



Module 6 HIV Testing and Counselling for PMTCT

SESSION 1	Overview of HIV Testing and Counselling of Pregnant Women
SESSION 2	HIV Testing
SESSION 3	Pre-Test Information and Counselling
SESSION 4	Post-Test Information and Counselling

After completing the module, the participant will be able to:

- Discuss the integration of HIV testing and counselling into antenatal care (ANC) settings.
- Discuss the healthcare worker's role in maintaining confidentiality.
- Provide information to pregnant women about HIV testing.
- Explain the meaning of positive and negative HIV test results.
- Identify the needs of women who are newly diagnosed with HIV.

This module is designed to provide the healthcare worker with the basic knowledge and introductory skills for testing and counselling in ANC settings. Additional HIV testing and counselling training should be considered when possible.

Relevant Policies for Inclusion in National Curriculum

Session 1

- National HIV testing policy
- National confidentiality policy
- National policy on opt-in vs. opt-out, informed consent & disclosure recommendations (if not included in above)

Session 2

- Algorithm for HIV testing (eg, rapid test and/or ELISA)
- Policy on diagnostic testing of the infant exposed to HIV, including HIV antibody or viral testing
- Algorithm(s) for diagnosing HIV infection in an infant born to a mother with HIV

Session 3

- National pre-test information and counselling policies or guidance

Session 4

- National post-test counselling policies or guidance for both women who test HIV-positive and women who test HIV-negative



The *Pocket Guide* contains a summary of each session in this module.

SESSION 1 Overview of HIV Testing and Counselling of Pregnant Women

HIV testing and counselling services

Specific PMTCT interventions depend on whether a woman knows her HIV status. Therefore, HIV testing and counselling services:

- Play a vital role in identifying women who are HIV-positive
- Provide an entry point to comprehensive HIV/AIDS treatment, care, and support
- Help patients identify and take steps to reduce behaviours that increase the risk of HIV infection or transmission
- Need to be available to all women of childbearing age, especially those who are pregnant
- Need to be available to male partners, where possible

HIV testing is a process that determines whether a person is infected with HIV.

HIV counselling is the confidential dialogue between individuals and their healthcare workers to help patients examine their risk of acquiring or transmitting HIV infection.

In this training module, the term *counselling* refers to discussions between healthcare workers and patients/patients specific to HIV testing. *Counsellors* may be healthcare workers such as doctors, nurses, midwives, educators, trained lay people or volunteers (see Appendix 6-A).

Together, testing and counselling may enhance a person's understanding of HIV/AIDS and help the person make informed choices for the future.

Testing and counselling for PMTCT

In the context of MTCT prevention, testing and counselling is a flexible intervention that is integrated into several settings where pregnant women and women of childbearing age receive services—antenatal, labour and delivery, postnatal, family planning, and others. Increasingly these programs are providing pre-test information and post-test counselling.

All pregnant women presenting to ANC should receive information on the following:

- Safer sex practices
- Prevention and treatment of sexually transmitted infections (STIs)
- Prevention of HIV in infants and young children including interventions for PMTCT
- HIV testing, post-test counselling, and follow-up services

Advantages of testing and counselling for PMTCT

Testing and counselling pregnant women who are HIV-negative about HIV infection helps them remain uninfected.

For pregnant women who are HIV-positive and know their status, counselling may help them:

- Make informed decisions about their pregnancy.
- Receive appropriate and timely interventions to reduce MTCT including:
 - Antiretroviral treatment/prophylaxis
 - Infant-feeding counselling and support
 - Information and counselling on family planning
- Receive education on the importance of delivering in a setting where universal precautions and safer obstetric practices are implemented.
- Secure early access to HIV treatment, care and support services.
- Receive information and counselling on the prevention of HIV transmission to others.
- Receive follow-up and ongoing health care for themselves and their HIV-exposed infants.
- Disclose their results to partners and family members.

Disadvantages of testing and counselling for PMTCT

There may be disadvantages associated with testing and counselling programmes:

- Women may experience diagnosis-related stigmatisation or discrimination. Although many women worry about negative reactions, most receive understanding and support from partners as well as other family members.

Guiding Principles for Testing and Counselling for PMTCT

Confidentiality

Maintaining confidentiality is an important responsibility of all healthcare workers and is essential to establishing patient trust. Information that is shared between healthcare workers and patients must be kept private. It is essential that a private venue/room be used for all discussions of HIV-related matters, particularly HIV diagnosis. Patients should be informed that personal and medical information, including HIV test results, may be disclosed to other healthcare providers to ensure that they receive appropriate medical care.

Healthcare workers should emphasise, however, that only those healthcare workers who are directly involved in the patient's care will have access to the patient's records—and only on a “need-to-know” basis.

All medical records and registers, whether or not they include HIV-related information, should be kept confidential and stored in a safe, secure place.

Informed consent

Informed consent is another guiding principle of testing and counselling; it is the process during which each patient receives clear and accurate information about HIV testing to ensure that the patient understands she has the right and the opportunity to decline testing.

In the context of PMTCT, written informed consent is not required but it is the responsibility of the program staff to make certain that the following elements of informed consent are addressed:

- Ensuring an understanding of the purpose and benefits of services
- Ensuring an understanding of the testing and counselling process
- Respecting the patient's testing decision

Post-test support and services

The result of HIV testing should always be offered in person. Along with the result, appropriate post-test information, counselling or referral should also be offered.

Exercise 6.1: Confidentiality role play	
Purpose	To review and apply the principles of confidentiality.
Duration	20 minutes
Instructions	<ul style="list-style-type: none">▪ Two participants will be asked to volunteer to take part in a role play and will be asked to sit on chairs in front of the room facing each other.▪ One participant will play the role of the healthcare worker and the other will be the patient (Mary).▪ Read the scripts provided by the trainer and role play according to the situations described in the scripts.▪ After the role play, all participants will be asked to respond to the following questions:<ul style="list-style-type: none">▪ Is the space appropriate for this interaction?▪ How do you think Mary felt about this arrangement?▪ How would you improve this?▪ Who else at the clinic is permitted access to Mary's records?▪ How do you explain this to Mary?▪ Comment on the greatest challenges to preserving confidentiality in your clinical setting.

“Opt-in” and “Opt-out” approaches to HIV testing in PMTCT settings

There are two approaches to HIV testing in the PMTCT/ANC settings. Each provides easily understood information to the patient about HIV and the risks and benefits of testing. The approaches differ in how patients agree to test for HIV. The differences are summarised as follows:

- **Opt-in** After the patient has received information about HIV and testing, she is given the choice of refusing or consenting to an HIV test. This option is presented in a neutral, supportive manner. Women who “opt in” explicitly request to be tested, and their informed consent—written or oral—is clearly established. The opt-in approach requires an active step by the individual woman to agree to be tested.
- **Opt-out** HIV testing, in combination with information on HIV, is offered as a routine part of a standard package of care. The woman is given the opportunity to decline the test should she choose to do so. The opt-out approach emphasises that HIV testing is an expected part of ANC. However, testing is still voluntary under the opt-out approach: the woman has a right to refuse testing. The provider should identify the problem and solve issues that are preventing a woman from accepting testing.

Preferred ANC testing strategy: Opt-out

The opt-out strategy is recommended for HIV testing and counselling in the ANC setting.

