
Summary of Case Review Team Deliberations

Case Number: _____

Date of Case Review: ___/___/___

Introductory Information

Goal: The overall goal of reviewing individual perinatal HIV exposure cases is to enhance the health and well-being of women, infants and families in your community by improving the resources and services systems that provide perinatal health services and HIV prevention and treatment services to them.

Purpose: Members of the case review team (CRT) are a distinctive part of the FIMR/HIV process. They should represent a broad range of professional organizations, public and private agencies (health, welfare, education) that are currently providing perinatal and HIV services and resources for women, infants, and families, as well as community advocacy groups. As the CRT examines each case, the team should ask the following questions:

- Did the family receive the perinatal and HIV services or resources that they needed?
- Were the systems and services culturally and linguistically appropriate?
- Do the perinatal and HIV prevention and treatment services link on behalf of the perinatal patients?
- What can this case tell us about how families are able to access the existing local perinatal and HIV services and resources?
- Are there gaps in the perinatal and HIV prevention and treatment service systems?

The CRT must identify barriers to perinatal and HIV care, gaps in services and negative or detrimental trends in service delivery systems. The CRT must develop recommendations for actions to improve perinatal and HIV policies, procedures and practices that affect women, infants and families. The CRT should formally present their recommendations to the community action team (CAT).

Aggregate CRT Findings and Recommendations: Usually quarterly and on an annual basis, the CRT examines the aggregate case review findings and reviews the priority barriers to care, gaps in services, and negative trends in service delivery systems. At the end of the year, the CRT will

develop recommendations for actions to improve services, resources, and policies that affect women, infants, and families. These recommendations are subsequently presented to the community action team (CAT).

1) In retrospect, would the case review team recommend improved linkages, alterations or enhancement of the health and human services provided to this particular family? Check below where recommendations for change/community action are necessary.

	PRECONCEPTION	PRENATAL	LABOR AND DELIVERY	NEWBORN	INFANT	HIV CARE
No , this family received a full array of health and human services appropriate to their needs.						
Yes , minor additions to the services provided would have been useful to this family.						
Yes , major additions to the services provided would have been essential for this family.						
Yes , but this family needed important services not currently available in our community.						

Comments:

2) Estimate the percentage of relevant information available for review of case:

- 0 – 25% Minimal information available
- 26 – 50% Major gaps in information available
- 51 – 75% Minor gaps in information available
- 76 – 100% Substantially complete information available (including maternal interview)

Issues Associated With This Case

P=List all issues **present** in this perinatal HIV exposure case. (*circle all that apply*)

C=Select any issues that you feel may warrant a recommendation for systems **change**. (*circle all that apply*)

1. Culture

P C Language barriers

P C Cultural beliefs re: pregnancy/health

P C Concern re: citizen status

P C Other:

Unknown None

2. Current HIV Status of Infant

AIDS

Confirmed HIV infected

HIV Negative

Indeterminate as of __/__/__

3. Family Planning

P C Intended Pregnancy

P C Unintended Pregnancy

P C Unwanted Pregnancy

P C No Birth Control

P C Failed Contraceptive

P C Lack of Knowledge: Methods

P C Lack of Resources

P C Did not return for post-partum care

P C Other:

Unknown None

4. Family Violence/Neglect

P C History of Abuse (mom)

P C Current Abuse (mom)

Physical

Emotional

Sexual

P C Hx Child Abuse

This Infant

Other Child

P C Hx Child Neglect

This Infant

Other Child

P C Other:

Unknown None

5. Gaps in Care

P C Lack of visits from social worker or case manager

P C Critical gap in care identified, specify

P C Missed appointments

P C Ryan White services available but mother did not receive services

P C Other:

Unknown None

6. HIV Testing

- P C No FIRST TRIMESTER testing documented during pregnancy
- P C No THIRD TRIMESTER testing documented during pregnancy
- P C Negative first trimester test and positive third trimester test
- P C No testing documented during labor and delivery or hospitalization
- P C No testing documented during the post-partum period

7. Homeless/Transient

- P C Frequent moves
- P C Living in public shelter
- P C Living on the streets/homeless
- P C Other: _____

 Unknown None

8. Infant Developmental Health

- P C Caretaker other than biological mother
- P C Failure to thrive
- P C Developmental delay- _____

9. Infant Feeding Practices

- P C Lack of education regarding infant feeding practices
- P C Health care provider encouraged BF
- P C Breastfed infant due to no access to formula
- P C Breastfed and formula fed infant (mixed feeding)
- P C Breastfed infant due to cultural expectations
- P C Desire to BF even after receiving information on risk
- P C Breastfed because HIV infection was undiagnosed

10. Medical: Fetal/Infant

- P C LBW (<2500 grams)

- P C VLBW (<1500 grams)
- P C ELBW (<750 grams)
- P C Prematurity
- P C Failure to Thrive
- P C Birth Injury
- P C Feeding Problem
- P C Respiratory Distress Syndrome
- P C Developmental Delay
- P C Inappropriate Level of Care
- P C Other: _____

