Perinatal HIV Report

Minnesota law, specifically Minnesota Rules Chapter 4605.7044, requires the reporting of pregnancy in a person chronically infected with HIV, including AIDS, to the Minnesota Department of Health **within one working day of knowledge of the pregnancy**. This form must be filled in, printed, and faxed to the number listed at the bottom of the form.

Complete this form twice per patient, per pregnancy:

1. When the clinician is made aware of the pregnancy (or if pregnant already, upon HIV diagnosis);
2. At the time of pregnancy outcome (birth, spontaneous abortion, or induced abortion)

Please select all that apply:

- ☐ OB care established? OB clinic: ____________ Clinician: ____________ Phone number: ____________
- ☐ Infectious Disease (ID) care established? ID clinic: ____________ Clinician: ____________ Phone number: ____________
- ☐ Plan in place to review delivery plan with the L & D unit of the hospital at approximately 36 weeks gestation.
- ☐ Referral for care coordination/request consultation with MN Perinatal & Pediatric HIV Program, Children's Hospital and Clinics of Minnesota. For more information call: RN Nurse Coordinator 612-387-2989

Person completing form: ____________

Facility: ____________ Phone number: ____________

Patient's clinican (if not identified above): ____________ Date faxed: ___/___/_______

Patient Information

First name: ____________ Middle initial: ____________ Last name: ____________

Date of birth: ___/___/_______

Currently pregnant?

☐ Yes If yes, expected date of delivery: ___/___/_______ Expected location of delivery: ____________

☐ No If no, pregnancy outcome: ☐ Live birth ☐ Spontaneous or induced abortion ☐ Still birth

Date of outcome: ___/___/_______

Infant Information

First name: ____________ Middle initial: ____________ Last name: ____________

Date of birth: ___/___/_______ Sex at birth: ☐ Male ☐ Female

Pediatric clinic and/or provider: ____________

Comments:

Please fax completed form to: 800-318-8137, Minnesota Dept of Health, ATTN: Surveillance

Minnesota Dept. of Health
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www.health.state.mn.us

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