- Opt-out testing helps normalise HIV testing and makes the test a routine ANC component.
- It is likely to increase the number of women who are tested for HIV.
- The choice of testing strategies should be made at a national, regional, district, or local level.
- PMTCT programme staff must adhere to the guiding principles of testing and counselling (informed consent, confidentiality, and the provision of post-test services).

SESSION 2 HIV Testing

Overview of HIV testing

HIV testing detects antibodies or antigens associated with HIV in whole blood, saliva, or urine. Blood sampling is the most common mode of testing. The results of different tests can be combined to confirm HIV test results. When properly administered, HIV tests offer a high degree of accuracy. However, those who administer or handle the HIV testing process must be trained so that the accuracy of testing is preserved.

Several factors influence the selection of the type of HIV test by individual facilities and national policymakers:

- National or local testing policy
- Availability and expertise of laboratory or other trained personnel
- Availability of supplies and laboratory support
- Evaluation of specific tests in the country
- Cost of test kits and supplies

All testing follows the same basic steps:

1. Sample is obtained. Most often, a blood sample is taken from a person's fingertip or arm.
2. Sample is processed. This can be done on site—for example, at the ANC clinic or in labour and delivery for rapid tests—or in a laboratory.
3. Healthcare worker obtains results.
4. Healthcare worker provides results to the patient during post-test counselling.
 - In an adult, a positive HIV antibody test result means that the person is infected with HIV.
 - A negative result usually means that the person is not infected with HIV. In rare instances, a person with a negative or inconclusive result may be in the “window period.” This is the period of time between the onset of infection with HIV and the appearance of detectable antibodies to the virus. The window period lasts for 4 to 6 weeks but occasionally up to 3 months after HIV exposure. Persons at high risk who initially test negative should be retested 3 months after exposure to confirm results.
5. Healthcare worker provides post-test counselling, support, and referral.

Antibody tests

When HIV enters the body, the body responds by making a protein called an antibody that can be detected by one of several methods:

- Rapid HIV test
- Enzyme-linked immunosorbent assay (ELISA)
- Western blot test

Rapid HIV tests and ELISA are the most commonly used HIV tests in the ANC setting.

Rapid testing

All rapid tests share the following characteristics:

- Highly accurate when performed correctly
- Usually performed on whole blood (either taken as a finger prick or drawn as a sample); occasionally saliva is collected by using a swab
- Do not require special laboratory equipment or refrigeration
- Results are ready within 30 minutes
- Tests can be done on a single specimen
- Clinic staff can be trained to perform the tests

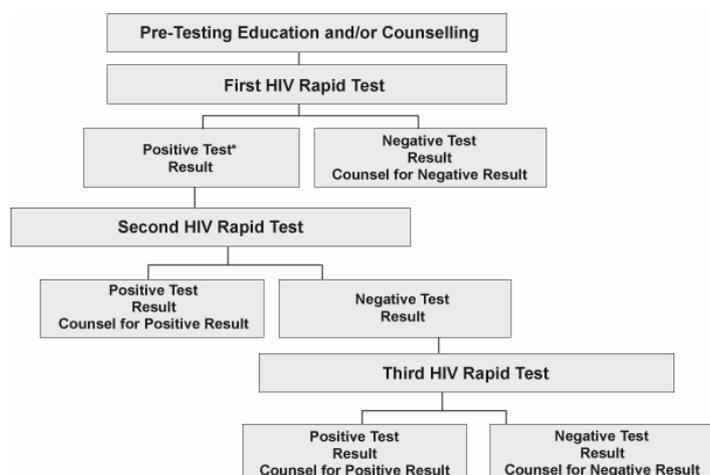
Benefits of rapid testing include:

- Blood samples can be analysed in the clinic.
- Same-day results are more convenient for the patient.
- Providers can avoid missed opportunities when there is no follow-up care.
- Pregnant women who are HIV-positive can be informed immediately about MTCT interventions and possible treatment options.
- Providers do not need to track down test results from an outside laboratory.
- There is less risk of specimen mix-up or misplacement.

A positive rapid test result is confirmed either by a different rapid test or by another laboratory test. If the results of the two tests differ, a third test is generally done in a laboratory. See *Figure 6.1 for a sample algorithm*. It is recommended that healthcare workers follow their programme's approved testing protocols.

Although most rapid tests can detect HIV-1 and HIV-2, usually they do not differentiate between the two types of HIV. This is significant for PMTCT programs because nevirapine (NVP), which is used for ARV treatment and prophylaxis, is not as effective against HIV-2. In places where HIV-2 is common, different test procedures are needed to screen for HIV-1 and HIV-2 and to distinguish between them.

Figure 6.1 Rapid HIV testing algorithm (Serial testing)



* In the context of labour in a MTCT-prevention setting, it is advisable to give a single dose of nevirapine on the basis of a single positive rapid test. This should then be confirmed after delivery.

ELISA

ELISA is also used to identify antibodies to HIV in blood, urine, or saliva. Generally, a blood sample is taken with a needle from a vein in the arm, and sent to a laboratory for testing by technicians.

The limitations of ELISA include the following:

- Tests are done in batches of 40–90 specimens.
- Positive results must be confirmed either with another ELISA (using a test kit from a different manufacturer) or by Western blot. The Western blot is a highly “specific” antibody test because it is particularly accurate in providing a negative test result on samples from people who are truly negative. Both confirmatory tests can be done on the initial blood sample.
- Reporting of results may take several days or weeks, and women may not return for test results or may give birth before the results are ready.
- Laboratories and trained laboratory technicians are required.
- The test is sensitive to temperature, and reagents require refrigeration.

Viral tests or assays

Virologic testing or assays directly detect the presence of HIV in blood specimens as opposed to the antibody test, which detects the presence of antibody as an indirect measure of the presence of virus. Viral assays/tests must be done by trained personnel in the laboratory.

There are two main types of tests:

- p24 antigen tests measure one of the proteins found in HIV (antigen).
- PCR (polymerase chain reaction) tests detect viral DNA or RNA:
 - DNA PCR detects the presence of the virus in the blood and is used for diagnosis of the infant less than 18 months.
 - RNA PCR detects and measures the amount of virus in blood (viral load).

Exercise 6.2: Rapid testing demonstration	
Purpose	To review the steps involved in rapid testing.
Duration	25 minutes
Instructions	<ul style="list-style-type: none"> ▪ Identify the 2 or 3 types of HIV antibody tests available. ▪ One volunteer will be asked to sit facing the facilitator; the participant volunteer will not actually be tested but will participate in the role play of a testing session. ▪ Observe the interaction between the healthcare worker and the patient including the use of “opt-in” or “opt-out” approaches. ▪ Observe the steps of rapid testing: <ol style="list-style-type: none"> 1) Assemble all materials – test kit, wipes, adhesive bandages/plasters, etc. 2) Confirm that participant has received information on testing. 3) Confirm participant’s choice to be tested. 4) Determine if participant has any further questions. 5) Review steps in testing process. 6) Allow participant to select testing site (finger for pin-prick or arm for blood draw). 7) Simulate (do not perform) sampling technique as indicated. 8) Simulate (do not perform) next steps in test completion. 9) Assure participant that he/she will be notified of results in a timely and confidential manner. 10) Take opportunity to remind participant that the partner may come in for testing as well. 11) Process rapid test or send for processing as protocol allows.

Diagnostic testing of infant and young children exposed to HIV

Because ARV prophylaxis reduces but does not eliminate MTCT, programme staff should identify or develop services that provide follow-up care and HIV diagnostic services for infants and young children of mothers infected with HIV.

