

**Bharucha KE, Sastry J, Shrotri A, Sutar S, Joshi A, Bhore AV, et al. [Feasibility of voluntary counseling and testing services for HIV among pregnant women presenting in labor in Pune, India.](#) Int J STD AIDS. 2005 Aug; 16: 553-555.**

**OBJECTIVE:** To examine the factors affecting the eligibility and acceptability of voluntary counseling and rapid HIV testing among pregnant women presenting in labor in Pune, India.

**STUDY DESIGN:** Cross-sectional analysis of routinely collected data.

**SETTING:** Resource-limited setting (Public Health General Hospital, Pune, India).

**PARTICIPANTS:** Women age 18-44, at least 36 weeks gestation, less than 3.5 cm dilated, without severe labor pains and no obstetric or medical complications are routinely offered rapid VCT.

**INTERVENTION:** Delivery room screening for HIV was offered to women presenting in labor. Women were screened for eligibility by an attending physician, and then offered rapid HIV testing by a trained counselor and technician. Rapid HIV testing was performed using either a saliva brush test or a finger-prick test and venous blood was collected for confirmation using the ELISA test.

**PRIMARY MEASURES:** Eligibility and acceptability of voluntary counseling and testing.

**RESULTS:** Of the 6702 pregnant women who entered the hospital, 4638 (69%) were admitted for normal delivery; 1322 (20%) were in early labor and without severe pain or complications, and were eligible for VCT; 778 (11%) completed counseling; and 581 (9%) consented and were tested for HIV.

**CONCLUSIONS:** Although providing VCT in the delivery room is feasible and, the proportion of women who are eligible, consent, and can complete the process is low (<10%). Therefore, the cost effectiveness of maintaining such a program within this setting is questionable.

**QUALITY RATING:** This study was of adequate quality. It is a descriptive study of a program already in place. The quality of this study was limited by the following: the authors did not account for women for whom data was missing.

**IN CONTEXT (*Reviewer comment*):** In areas where prenatal care and HIV testing of pregnant women are low, providing delivery room VCT is an alternative method of identifying women and infants who can benefit from peri-partum ARV. The utility of such a program will depend on the prevalence of HIV in pregnant women, and whether ARV is then provided in time to the mother and infant. Providing NVP or zidovudine to infants born to women who have not received peri-partum ARV is another alternative in preventing MTCT (see review #3 above in this digest).

**PROGRAMMATIC IMPLICATIONS:** These data indicate that it is feasible to implement a VCT program in an Indian public health hospital delivery room. However, since the majority of women arrive late in the laboring process, providing voluntary counseling and testing in the delivery room is challenging. Alternatives such as immediate post-partum testing to allow treatment of the infant as well as counseling of the mother should be considered to help reduce mother-to-child transmission.