
[Redacted]

or (please
complete part 9)

Yes No, reason.....

Please provide the test results available closest to delivery (i.e. viral load on day of delivery or within 30 days prior to or 7 days post delivery)

_____ copies/ml Date: ___/___/___ _____ (____%) Date: ___/___/___

Yes No Not known

If yes, please provide any relevant details including viral load blips (and dates) and any changes in pregnancy management.....

No Yes Not known

Planning to formula feed only Planning to breastfeed

No Yes Not known

___/___/___

No Yes Not known

.....

No, details:

Yes, details of support and management arranged:

Not known (_____)

Bonding Health benefits for baby/mother Financial
Breastfed previously (before diagnosis) Breastfed previously (after diagnosis)
Family/friends expectations/pressure concerns Concerns about disclosure of HIV status Not known
Other, details:

: At birth Other date: ___/___/___

: day(s) OR week(s) OR month(s)