In resource-constrained settings, where virological testing may not be available, follow the sample antibody testing algorithm for children 18 months and older in Figure 6.2.

If a child exposed to HIV develops signs or symptoms of HIV infection, early diagnosis and intervention is critical. This is discussed in detail in Module 7: Linkages to Treatment, Care, and Support for Mothers and Families with HIV Infection.

HIV antibody testing of infants and young children less than 18 months

Early diagnosis of infection in these infants is difficult, especially in resource-constrained settings, and is further complicated by breastfeeding. Since maternal antibodies cross the placenta, all infants born to mothers infected with HIV will test antibody positive, irrespective of their own infection status. Because maternal antibodies persist, antibody testing prior to 18 months cannot provide a reliable diagnosis of infant infection status, especially when the child is breastfeeding. In resource-constrained settings where breastfeeding is common, initial antibody testing is recommended at 18 months as shown in figure 6.2. In countries with increased capacity for multiple testing and where replacement feeding or early weaning is common, testing can be done at 9–18 months. However, healthcare workers should consider repeating the test at 18 months to confirm the status of the child. Appendix 6-B provides guidance on the post-test counselling session.

For children who are *not breastfeeding* or where breastfeeding cessation occurred at least 6 weeks previously:

- A negative HIV antibody test result for a child 18 months or older indicates that the child is not HIV-positive.
- A positive HIV antibody test at 18 months or older indicates the child is infected with HIV.

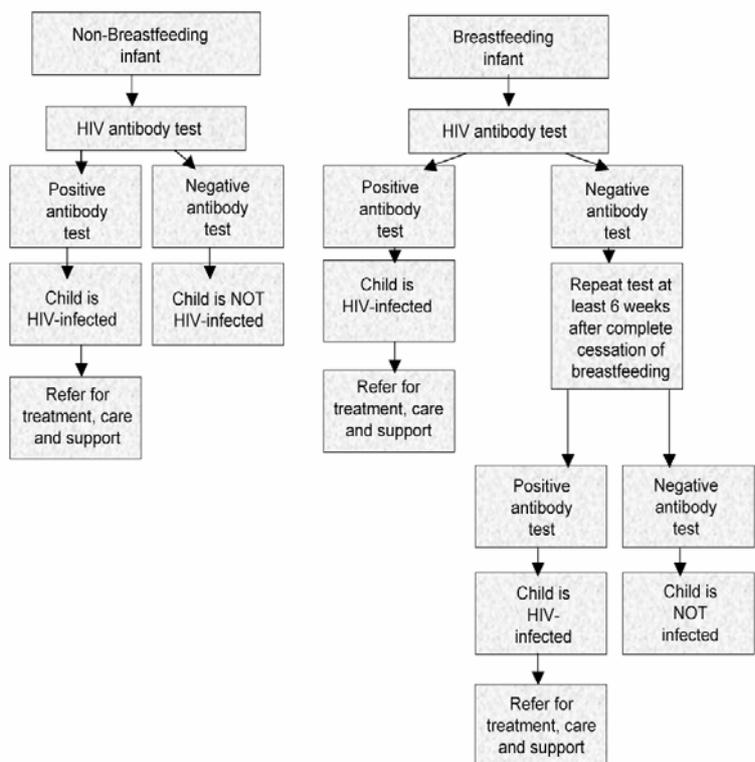
OR

- A negative HIV antibody test result for a child age 9–18 months indicates that the child is not infected with HIV.
- A positive HIV antibody test at 9-18 months of age indicates that the child may have antibodies from the mother and the test should be repeated at 18 months.

For children who *are breastfeeding*:

- If the test is negative at 18 months of age or older and the infant was breastfeeding in the last 6 weeks, the antibody test should be repeated 6 weeks after complete cessation of breastfeeding.
- A positive HIV antibody test result at 18 months indicates that the child is HIV-infected.

Figure 6.2 HIV diagnosis in children 18 months and older with antibody tests in resource-constrained settings



HIV viral assays in infants

Viral assays that detect HIV in the infant's blood, such as the DNA or RNA PCR test, may be used to diagnose HIV infection in infants at a younger age than antibody testing. Early diagnosis of HIV allows the provider to promptly initiate counselling about methods of infant feeding and facilitates early clinical care for the infant who is HIV-infected.

Programs need to develop practical and appropriate guidelines based on locally available diagnosis technologies and additional evidence as it becomes more readily available for early diagnosis. A viral assay can be performed from age 6 weeks to allow decisions related to ARV treatment and care. Where virological testing is available, the sample algorithm in Figure 6.3 may be used. When virological tests are rarely available and severe cost constraints exist, a viral test may be done, *regardless of breastfeeding*, if the child presents with symptoms of HIV at less than 18 months of age.

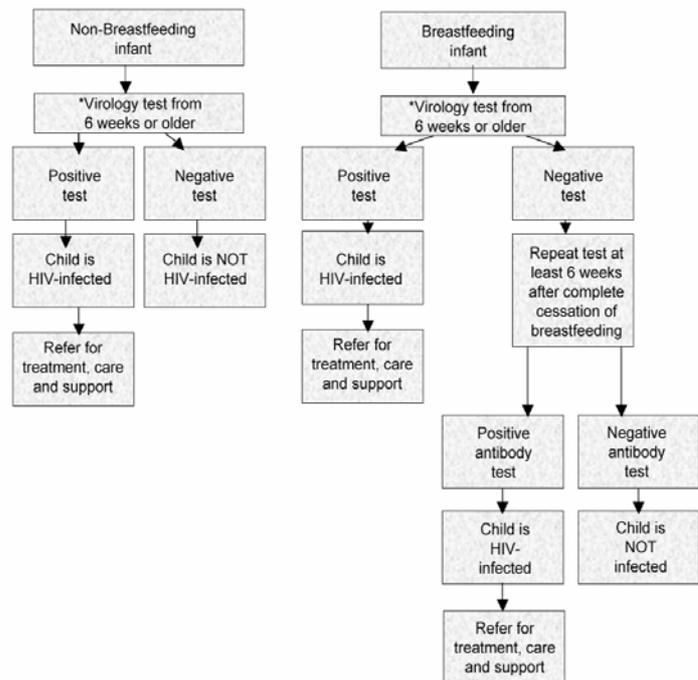
For children who are *not breastfeeding*, consider testing the infant from age 6 weeks.

- If a DNA PCR or RNA PCR test is positive, the child is HIV-infected.
- If a DNA PCR or RNA PCR test is negative, the child is not HIV-infected.

For children who *are breastfeeding*, consider testing the child from 6 weeks—6 months.

- If a DNA PCR or RNA PCR test is positive, the child is considered HIV-infected.
- If a DNA PCR or RNA PCR test is negative, repeat viral assay 6 weeks after complete cessation of breastfeeding.
- If a DNA PCR or RNA PCR test is negative 6 weeks after complete cessation of breastfeeding, the child is not HIV-infected.
- If a DNA PCR or RNA PCR test is positive 6 weeks after complete cessation of breastfeeding, the child is HIV-infected.

Figure 6.3 HIV diagnosis in infants and young children less than 18 months with viral assay in resource-constrained settings



* Recommended virological tests include HIV DNA PCR and HIV RNA PCR assays

SESSION 3 Pre-Test Information and Counselling

Pre-test information

The process of pre-test information and education begins with offering basic information about HIV/AIDS. Printed materials, videos, presentations, and role-playing exercises may be used to present content in a group setting. It is important to present the information again during the initial and subsequent ANC visits.