Unknown None

11. Medical: Mother

- P C Pregnancy >35 yrs
- P C Presence of HIV opportunistic infection
- P C Cord Problem
- P C Placental Abruption
- P C Placenta Previa
- P C Chorioamnionitis
- P C Pre-existing Diabetes
- P C Gestational Diabetes
- P C Incompetent Cervix
- P C Infection: BV
- P C STI - _____
- P C Other Source of Infection: _____

- P C Multiple Gestation # _____
- P C Underweight
- P C Overweight
- P C Obese
- P C Insufficient Weight Gain
- P C Poor Nutrition
- P C Pre-existing Hypertension
- P C Pregnancy Induced Hypertension
 Pre-eclampsia
 Eclampsia
- P C Preterm Labor
- P C Pregnancy <1 yr Apart
- P C PROM
- P C PPRM
- P C Prolonged Rupture of Membrane

- P C Previous VIP
 - P C Previous SAB
 - P C Oligohydramnios
 - P C Polyhydramnios
 - P C Previous Fetal Loss
 - P C Previous Infant Loss
 - P C Previous LBW Delivery
 - P C Previous Preterm Delivery
 - P C First Pregnancy <18 yrs old
 - P C >4 Live Births
 - P C Other:
-
-
-
- Unknown None

- 12. Mental Health/Stress**
- P C Divorce/Separation
 - P C Drug/alcohol dependency
 - P C Joblessness, involuntary
 - P C Parent in prison/parole or probation
 - P C Single
 - P C Teen Pregnancy
 - P C Victim of domestic violence
 - P C Maternal history of mental illness
 - P C Mental illness during pregnancy
 - P C Multiple stresses during pregnancy
 - P C Possible dual diagnosis
 - P C Other:
-
-
-
- Unknown None

- 13. Need for Education**
- P C No preconception counseling before mother became pregnant
 - P C OB providers need additional education regarding clinical management of HIV+ patients
 - P C Lack of education about infant's medication and dosage
 - P C Critical information not provided, specify
-

- P C Other:
-
-
-
- Unknown None

- 14. Need for Referrals**
- P C Critical referral not made, specify:
-
- P C Other:
-
-
-
- Unknown None

- 15. Payment for Care/Services**
- P C No insurance/not Medicaid eligible
 - P C Ryan White care provider
 - P C Medicaid eligibility unclear
 - P C Other:
-
-
-
- Unknown None

- 16. Poverty**
- P C Present
 - P C Other:
-
-
-
- Unknown None

17. Problems with HIV Care

- P C Unavailable in area
- P C Not eligible for assistance
- P C No HIV care prior to pregnancy
- P C Prophylaxis incomplete
- P C Inadequate ARV antepartum
- P C Inadequate ARV intrapartum
- P C Inadequate ARV postpartum
- P C Lack of communication between OB and HIV providers
- P C C/S indicated, but not performed
 - Unknown None

18. Problems with Prenatal Care

- P C No prenatal care
- P C Late entry
- P C Missed appointments
- P C Multiple providers/sites
- P C Other: _____
- _____
- _____
- Unknown None

19. Problems with Pediatric Care

- P C No pediatric care
- P C Missed appointments
- P C Multiple providers/sites
- P C Inadequate diagnostic testing
- P C No PCP prophylaxis prescribed
- P C Inadequate ARV prophylaxis/treatment
- P C Other: _____
- _____
- _____
- Unknown None

20. Problems with Postpartum Care

- P C No postpartum care
- P C Lack of health education at postpartum visit
- P C Other: _____
- _____

21. Provision/Design of Services

- P C Unavailable in area
- P C Mother/child non eligible
- P C Lack of communication among providers/services
- P C Fear of/dissatisfaction with system(s)
- P C Other: _____
- _____
- _____
- Unknown None

22. Screening for Problems

- P C Critical problem ignored because screening not done, specify: _____
- P C Other: _____
- _____
- _____
- Unknown None

23. Social Support

- P C Lack of Partner/FOB Support
- P C Single Parent
- P C Living Alone
- P C <12th Grade Education
- P C Special Education/Disability
- P C Other: _____
- _____
- _____
- Unknown None

23. Substance Abuse

P C Tobacco

P C Alcohol

P C Illicit drugs

P C Prescription drugs

P C Other:

Unknown None

24. Transportation

P C Inadequate

P C Other:

Unknown None

25. Other

P C Other: _____

P C Other: _____

P C Other: _____

P C Other: _____

P C Other: _____

P C Other: _____

P C Other: _____

3) As the team works towards developing perinatal and HIV prevention and treatment service delivery systems and community resources more responsive to women, infant and family needs, what recommendations for action does this case suggest?

SIGNIFICANT GAPS IN CARE/NEED FOR ACTION	CRT RECOMMENDATION FOR ACTION	HAVE THE GAPS OR NEED FOR ACTION SUGGESTED IN THIS CASE ALSO BEEN SEEN IN OTHERS? DO YOU SEE A TREND?
Prior-to-Pregnancy Care		
Pregnancy-Related Care		
Delivery Care		
Post-Pregnancy Care		
Newborn Hospitalization		
Pediatric Care (0-6 months)		

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