or get tested at a later time	
- Method of HIV testing	
- Meaning of test results	
4. Counsel on discordance and partner testing	
- One partner can be living with HIV while the other is HIV-negative	
- Encourage partner testing and couples counseling	
5. Counsel on HIV prevention and HIV/STI risk reduction	
- High risk of MTCT if she becomes HIV-infected during pregnancy or breastfeeding	
- Practice safer sex (e.g., mutual faithfulness, always using condoms, abstinence)	
- Condoms, challenges to using condoms	
- STI screening, prevention, signs, and treatment	
6. Counsel on PMTCT and having a safe pregnancy	
- Ways to reduce MTCT, including ARVs for mom and baby	
- HIV testing and early treatment for herself, the baby, partner, and family members	
- Attend all antenatal care appointments	
- Deliver baby at a health facility	
- Exclusive breastfeeding (or exclusive formula feeding) for 6 months or as long as possible up to 6 months. Then introducing complementary foods at 6 months.	
- Bring the baby back to the clinic for appointments (immunization, weighing, checkups)	
- Family planning to prevent or space future pregnancies	
7. Offer the client an HIV test	
- If she gives consent (written or verbal, depending on your guidelines), perform HIV test	
- If she refuses, encourage her to think about why and to come back if she has more questions or changes her mind; set up a return visit date	
8. Provide referrals for ongoing counseling or other support, as needed	
9. Ask if she has any questions or concerns	
10. Summarize the session and next steps	

Post-HIV Test Counseling Checklist for HIV-NEGATIVE Pregnant Women

Client's Name: _____ Client's File#: _____

TOPIC	TICK
1. Provide test results and give client time to react, give emotional support	
2. Explain window period and encourage retesting	
- Retesting in 6 weeks if there was possible exposure to HIV in past 6 weeks	
- Encourage repeat testing after 34-36 weeks gestation or during labor and delivery	
3. Counsel on disclosure, discordance, and partner testing	
- Who will she share the results with?	
- Her test does not tell us if her partner has HIV	
- Encourage partner testing and couples counseling	
4. Counsel on HIV prevention and HIV/STI risk reduction	
- High risk of MTCT if she becomes HIV-infected during pregnancy or breastfeeding	
- Practice safer sex (e.g., mutual faithfulness, always using condoms, abstinence)	
- Condoms, challenges to using condoms	
- STI screening, prevention, signs, and treatment	
5. Counsel on plans to keep herself and family healthy	
- Attend all antenatal care appointments	
- Deliver baby at a health facility	
- Exclusive breastfeeding for 6 months or as long as possible up to 6 months	
- Bring the baby back to the clinic for appointments (immunization, weighing, checkups)	
- Family planning	
6. Provide appropriate referrals and take-home information, if needed	
7. Ask if she has any questions or concerns	
8. Summarize the session and next steps, including the next clinic appointment date	

Notes:

Date of next counseling session/clinic appointment: _____

Counselor's signature: _____ Date: _____

Post-HIV Test Counseling Checklist for HIV-POSITIVE Pregnant Women

Client's Name: _____ Client's File#: _____

TOPIC	TICK
1. Provide test results and give client time to react, give emotional support	
2. Discuss any concerns the woman has about her own and her baby's health	
3. Discuss PMTCT basics	
- Not all babies will become HIV-infected	
- Can lower the chances that baby will be HIV-infected by getting care at the clinic, taking ARVs, and safely feeding the baby	
4. Counsel on staying healthy and PMTCT during the pregnancy	
- Come back to the clinic for all appointments during pregnancy and after delivery	
- Importance of emotional support from family and friends	
- CD4 testing and meaning of results	
- ARVs or ART and importance of starting early and adherence	
- Disclosure - who will she share the results with?	
- Partner testing, testing other children	
- Safer sex (e.g., mutual faithfulness, always using condoms, abstinence)	
- Preventing and early treatment of opportunistic infections	
- Nutrition and hygiene	
5. Counsel on safe delivery	
- Plan to deliver at a health facility	
- Tell the health worker your HIV-status and medicines you are taking	
- ARVs for mom and baby during labor and delivery	
6. Counsel on infant feeding and help her choose an appropriate feeding method	
- Exclusive breastfeeding for 6 months, or as long as possible up to 6 months	
- Exclusive formula feeding for 6 months	
- Dangers of mixed feeding in the first 6 months	
- Avoiding early weaning	
- Add complementary foods at 6 months, continue breastfeeding	
7. Counsel on plans for her own and baby's care	
- Mom needs lifelong HIV care	
- Importance of getting support from someone she trusts	
- Family planning and safe childbearing in the future	
- Bring the baby back to the clinic for appointments (immunization, weighing, checkups)	
- ARVs and CTX for baby	
- Early infant diagnosis at 6 weeks	
- Care and treatment if the baby is HIV-infected	
8. Provide appropriate referrals and take-home information	
9. Ask if she has any questions or concerns she wants to discuss now	
10. Summarize the session and next steps, including the next clinic appointment	

Notes:

Date of next counseling session/clinic appointment: _____

Counselor's signature: _____ **Date:** _____