Providing pre-test information helps prepare women and their partners to understand the testing and counselling process. This process is not to be confused with individual pre-test counselling, which helps patients explore personal HIV risk behaviours and related issues and concerns.

A healthcare worker with basic training in HIV counselling typically provides pre-test information in group sessions. Healthcare workers and counsellors jointly work together to identify patients who need individual pre-test counselling and referral.

Individual pre-test counselling

Where possible, individual pre-test counselling may be incorporated into routine ANC visits. Where this is not practical, healthcare workers may refer patients for individual pre-test counselling or for clarification of information provided in group sessions. Counsellors should assess whether referral to individual pre-test counselling is necessary based on national or clinic guidelines. In some countries, individual counselling is recommended when a woman has concerns, questions, or uncertainties. A description of basic counselling is found in Appendix 6-C.

Components of the pre-test information and counselling sessions

- Basic HIV/AIDS information
- HIV transmission and prevention
- STIs and HIV
- MTCT and prevention
- HIV testing processes
- Benefits and risks of HIV testing
- Confidentiality
- Implications of positive and negative test results
- Identification of HIV support services
- Family planning
- Availability and benefits of testing and counselling services for couples

Group pre-test counselling

Key considerations for providing information to groups include:

- Adapting the scope and depth of information to the group's knowledge base
- Reinforcing behaviour change efforts, including safer sex practices
- Using teaching modalities, such as videos or role plays, to reinforce key concepts
- Having sufficient knowledge and skills to comfortably answer questions
- Recognising the option for individual counselling and referral

Each woman should receive all the information she needs to make an informed decision about being tested for HIV. Most experts suggest providers support and encourage women to be tested at the initial visit because many women begin ANC late in pregnancy or are seen only once before delivery. In some cultures, the decision to be tested may require support from family members and entail a return visit with family decision makers. Healthcare workers in ANC services can make an effort to welcome family decision-makers into the care setting and provide the same information and pre-test counselling that would be given to the woman individually.

When testing and counselling is part of ANC services, each woman must be reassured that declining an HIV test will not affect her access to ANC or related services. She should also be informed that if she changes her mind, an HIV test can be provided during a later visit.

Counselling couples

When possible, health care workers may encourage male partners to attend the ANC testing and counselling sessions.

Advantages of couples counselling

- Counselling male partners of pregnant women provides an opportunity to encourage men to practise safer sex by using condoms and by limiting the number of partners.
- During counselling, healthcare workers can emphasise the man's responsibility for protecting the health of his wife or partner and their family.
- Testing both partners together as a couple may reduce the likelihood that the woman will be “blamed” for bringing HIV infection into the family.
- Identifying discordant couples during counselling (one partner is HIV-negative and the other one is HIV-positive) will provide the opportunity to discuss safer sex practices.

Discordance in couples

Many couples are discordant. Yet a woman often believes that her HIV test results reflect her partner's status; she assumes that if she is negative then her partner is also negative, which is not always the case. If her partner is in fact HIV-positive and he infects the mother during pregnancy, the risk of transmitting HIV to the infant is very high.

Responsibilities of the healthcare worker when working with couples

Healthcare workers can encourage women to persuade their partners to participate in ANC services and seek testing for HIV, regardless of the woman's test result. Skill building, problem solving, and practising what the woman will say to her partner may help a woman disclose her results and refer her partner for testing. Alternatively, male partners can be referred to voluntary counselling and testing services (VCT). Specific information about agency hours, location, and services may be provided. If either the patient or her partner receives a positive HIV test result, refer the couple for treatment, care, and social support.

Considerations in counselling couples

- Establish a relationship with each partner.
- Assure them of confidentiality and support.
- Assess each person's understanding of HIV/AIDS.
- Avoid allowing one person to dominate the conversation.
- Explain the testing process.
- Discuss post-test counselling:
 - Ask whether they would prefer to receive the results separately or together. Most experts recommend receiving results together as a pre-condition for couples counselling.
 - Mention the possibility of discordant results (if one partner is infected while the other is not) and prepare them for this possibility.
- Provide information on available PMTCT interventions: ARV prophylaxis, infant-feeding practices.
- Confirm the benefits of knowing one's HIV status; discuss concerns or potential risks of such knowledge.
- Ask who else might be affected by test results.
- Confirm the couple's willingness to be tested.
- Be prepared to refer the couple for further counselling if indicated.

Exercise 6.3 Providing information: small group discussion	
Purpose	To review pre-test information and to practise providing information.
Duration	45 minutes
Instructions	<ul style="list-style-type: none">▪ You will be asked to participate in one of three groups; each group will be assigned a set of topics for discussion from one of three “Information sessions” in Appendix 6-D.▪ Select one participant to record the group’s discussion.▪ At the completion of the activity, one person in the group will present one of the topics to the larger group.▪ Using the questions and answers in Appendix 6-D as a guide, discuss how you might present or act out each one.▪ Participants will rotate as topic presenters until everyone has had a chance to present.

SESSION 4 Post-Test Information and Counselling

Post-test counselling

All HIV test results, whether positive or negative, must be given in person. Initial post-test counselling sessions are provided to each patient separately and privately, unless the post-test counselling is being provided to a couple.

The post-test counselling session for both the woman who is HIV-positive and the one who is HIV-negative has several goals:

- Provide the woman with her HIV test result.
- Help her understand the meaning of the result.
- Provide the appropriate PMTCT essential messages.
- Offer support, information, and referral.
- Encourage risk-reducing behaviour.
- Encourage disclosure and partner testing

When the woman is HIV-negative...

A negative result on an HIV antibody test means that a woman is not infected with HIV.

Post-test counselling provides an opportunity for a woman who is HIV-negative to learn how to protect herself and her infant from HIV infection. It is important that women know that if they become infected during pregnancy or while breastfeeding they face an increased risk of MTCT. Post-test counselling—even for those who test negative for HIV—provides women with a powerful incentive to adopt safer sex practices, discuss family planning, understand the issue of discordance, and encourage partner testing (see Session 3). Detailed steps in providing post-test counselling for women who are HIV-negative are in Appendix 6-E.

Components of post-test counselling for women testing HIV-negative

- Discuss the meaning of the result.
- Provide information about how to prevent future HIV infection.
- Inform her about the high risk of transmitting HIV to the infant if she is newly infected during pregnancy or breastfeeding.
- Inform her that counselling is available in the future if needed.

When the woman is HIV-positive...

A woman who tests HIV-positive is infected with HIV. Counselling women who test positive for HIV is challenging for healthcare workers, and patient reactions can range from acceptance to disbelief. The healthcare worker must remain non-judgemental, supportive, and confident throughout the counselling process. Healthcare workers should remember that they have the skills to provide difficult information to patients and they can draw on their experience.

Because women may present late in pregnancy or only attend ANC once, key PMTCT messages will need to be provided during the post-test counselling session. Also during the post-test counselling session, the healthcare worker should encourage the woman who is HIV-positive to attend subsequent ANC visits. During those visits, key PMTCT

messages can be reinforced and follow-up counselling provided. Referral for HIV treatment, care, and support is necessary.

See the detailed steps for providing post-test counselling for women who test HIV-positive in Appendix 6-F.

