



FIMR/HIV Prevention Methodology General Principles

The objective of the FIMR/HIV Prevention Methodology is to review, identify, address, and reduce missed opportunities for prevention of mother-to-child HIV transmission. To this end, it is important to design protocols that will identify cases from a broad array of settings within a community and prioritize the review of cases that are more likely to elicit opportunities for improvement of systems.

Guidelines for Identifying and Prioritizing Cases

Identify cases as soon as possible and as close to delivery as possible. Strong relationships with the following are recommended to facilitate case finding from a broad source:

- Hospitals and prenatal care providers to report newly-identified HIV-infected pregnant women
- AIDS Drug Assistance Programs/HIV care providers, especially those known as experts caring for HIV-infected women or HIV-exposed/infected children
- HIV/AIDS Reporting System, if available in your community
- Community-based counseling and testing providers
- Community-based and public prenatal care clinics

Using the cases identified, prioritize case reviews based on the priority assessment

- This form is designed to help identify cases likely to have missed opportunities
- Non-priority cases can be included for review if too few cases identified as priority

Guidelines for Collecting Data and Information

The data collection forms include the following:

1. Interview of the mother and/or infant caregiver, which includes information from preconception through 6 months postpartum. It is suggested that an initial contact with the mother be made on labor and delivery to obtain consent for participation, to collect as much of the interview data as possible, and/or to arrange for a future meeting, home visit or follow-up telephone interview. The interview information can be collected in more than one contact with the mother if necessary.
2. Medical record abstractions
 - a. Prior-to-Pregnancy HIV Care
 - b. Pregnancy-Related Care
 - c. Post-Pregnancy Care
 - d. Delivery and Newborn Hospitalization
 - e. Pediatric Outpatient and Hospitalization Records (0-6 months)
 - f. Data may be obtained from the following optional sources if records are unavailable, or significant information is absent:
 - i. Birth certificate
 - ii. HIV/AIDS Reporting System

Guidelines for Data Use

Confidentiality: Measures should be put in place to assure confidentiality of the information collected and all data collection tools should use a code number and have all identifying information about the woman and her infant removed.

Data entry and storage: Data will be collected initially on paper forms. A centralized database will be developed to share de-identified information with the core team as well as to generate local reports for case reviews and to follow-up on community actions.

Guidelines for Case Review Teams (CRT)

Members of the Case Review Team (CRT) should represent a broad range of professional organizations, institutions, and public and private agencies (health, welfare, education and advocacy) that provide services and resources for women, infants, and families.

As the CRT examines each case, the team should ask the following questions in the context of maximizing opportunities to prevent perinatal HIV transmission:

- Did the pregnant woman with HIV infection and her newborn receive the services or community resources they needed?
- Were the systems and services culturally and linguistically appropriate?
- Are there gaps in the system?
- Are there specific missed opportunities for HIV prevention, treatment or follow-up?
- What can this case tell us about how families are able to access the existing local services resources?

The CRT will identify barriers to care, gaps in services and negative or detrimental trends in service delivery systems. The CRT will develop recommendations for actions to improve policies, procedures and practices that affect women, infants and families to the Community Action Team (CAT).

Guidelines for Community Action Teams (CAT)

The most effective Community Action Teams are composed of two types of members: those with the political will and resources to create large-scale systems change, and members who have an accurate community perspective on how best to create the desired change in the community.

The CAT's role is to initiate systems change based on the CRT findings and recommendations.