

Antenatal Visits during COVID-19 Pandemic

The frequency of antenatal care in BC has typically been dictated by historical custom and patient satisfaction. **During this time of pandemic response, it is recommended to reduce antenatal visits for several reasons:**

1. Reduce possibility of exposure of a healthy pregnant person to individuals that are COVID 19 + or a Person Under Investigation (PUI) for COVID 19;
2. Reduce health care workers' exposure to prenatal patients that may be COVID19+ but are asymptomatic;
3. Create capacity to provide in-person visits for high risk maternity patients who require more in-person visits while maintaining appropriate clinic spacing and social distancing;
4. Create capacity for all maternity care providers to provide care given the potential for reduced health care workers as the COVID pandemic affects all members of the community.

Evidence Review

World Health Organization recommendation for Antenatal Care:

WHO recommendation for Antenatal Care for a Positive Pregnancy has a clear recommendation that 8 prenatal contacts are recommended to reduce perinatal mortality and improve women's experience of care. There is good evidence of improved perinatal outcomes when there are a minimum of 8 contacts. There is no evidence that an increased number of visits beyond 8 contacts results in improved outcomes, although it does improve maternal satisfaction.

Reference: <https://apps.who.int/iris/bitstream/handle/10665/250796/9789241549912-eng.pdf;jsessionid=313E350309BC71002CA334124D89DC07?sequence=1> Accessed March 18, 2020

Public Health Agency of Canada Family Centered Maternity and Newborn Care Guidelines - Chapter 3 Antenatal Care.

PHAC guideline acknowledges that the number of routine prenatal visits was not determined by evidence. PHAC recommends that the routine number of prenatal visits be determined by the physical and psychosocial needs of the patient, the family, and the unborn baby.

A course of 7 to 11 prenatal visits is the norm in developed countries. A recent Cochrane review found that when this number was reduced in high-income countries, patient outcomes were not worsened, but patient satisfaction was reduced. In low- and middle-income countries, perinatal mortality has been found to increase as the number of visits is reduced.

Reference: <https://www.canada.ca/en/public-health/services/publications/healthy-living/maternity-newborn-care-guidelines-chapter-3.html#a3.3> Accessed Mar 18, 2020

In reviewing which interventions at an in-person prenatal visit are mandatory, the only required and evidence-based intervention is checking blood pressure, as this is needed to diagnose and treat pre-eclampsia, a leading cause of maternal mortality. Measuring weight beyond the first prenatal visit has not been shown to improve outcomes. Listening to the fetal heart tones has not been shown to change pregnancy outcomes. There is insufficient evidence that abdominal palpation or measuring SFH improves pregnancy outcomes.

Recommendations for Prenatal Care Contacts in BC during the COVID Pandemic

1. Low-risk healthy women and pregnant individuals need 8 contacts (virtual or in-person) in pregnancy with a healthcare provider.
 - First Trimester
Contact 1: up to 12 weeks – recommended in-person visit for this or next visit.
 - Second trimester
Contact 2: 20 weeks – recommend in-person visit for this visit if not done in 1st trimester
Contact 3: 26 weeks – virtual visit recommended
 - Third trimester
Contact 4: 30 weeks – virtual or in-person
Contact 5: 34 weeks – in-person if 30-week visit virtual
Contact 6: 36 weeks – in-person
Contact 7: 38 weeks – in-person
Contact 8: 40 weeks – in-person
 - Return for monitoring or discussion re: induction at 41 weeks if not given birth.
2. Care for women and pregnant individuals **at risk** including obstetrical risks, fetal risks, medical co-morbidities or psychosocial issues:
 - Create an **individualized care plan** to determine the schedule of visits. Not all contacts have to be in-person and virtual care can be considered. Ensuring appropriate blood pressure screening (either home monitoring or in-person visits) can be individualized.
3. All laboratory tests and ultrasound tests that are time sensitive should still be completed (i.e., 20-week US scan, dating US scan, diabetes screen, genetic screening, 35-37 week GBS screen).