Components of post-test counselling for women testing HIV-positive

- Discuss the meaning of the test result.
- Determine whether she understands the meaning of the result and let her talk about her feelings.
- Talk about her immediate concerns.
- Inform her about essential PMTCT issues. Discuss and support initial ARV treatment, prophylaxis, and infant-feeding decisions.
- Discuss disclosure and partner testing.
- Encourage her to attend subsequent ANC visits and the importance of delivering in a PMTCT facility.

Disclosure of HIV status

During the initial post-test counselling session, the counsellor may begin the discussion about disclosure. By disclosing her HIV status to her partner and family, the woman may be in a better position to:

- Encourage the partner(s) to be HIV tested.
- Prevent the transmission of HIV to her partner(s).
- Access PMTCT interventions.
- Receive support from her partner(s) and family when accessing PMTCT and HIV treatment, care, and support services.

It is important to respect the woman's choice regarding the timing and process of disclosure. A woman may perceive disadvantages in disclosing her HIV diagnosis. In some communities, women who are HIV-infected and their families may face stigmatisation and discrimination. (See *Module 5: Stigma and Discrimination Related to MTCT*). If the woman has indicated that her partner(s) and family may react negatively to her HIV status, the counsellor can help the woman problem-solve and build skills to use when she discloses her HIV status.

Subsequent ANC visits

In most countries, pregnant women are encouraged to attend scheduled ANC visits throughout their pregnancy. However, in many resource-constrained settings, many pregnant women attend ANC once, often late in pregnancy, and do not make subsequent visits.

If pregnant women do make subsequent visits, the following topics should be addressed in the first ANC visit and reinforced during subsequent ANC visits:

- Interventions for PMTCT (*Module 3: Specific Interventions to Prevent MTCT*)
- Infant-feeding options (*Module 4: Infant Feeding in the Context of HIV Infection*)
- Follow-up care and treatment for the woman and her infant (*Module 7: Linkages to Treatment, Care and Support for Mothers and Families with HIV Infection*)

- Social support (*Module 7: Linkages to Treatment, Care and Support for Mothers and Families with HIV Infection and Module 8: Safety and Supportive Care in the Work Environment*)
- Family-planning options (*Module 2: Overview of HIV Prevention in Mothers, Infants, and Young Children*)

Exercise 6.4 Post-test counselling: small group role play	
Purpose	To practise post-test counselling skills by role playing.
Duration	60 minutes
Instructions	<ul style="list-style-type: none"> ▪ In a small group (about six women), review the Counselling Checklist in Appendix 6-G. ▪ Each group will be given two scenarios from Appendix 6-G, one for an HIV-negative result and one for an HIV-positive result. ▪ For each scenario, two participants will be asked to sit facing each other. One participant will be asked to play “patient” and one will be asked to play “counsellor”. ▪ Following the Counselling Checklist, the pair will role play the first scenario. If the counsellor has difficulty, another member of the team may help by tapping the counsellor on the shoulder and assuming the counsellor’s role. ▪ When the role play is finished, the pair should spend 5 minutes reviewing the experience with the rest of their team and ask the question: “Was anything important left out of the session?” ▪ Exchange roles and continue switching until each member practises post-test counselling (using both scenarios, time permitting). ▪ Respond to the following questions: <ul style="list-style-type: none"> ▪ How did you feel in your role as a counsellor? ▪ What was the hardest part of counselling? ▪ Do you understand how basic communication skills can be used during counselling sessions? ▪ What positive reactions did you experience in the session?

Counselling and testing for women of unknown HIV status at the time of labour and delivery

In some settings, women who have not been tested during ANC or did not attend ANC may present to the health service at the time of labour with unknown HIV status. National and local policies can provide guidance on how to test and counsel women of unknown HIV status during labour and delivery. Although it may be difficult to offer counselling or obtain informed consent during labour, it is recommended that the opt-out approach to testing be used (See Session 1) during labour and that post-test counselling be provided after delivery. In these circumstances, decisions about antiretroviral therapy will be based on national or local policies (see *Module 3 Specific Interventions to Prevent MTCT*). In some cases it will be possible to provide ARV prophylaxis to the mother and the infant and in other cases it will only be possible to provide ARV prophylaxis to the infant.

Module 6: Key Points

- Pre-test information, HIV testing and post-test counselling should be available to all pregnant women on an “opt-in” or “opt-out” basis as determined by national or local policy.
- The healthcare provider and the facility must maintain confidentiality of HIV status.
- Partner testing and couples counselling are encouraged.
- Rapid tests with same day results are the recommended procedure for most ANC settings.
- Infant diagnosis is complex but important for clinical management.
 - Standard diagnosis is done by antibody test at 18 months.
 - Earlier diagnosis is possible with PCR testing.
- Post-test counselling is important for all women:
 - For HIV-negative women, emphasise the prevention of HIV infection.
 - For women infected with HIV, provide referrals to the PMTCT program and options for treatment, care and support.
- Disclosure skills building should be encouraged for all women regardless of HIV status.

APPENDIX 6-A Training, roles, and responsibilities of HIV counsellors

Counsellor level	Roles and responsibilities
<p>Senior counsellor (coordinator, supervisor) Experienced counsellor with advanced training in counselling</p>	<ul style="list-style-type: none"> ▪ Support and supervise other counsellors ▪ Monitor counsellors ▪ Train groups of counsellors ▪ Accept referrals of difficult or complex cases ▪ Facilitate and supervise support clubs occasionally
<p>Professional counsellor Counsellor with an appropriate background in nursing, teaching, or a related field, who participates in ongoing training</p>	<ul style="list-style-type: none"> ▪ Pre- and post-test counselling ▪ Couples counselling ▪ Follow-up counselling ▪ Support for peer and lay counsellors ▪ Identification and assessment of adverse events or mental health consequences and indications
<p>Peer counsellor Counsellor from the same background as the patient, often a woman who has been involved in PMTCT projects; also peer counsellors in the workplace, youth peer counsellors, counsellors with HIV/AIDS</p>	<ul style="list-style-type: none"> ▪ Advocacy and community mobilisation ▪ HIV education and preventive counselling ▪ Follow-up and supportive counselling in uncomplicated cases ▪ Integration of persons living with HIV/AIDS into community activities
<p>Lay counsellor Counsellor with pre- and post-test training and training in ongoing counselling</p>	<ul style="list-style-type: none"> ▪ Pre- and post-test counselling for routine cases ▪ Follow-up and supportive counselling for uncomplicated cases
<p>Adapted from World Health Organisation (WHO). 2003 (July). <i>Guidance on the Provision of T & C for Women in Antenatal Care, Childbirth, and Resource-Constrained Settings</i> [Draft].</p>	

APPENDIX 6-B Talking with parents about their child's HIV test results

Prepare for the talk with parent or guardian.

- Make sure you have the child's test result and inform the parent that you have the result.
- Schedule an appointment.

Greet the parent and establish rapport.

- Ask if the parent or guardian has had any questions since the child's blood test. Answer the questions and let the patient know that counselling will continue to be available to help with important decisions.

Inform the parent of the test result.

