

Georgia Department of Public Health Office of HIV/AIDS	SOP Name: Ryan White Part A, B, C, D Coordination of Prenatal Care	
	Revised Date: 6/21/2018	
Standard Operating Procedure (HIV Perinatal Program)	Implementation Date 2018	
	Effective Original Date: 2017	Total Pages: 3
Approval Date: 2017	Date Reviewed: 2018	Approved By: Program Leadership

Standard Operating Procedure

1. Purpose: To strengthen collaboration between all Ryan White Part A, B, C, and D Case Managers, Ryan White Medical Providers, and the referred OB-GYN office(s) (including designated staff) to improve continuity of care for HIV positive pregnant women and increase seamless communication between prenatal and HIV Care providers.

2. Scope: The identified population is limited to Perinatal HIV/OB-GYN women receiving services.

3. Prerequisites: Electronic Medical Record and/or paper charts, telephone, call conference phone line, notepad, etc.

4. Responsibilities: All Ryan White Part A, B, C, and D case managers' responsibilities will be to conduct monthly phone consultations with OB-GYN office to collect information on the patient's prenatal care. All case managers are expected to document consultation notes into their prospective electronic medical record or client paper chart. Case managers are responsible for collecting/updating the following information during the call:

***** The following information should be collected from the OB-GYN office for all pregnant clients referred from Ryan White Clinics. *****

A. Scheduled prenatal appointment

- Attended prenatal appointment
- Missed prenatal appointment and provide a list of reason(s) for missed appointment
- Rescheduled prenatal appointment

B. Estimated date of delivery

C. Discussion on referral for Infectious Disease Pediatrician for infant after delivery

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D. Plan of delivery and reason why?

- Vaginal
- C-section

E. Treatment recommendations (Medication(s) and dosages)

- ARVs
- AZT for mother at delivery
- Newborn prophylaxis

F. Nutritional Recommendations

- Discussion of plan relating to formula feeding.
- Discussion of avoidance of pre-mastication of food for baby.

* Each month all case managers are to submit the **HIV Form 582 Perinatal Care Monthly Report to the State Office HIV Perinatal Coordinator.***

5. Procedure:

Who: Each month all Ryan White Part A, B, C, and D case managers will call OB-GYN office to discuss prenatal care services regarding their pregnant clients.

All case managers will designate a specific day and time each month with the OB-GYN office to conduct the phone consultation.

What: Phone consultation and Quality Improvement.

When: Monthly

Where: Via phone consultation

Why: To improve communication amongst all case managers, medical providers, OB-GYN, Pharmacy, Hospital, Nutritionist, Social Workers, etc.

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6. Follow up for baby: Highly encourage the Ryan White clinic to follow up with mother and the pediatrician concerning appropriate follow up, testing, and prophylaxis of baby to prevent seroconversion of HIV.

7. Acronyms:

Case manager-CM

Obstetrics and Gynecology- OB-GYN

Follow up- F/U

Electronic medical record-EMR

Cesarean Section- C- section

Zidovudine- AZT

Human Immunodeficiency Virus- HIV

Antiretroviral- ARV

7. Definitions:

Newly enrolled client: Client with initial referral to the OB-GYN for prenatal care and appointment has not yet been attended.

Currently enrolled client: Client has attended one or more prenatal care scheduled appointments.