- Ask, "Are you ready to receive your child's HIV test result?"
- State, in a neutral tone, "The baby's test result is positive. That means that the baby has HIV infection."
- Pause and wait for the parent to respond before continuing. Give the parent time to express any emotions.
- If the parent would like to see proof of the result, provide it.
- Check the parent's understanding of the result's meaning. Discuss and support the parent's feelings and emotions.
- Explain that the blood test revealed evidence of HIV, the virus that causes AIDS, in the baby's body. Review the testing procedure with the parent and check to be sure he or she understands the test results. Explain the accuracy of the test. Allow time for silence.
- Reassure the family that, although there is no cure, there are treatments for infections that the child can receive. Emphasise that children can live many years before they become sick with AIDS-related illnesses. Talk about available ARV treatments for HIV.
- Recognise that many people may interpret this diagnosis as a death sentence. Anticipate reactions of grief, shock, disbelief, denial, and anger. Offer appropriate support.

Discuss ways to keep the child healthy.

- Emphasise the need for immunisations.
- Talk about good nutrition.
- Stress that the child should be allowed to live an active life and play like other children whenever possible.
- Review the importance of prompt medical attention as well as preventive care. If the baby is less than 12 months old, stress the importance of PCP prophylaxis; ensure access to cotrimoxazole, and instruct the parent in how to give the liquid.
- Refer the child for HIV treatment and care if not provided in your facility.

APPENDIX 6-B Talking with parents about their child's HIV test results *(continued)*

Review Universal Precautions.

- Reassure the family that close contact with family members and normal baby care do not transmit HIV.
- Review measures for diaper/nappy changing (no gloves are necessary), blood spills (use a barrier), and open sores (they should be covered).

Identify other family members who may be at risk of HIV infection.

- Identify, counsel, and test siblings who may be at risk. Families must be given the time and support to do this.

Identify a support system.

- Identify a personal support system for the family.
- Assess the psychological status of mother and other family members.
- Refer family to a support group, if they are interested.
- Provide the family with written material that they can take home, if they are interested.

Review issues of confidentiality.

- Introduce disclosure issues.
- Explain how confidentiality is handled in the clinical setting.

Assess the family's understanding of the diagnosis, treatment, and care at each visit.

- Review and offer additional information as appropriate.

APPENDIX 6-C Basic counselling skills

Empathising

Empathy is the identification with and understanding of another person's situation, feelings, and motives. To empathise is to see the world through the other person's eyes and understand how that person feels. The counsellor should listen to the patient carefully and try to understand the patient's situation and feelings without being judgmental. Empathy should not be confused with pity.

Active listening

The active listener pays attention to what the patient says and does, and listens in a way that shows respect, interest, and empathy. Active listening is more than just hearing what the patient says. It means paying close attention to the content of the message as well as the feelings and worries that can be expressed through movement, tone of voice, facial expression, and posture.

Open questioning and probing

Open-ended questions elicit more than one-word answers. They often begin with "how," "what," or "why." Such questions encourage the patient to express feelings freely and to share information relevant to the situation. Probing uses questions to help the patient express feelings and information more clearly. Probing often is necessary when the counsellor needs more information about a patient's feelings or situation.

Focusing

Patients often are overwhelmed by many problems, and they may try to address all of their problems at once. It is important for the counsellor and the patient to stay focused on the goals of the counselling session. Counsellors might need to refocus or redirect patient questions that can be addressed later in the session. If the patient wants to talk about other emotional or personal issues, the counsellor should consider providing referrals for additional support.

Correcting inaccurate information

It is the responsibility of the counsellor to provide patients with accurate information and correct misconceptions. The counsellor should identify false information and correct it quickly. This must be done sensitively so the patient does not feel inadequate or become defensive. It is not always necessary to give detailed explanations of facts.

APPENDIX 6-C Basic counselling skills *(continued)*

Characteristics of a good counsellor

- Establish rapport by greeting patients with respect, introducing themselves, and explaining their roles as counsellors.
- Understand the issue at hand, whether it is HIV risk reduction, HIV testing, infant feeding, family planning, or HIV treatment and procedures.
- Are sensitive to cultural and psychological factors that might affect patients' decision-making process.
- Are nonjudgmental and treat patients with respect and kindness.
- Present information sensitively, using language patients understand.
- Encourage patients to ask questions.
- Listen actively to patients' concerns.
- Recognise when it is necessary to refer patients for additional help or support.
- Notice and respond to nonverbal communication (body language).

APPENDIX 6-D Providing pre-test information, exercise 6.3

Information session: Group 1

Introduction

Group information sessions can be offered in the ANC clinic setting. As a group, review the following topics one at a time and discuss which key points should be covered in a group information session. Use the questions and answers below to guide you.

- An overview of HIV and AIDS
- Sources and prevention of HIV transmission
- Sexually transmitted infections (STIs) and HIV
- Mother-to-child transmission of HIV and prevention

What is the difference between HIV and AIDS?

HIV is the virus that causes AIDS. Someone can be infected with HIV and not know it. An infected person might not feel ill for many years. AIDS is the disease caused by the HIV virus. When you get AIDS your body's defence system has been very weakened by the HIV virus.

There is no cure for HIV and AIDS, but drugs are available that can help prevent related infections. Some drugs are available that slow the virus and help HIV-infected people stay healthy for many years.

What is happening in our country? How many people are HIV-infected? How many are men, how many are women or children?

Share recent national statistics on the spread of HIV and its prevalence in women attending antenatal and STI clinics.

What are some common myths about HIV?

Share commonly held beliefs and myths about HIV and AIDS.

How can you get HIV?

The most common way to get HIV is by having unprotected sex with an HIV-infected person. A baby can get HIV from an HIV-infected mother during pregnancy, labour and delivery, or breastfeeding. HIV infection can also be transmitted when people share equipment (needles/syringes) to inject drugs or any other substance (vaccines, vitamins). It can also be transmitted by sharing other sharp objects such as blades or piercing equipment used in any process (piercing/scarification) that involves blood. HIV can be transmitted to a person who receives blood that has not been screened for HIV.

What are some ways to prevent HIV infection?

- Sexual abstinence—not having sex
- Practising faithfulness between two uninfected partners
- Limiting sexual contact to one partner who is HIV negative
- Avoiding drug abuse
- Not sharing contaminated needles

APPENDIX 6-D Providing pre-test information, exercise 6.3 *(continued)*

What kinds of things may put you at risk for HIV?

- Having unprotected sex with a person with HIV infection
- Engaging in high-risk behaviours, including having several sex partners, having anal sex
- Using drugs of abuse or sharing contaminated needles
- Not knowing whether your partner is HIV negative or positive
- Having a sexually transmitted infection (eg gonorrhoea or syphilis) can increase the risk of getting HIV by 2–5 times

What are ways to decrease the risk of getting HIV?

Add to patient's suggestions other options for decreasing the risk of HIV, such as:

- Do not have unprotected sex with a high-risk partner.
- Always use condoms, if several partners.
- Talk to your partner about HIV testing.
- Talk about HIV concerns with a partner or friend.
- Reduce alcohol and/or drug use.
- Avoid places where you often participate in high-risk behaviours.
- Abstain from sex or use condoms until you and your partner have been tested.

What are choices that could decrease your risks?

- Emphasise the importance of making small, reasonable changes rather than setting unrealistic goals, such as never having sex again. Ask patients to share their plans with a close friend or someone they trust.

How do babies get HIV from their mothers who are HIV-infected?

- If a woman is HIV-infected and pregnant, there are three ways her baby can get HIV: in the womb during the pregnancy, labour and delivery, or during breastfeeding.
- Although the risk of infecting the baby is always present, a woman who is HIV-infected can give birth to a baby who is HIV-negative. Inside the womb the placenta acts like a filter between the mother and the baby. So the mother and the baby have separate blood systems. This helps prevent the mother from giving HIV to the baby in the womb. But sometimes blood does cross between the blood systems of the mother and baby. So some babies can get HIV in the womb.
- There are two other ways a mother who is HIV-infected can give the virus to her baby. The most likely way is during labour and delivery. This is because the baby comes into direct contact with the mother's blood. A mother also can give HIV to her baby during breastfeeding.
- It is hard to tell whether a newborn baby is infected. However, the baby can be tested for infection as per the site's testing policy.
- The good news is there are medicines that can greatly reduce the risk of a mother transmitting HIV to the baby during delivery. These medicines offer new hope to families.

APPENDIX 6-D Providing pre-test information, exercise 6.3 *(continued)*

What is the Prevention of Mother-to-Child Transmission of HIV, or PMTCT programme?

This programme helps reduce the chance that babies born to HIV-infected women will be infected with HIV. The programme has several parts:

- Testing and counselling to help uninfected women remain free of HIV and protect their families from the disease and to help women who are HIV-infected receive special care to reduce HIV-transmission to their babies
- Medicine—antiretroviral treatment—to reduce the baby’s risk of getting HIV
- Counselling and support for safer infant-feeding practices
- Referral to treatment, care, and support programmes

Information session: Group 2

Introduction

Group information sessions can be offered in the ANC clinic setting. As a group, review the following bulleted topics one at a time and discuss which key points should be covered in a group information session. Use the questions and answers below to guide you.

- HIV testing process
- Benefits and risks of HIV testing
- Confidentiality
- Implications of test results, both positive and negative

How is HIV testing conducted?

- Testing is offered to all pregnant women. Everyone has the right to refuse HIV testing.
- The test tells if a woman is infected with HIV or not. On very rare occasions, if a woman has had a recent risk or exposure, the test results may not reflect that exposure. Therefore, it is recommended that a woman who has recently been at risk be retested 3 months from her risk exposure.
- A positive HIV test means a woman has the HIV virus in her blood. It does not mean she has AIDS; it does not tell her when she will get sick. A negative HIV test means she does not have the HIV in her body.
- Share the site’s testing process, whether rapid or standard ELISA.

APPENDIX 6-D Providing pre-test information, exercise 6.3 *(continued)*

What are the advantages of knowing the test results?

- Knowing her HIV status can help a woman make informed decisions about her pregnancy.
- If she is HIV-infected, knowing her status can help her access HIV services for herself and to prevent transmitting HIV infection to her baby.
- Knowing her HIV status allows her to reduce the risk of infecting other people.
- Early testing makes it easier to plan for the future.
- If a woman finds out she is HIV negative, she can learn how to stay uninfected and keep her family safe from HIV infection.
- There are many preventive health care services that can improve a woman's quality of life and prolong her life.
- Increasingly, medications for the treatment of HIV infection are becoming available. These medications reduce the damage that HIV does to the body and prolongs life.

What are the disadvantages of testing for HIV?

- A woman might experience a little discomfort or bruising during the blood sampling process (a finger prick or blood taken from the arm).
- Programmes may not be readily available for help or treatment, but she can be referred.
- There is sometimes the risk of being stigmatised or discriminated against.

Who can receive information about your test results?

- Test results are confidential and become part of a woman's medical records. They can only be shared with healthcare workers who are involved in her care and treatment—and only on an “as-needed” basis. She has the right to decide if anyone other than healthcare workers may receive this information, and she is entitled to receive support in that disclosure process.

Information session: Group 3

Introduction

Group information sessions can be offered in the ANC clinic setting. As a group, review the following bulleted topics one at a time and discuss which key points should be covered in a group information session. Use the questions and answers below to guide you.

- Identifying HIV support services
- Family planning
- Individual counselling for risk assessment
- Testing and counselling for couples

APPENDIX 6-D Providing pre-test information, exercise 6.3 *(continued)*

What types of services are available in your community for the person who is HIV-infected?

Have each participant think about the types of services that might be needed if test results showed the participant (or participant's partner) was HIV-infected. PMTCT programmes can help link people to many services for themselves, their infant or child, and their family such as:

- Nutritional support
- Couples counselling
- Medical treatment and medicines to prevent transmission to the infant
- Treatment to prevent opportunistic infections
- Spiritual support, referral to a faith-based organisation
- Peer support groups
- Classes to learn safer infant-feeding practices
- Safe water programs

Who can benefit from family planning classes?

- Couples are encouraged to attend classes together when possible. Information may be presented on condom use and safer sex practices to prevent both the spread of HIV infection and unintended pregnancies.
- In some cultures, where sexual relations are limited during pregnancy and immediately following childbirth, information may be provided to help couples encouraging them to maintain closeness through non-risk behaviours.
- Fathers can learn to appreciate their role as responsible guardians of the health and welfare of their wife and family.

When is it better to refer someone for individual counselling?

- Counsellors should assess whether referral to individual pre-test counselling is necessary based on national or clinic guidelines. In some countries, individual counselling is provided only when a woman has concerns or questions. During this time, sensitive issues can be discussed more openly with the assurance of complete confidentiality.
- When the patient has questions that cannot be answered by PMTCT/ANC staff—such as questions about STIs and risky sex practices—the questions can be answered in an individual counselling session and suggestions can be provided to help reduce harm to the individual and the partner(s).

What are the benefits of couples counselling?

- Each person has the right to complete information about HIV/AIDS and its transmission.
- Both partners may come to understand the benefits and risks of testing, and the benefit of knowing their status while receiving assurance that confidentiality will be maintained.
- Together, they can work on family planning issues, and accepting responsibility for preventing unintended pregnancies and the spread of HIV infection.
- Together, they can come to understand the value of their partnership for protecting their family's health and planning for the future.

APPENDIX 6-E Post-test counselling checklist, HIV-negative result

Counselling is a relationship and provides an opportunity to establish a rapport with the patient, answer questions, and make sure the patient understands the information you are providing.

- ✓ Make sure you have the patient's test result and inform the patient that you have the result.
- ✓ Greet the patient.
- ✓ Ask whether the patient has any questions since being tested. Answer questions and let the patient know counselling will continue to be available to help with important decisions.
- ✓ Recap the pre-test information/counselling session. Let the patient know you are doing this to make sure he or she remembers important information.
- ✓ Indicate that the HIV test result is ready and provide results in a straight forward manner. State in a neutral tone: "Your test result is negative."
- ✓ Pause and wait for the patient to respond before continuing. Give the patient time to express any emotions.
- ✓ Explore the patient's understanding of the meaning of the results.
- ✓ Discuss and support the patient's feelings and emotions.
- ✓ If there was a recent risk exposure, discuss the need to re-test.
- ✓ Talk about specific risk reduction strategies with the patient:
 - ☑ Partner referral for testing and if negative faithfulness
 - ☑ Use of condoms
 - ☑ Limiting the number of sexual partners
- ✓ Talk with the patient again about disclosure and about partner testing.
- ✓ Discuss discordance.
- ✓ Inform the patient that counselling is available for couples.
- ✓ Emphasise the importance of protecting herself from infection while pregnant or breastfeeding, and explain how doing that will lower the risk that her infant will become HIV infected.
- ✓ Ask whether the patient has questions or concerns. Give the patient contact information for the clinic should any new concerns arise.
- ✓ Discuss support issues and subsequent counselling sessions.
- ✓ Remind women and families that counselling or referral to counselling will be available throughout the pregnancy to help them plan for the future and to obtain services.

APPENDIX 6-F Post-test counselling checklist, HIV-positive result

Counselling is a relationship and provides an opportunity to establish a rapport with the patient, answer questions, and make sure the patient understands the information you are providing.

- ✓ Greet the patient.
- ✓ Make sure you have the patient's test result and inform the patient that you have the result.
- ✓ Ask whether the patient has any questions since being tested. Answer questions and let the patient know counselling will continue to be available to help with important decisions.
- ✓ Recap the pre-test information/counselling session. Let the patient know you are doing this to make sure he or she remembers important information.
- ✓ Indicate that the HIV test result is ready and provide it in a straight forward manner. State in a neutral tone: "Your test result is positive".
- ✓ Pause and wait for the patient to respond before continuing. Give the patient time to express any emotions.
- ✓ Check the patient's understanding of the meaning of the results.
- ✓ Explore and support the patient's feelings and emotions.
- ✓ Normalise the patient's feelings and emotions.
- ✓ Inform the patient of essential PMTCT issues. Discuss and support initial decisions about:
 - ☑ Antiretroviral treatment and prophylaxis
 - ☑ Infant-feeding options
 - ☑ Childbirth plans
 - ☑ Adequate nutrition
 - ☑ Address Positive Living and provide referral for preventive health care services
 - ☑ Prompt medical attention, prophylaxis, and treatment of opportunistic infections
 - ☑ Stress management and support systems
- ✓ Explain that the woman's test results do not indicate whether her partner is infected and that her partner will need to be tested.
- ✓ Discuss disclosure and support issues.
- ✓ Address risk reduction that is necessary to protect her partner(s) and herself from re-infection:
 - ☑ Condom use
 - ☑ Reducing the risk of infecting others and screening and treatment for sexually transmitted infections
- ✓ Identify sources of hope for the patient, such as family, friends, community-based services, spiritual supports, and treatment options. Make referrals when appropriate.
- ✓ If the patient already has children, discuss and plan for testing of children.
- ✓ Ask whether the patient has questions or concerns. Give the patient contact information for the clinic should concerns arise.
- ✓ Remind mothers and families that counselling will be available throughout the pregnancy to help them plan for the future and obtain necessary services.

APPENDIX 6-G Role play scenarios for post-test counselling, exercise 6.4 and counselling checklist

Scenarios for HIV-negative test results

Scenario 1 Shonda is 17 years old and has been dating her boyfriend for one year. She started having unprotected sexual relations with him three months ago, and is now pregnant. She suspects that her boyfriend may be at risk for HIV since he has not been faithful to her, although he denies this. During her first visit to ANC, she decided to be tested, just in case she is infected.

Scenario 2 Paul and Maria have been married for 2 years. They are now planning to start their family. Before they married, Paul experimented with drugs, including needle sharing. Although he has never had any HIV symptoms, they have decided to both be testing prior to starting a family.

Scenario 3 Lisa is a student in computer school and is in her third trimester of pregnancy. Although she is in a committed relationship with the father of her child, in the past she had multiple sexual partners and engaged in unprotected sex. After attending her first ANC visit she understood that she might be at risk for HIV and, as she does not want to put her partner or baby at risk, she decided to be tested.

Scenarios for HIV-positive test results

Scenario 1 Debbie is working on a truck route as a commercial sex worker and sees many men each week. She has tried to get them to use condoms but many of them refuse. She is in her 28th week of pregnancy and this is her first visit to the ANC clinic. She is worried about her baby's safety and has agreed to be tested for HIV.

Scenario 2 Margaret and Steven have been married for six years and have three children. She is now in her second trimester of pregnancy and suspects they may be having twins. Last year, the couple had separated for approximately four months. During that time, Steven had sexual relations with someone whom, he later found out, was HIV-infected. Margaret is aware of this and, because of the pregnancy, knows that the baby is at risk for HIV-infection if she has HIV. Steven has refused testing, but she was tested and he has accompanied her to the clinic today to hear her results.

Scenario 3 Christine works in housekeeping at the ANC clinic. She is well liked by all the staff and recently found out she is going to have her first baby. Prior to working at the clinic, she was a patient in a community drug rehabilitation programme in a nearby town. No one at the clinic is aware of this. She knows, because of previous behaviours, that she needs to be tested for HIV. She approached one of the healthcare workers and asked for her help getting tested. She is very concerned that other staff may find out and wants test results kept confidential between her and this one healthcare worker.

APPENDIX 6-G Counselling checklist

Counselling checklist As you observe your colleagues role play, indicate the techniques they use by placing a check in the appropriate box.		
Skills and techniques	Specific strategies, statements, behaviours	<input checked="" type="checkbox"/>
Establishing a relationship	▪ Greets the patient; shakes hands if appropriate	<input type="checkbox"/>
	▪ Offers a seat	<input type="checkbox"/>
	▪ Leans forward when talking	<input type="checkbox"/>
	▪ Makes eye contact (when appropriate)	<input type="checkbox"/>
	▪ Shows interest in the patient	<input type="checkbox"/>
	▪ Other (specify)	<input type="checkbox"/>
Listening	▪ Looks at the patient	<input type="checkbox"/>
	▪ Body language indicates attentiveness to speaker	<input type="checkbox"/>
	▪ Makes eye contact to indicate care and interest (when appropriate)	<input type="checkbox"/>
	▪ Facial expression indicates caring and interest in the patient	<input type="checkbox"/>
	▪ Uses minimal encouragers such as yes, okay, etc.	<input type="checkbox"/>
	▪ Checks to be sure the counsellor understands what the patient is saying	<input type="checkbox"/>
	▪ Occasionally sums up patient's statements	<input type="checkbox"/>
	▪ Other (specify)	<input type="checkbox"/>
Empathy	▪ Comments on patient's challenges while also indicating patient's strengths	<input type="checkbox"/>
	▪ Reflects statements back to patient to indicate understanding	<input type="checkbox"/>
	▪ Other (specify)	<input type="checkbox"/>
Questioning	▪ Uses closed-ended questions to get basic information such as demographic data	<input type="checkbox"/>
	▪ Avoids overuse of closed-ended questions	<input type="checkbox"/>
	▪ Uses open-ended questions to get more in-depth information from patient	<input type="checkbox"/>
	▪ Style of questioning reflects interest, care, and concern, not interrogation	<input type="checkbox"/>
	▪ Asks relevant questions	<input type="checkbox"/>
	▪ Other (specify):	<input type="checkbox"/>
Clarifying	▪ Checks understanding of what the patient is saying	<input type="checkbox"/>
	▪ Uses phrases such as: "Are you saying that...?" or "Correct me if I am wrong..."	<input type="checkbox"/>
	▪ Other (specify):	<input type="checkbox"/>
Providing technical information (on pre-test counselling, testing procedures, test results, post-test counselling)	▪ Provided information on HIV	<input type="checkbox"/>
	▪ Provided information on the testing process and results	<input type="checkbox"/>
	▪ Discussed confidentiality	<input type="checkbox"/>
	▪ Explained the meaning of the test result	<input type="checkbox"/>
	▪ For HIV-negative patients, provided information on staying negative	<input type="checkbox"/>
	▪ For HIV-positive patients, provided information on the meaning of the test result and PMTCT	<input type="checkbox"/>