

Interim schedule for pregnant women and children during the COVID-19 pandemic

by Tali Bogler MD CCFP MScCH, Department of Family and Community Medicine, St. Michaels's Hospital, University of Toronto ; Orly Bogler, Faculty of Medicine, University of Toronto



The World Health Organization (WHO) declared COVID-19 a global pandemic. Pregnant women, newborns, and children due for vaccinations still require care during the pandemic. Given that there is a need to reduce the number of visits, and women, children and their caregivers might wish to reduce exposure to others, the timing and frequency of visits can be adjusted. Many health care providers are transitioning to virtual visits whenever possible. The goal of this guideline is to propose an interim well-child and prenatal visit schedule that providers can use and adapt to their local setting.

INTERIM SCHEDULE FOR CHILDREN AND PREGNANT WOMEN DURING THE COVID-19 PANDEMIC

PROPOSED SCHEDULE FOR WELL-CHILD VISITS

- 0-2 weeks** - In-person for weight/growth/feeding issues?
 - **VIRTUAL** (can be converted to in-person if economic?)
 - Ask parents to check baby's weight at home if possible (parent's weight with baby) - parent's weight without baby + rough estimate of baby's weight
 - Can also be measured by parents (subjective report of weight gain/growing longer and sleepers)
- 1 month** - **VIRTUAL** visit
- 2, 4, 6 months** - In-person for vaccine updates, parents decide to postpone?
 - **VIRTUAL** visit
- 9 months** - **VIRTUAL** visit
- 12, 15 months** - In-person for developmental assessment and vaccine (could consider virtual and delaying boosters)
 - **VIRTUAL** visit
- 18 months** - **VIRTUAL** visit
- 4-6 year** - **POSTPONE**
 - NOTE: In each visit, a responsible care provider must assess the child to determine whether there is a candidate for an adjusted well-child visit schedule with virtual care.

INTERIM SCHEDULE FOR CHILDREN AND PREGNANT WOMEN DURING THE COVID-19 PANDEMIC

PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

- 11-15 weeks** - **VIRTUAL** prenatal visit in clinic
 - Combined dating/NT scan
 - Confirming fetal assessment
 - Laboratory tests including genetic screening as needed
- 16 weeks** - **VIRTUAL** visit
 - Discuss screening and laboratory results
 - Update non-supplementation if needed
 - Book anatomy scan for next visit
- 20 week** - **Prenatal** visit in clinic
 - Full anatomical scan
 - Give indication for glucose challenge test and G6P, ferritin and GAD65 (if indicated)
 - G6P then needs to be at the next visit 1 week prior to administration of insulin
- 26-28 weeks** - **Prenatal** visit in clinic
 - Enroll with T2 bloodwork
 - If Rh-negative, get prophylaxis

The Patient and/or the Physician is authorized to adapt this guideline to their own practice based on the clinical judgment of the physician.

PROPOSED SCHEDULE FOR WELL-CHILD VISITS

- 30 week** - **VIRTUAL** visit in clinic
 - Consider virtual visit if appropriate
 - If virtual: Review fetal movements and clinical signs of preterm labour and preprenatal patients to self-report BP if accessible at home/pharmacy and weight consider self-symptoms fundal height
 - Back BP/weight up for 2 weeks if indicated
 - ADESA
- 32 week** - **Prenatal** visit in clinic
 - Routine prenatal care
 - BP/weight up same day if indicated
 - ADESA if not done
- 34 week** - **VIRTUAL** visit in clinic
 - Consider virtual visit if appropriate
 - If virtual: Review fetal movements and clinical signs of preterm labour and preprenatal patients to self-report BP if accessible at home/pharmacy and weight consider self-symptoms fundal height
- 36 week** - **Prenatal** visit in clinic
 - Routine prenatal care
 - G6P/weight
- 37-39 week** - **In-person** visit in clinic
 - If virtual visit necessary: Review fetal movements and clinical signs of labour and preprenatal patients to self-report BP if accessible at home/pharmacy and weight
 - Instruction regarding G6P management in labour
- 40-41 week** - **Prenatal** visit in clinic
 - Routine prenatal care
 - Vitals and fundal height
 - Ultrasound if needed

FOOTNOTES & REFERENCES

PROPOSED SCHEDULE FOR WELL-CHILD VISITS

1. If virtual visit can be converted to in-person, providers should use the "Home" daily report and "Hospital" Daily Developmental Care for children's parents prior to the appointment.
2. The normal gestation is a small time to assess weight, height, length, and fundal height and to do an in-person assessment.
3. The normal well-child visit requires immunizations and fundal height can be combined a virtual visit.
4. If possible, an in-person assessment with vaccination should be done. Some providers have chosen to only proceed with the virtual visit and vaccine and postpone the visit if appropriate and address some parents' concerns such as a parent of a child with a chronic condition.
5. Regarding preterm labour, providers should be advised at home. However, the need to be weighed against potential risks such as a parent of a child with a chronic condition.
6. If possible, the virtual visit should be an in-person assessment with vaccination, as this visit incorporates the vaccine, mumps, and rubella vaccine and is an important vaccination given most adults of reproductive age.
7. If possible, the virtual visit should be an in-person assessment with vaccination, as this visit incorporates the vaccine, mumps, and rubella vaccine and is an important vaccination given most adults of reproductive age.
8. If possible, the virtual visit should be an in-person assessment with vaccination, as this visit incorporates the vaccine, mumps, and rubella vaccine and is an important vaccination given most adults of reproductive age.

PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

1. Can combine dating/NT scan with first trimester visit. There is a potential for being outside the window for maternal G6P measurement if the visit is delayed and postpone the visit if appropriate and address some parents' concerns such as a parent of a child with a chronic condition.
2. If possible, the virtual visit should be an in-person assessment with vaccination, as this visit incorporates the vaccine, mumps, and rubella vaccine and is an important vaccination given most adults of reproductive age.
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To view and print stand-alone handout of the schedules, please click on image

Ideally, patients with symptoms suspicious for COVID-19 or exposures (travel or contact with someone who tested positive) should be separated from the rest of the practice or treated at a separate time and by a separate team (1). At St. Michael's Hospital Family Health Team (FHT) in Toronto, Ontario, we have designated protected time slots in the morning for our more vulnerable patients, including pregnant women, newborns, and children due for vaccinations. Another goal is to schedule in-person prenatal visits to coincide with ultrasounds and other investigations to reduce the number of visits to the hospital or outpatient office.

If well-child visits are converted to virtual appointments, questionnaires such as the Rourke Baby Record (2) and Nipissing District Developmental Screen (3) can be emailed to parents prior to the appointment. Patients should be called to screen for COVID-19 symptoms or risk factors prior to attending all appointments and once again upon presenting to the hospital or clinic. Patients and families also need to be made aware of the hospital's policy on visitors and support persons during the COVID-19 pandemic. The interim schedules below are suggestions, which can be tailored to local needs and resources. The guidance around COVID-19 is rapidly changing and therefore providers need to continue to stay up to date on new information as well as provincial and hospital policies.

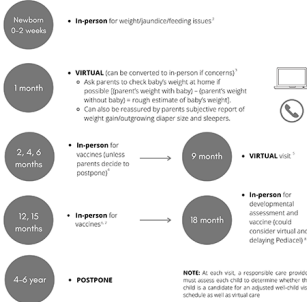
Well-Child Visits

Many health care providers in Canada follow the Rourke Schedule for well-child visits (2). During the COVID-19 pandemic, if resources allow and visits can be done safely (e.g. adequate screening and physical distancing in waiting rooms), well-child visits that incorporate immunizations should be continued (4). For all other well-child visits, providers can convert to virtual appointments (i.e. telephone or e-visit) or postpone if there are no parental concerns.

Figure 1: Proposed interim schedule for well-child visits

INTERIM SCHEDULE FOR CHILDREN AND PREGNANT WOMEN DURING THE COVID-19 PANDEMIC

PROPOSED SCHEDULE FOR WELL-CHILD VISITS



Low-risk prenatal visits

For low-risk pregnancies, it is acceptable to adjust the routine prenatal visit schedule to align with the WHO Antenatal Care Model (2016) (7), Society of Obstetrics and Gynecologist (SOGC) COVID-19 guideline (8), Interim Nova Scotia Guideline (9), and American Journal of Obstetrics and Gynecology MFM Guidance for COVID-19 (10). Ideally, in-person prenatal visits should coincide with ultrasounds and other investigations to reduce the number of visits to the hospital or clinic. For visits after 24 weeks gestational age, perception of fetal movements can be used as a surrogate for fetal viability in lieu of doptone. For blood pressure measurement, providers can review with patients the clinical signs and symptoms of preeclampsia. If needed, providers can instruct the patient to purchase a blood pressure machine or to measure at a local pharmacy. Maternal weight can be self-reported. Postpartum visits can also be done virtually.

At each visit, a responsible care provider must assess each woman to determine whether she is a candidate for an adjusted prenatal visit schedule as well as virtual care.

Figure 2. Proposed interim schedule for low-risk prenatal patients



INTERIM SCHEDULE FOR CHILDREN AND PREGNANT WOMEN DURING THE COVID-19 PANDEMIC

PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

11 – 15 week	Initial prenatal visit in clinic	<ul style="list-style-type: none">Combined dating/NT scan*Full history and risk assessmentLaboratory tests (including genetic screening) as needed
16 week	Virtual visit	<ul style="list-style-type: none">Discuss screening and laboratory resultsInitiate iron supplementation if neededBook anatomy scan for next visit
20 week	Prenatal visit in clinic	<ul style="list-style-type: none">Full anatomical scanGive requisition for glucose challenge test and CBC, ferritin and G6S (if Rh negative)* G6S test needs to be done at least 6 weeks prior to administration of vitamin K
25 – 28 week	Prenatal visit in clinic	<ul style="list-style-type: none">Coincide with T2 bloodwork†if Rh negative, organize WinRho
30 week	Virtual visit (as per ACOG, MFM, g0-0619a2)	<ul style="list-style-type: none">Consider virtual visit if appropriateif virtual: Review fetal movements and clinical signs of preterm labour and preeclampsia; patient to self-report BP (if accessible at home) (frequency) and weight; consider self-symphysys fundal height*Book BP (growth) visits for 2 weeks (if indicated)* AHEAD

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Dr. Tali Bogler is a staff family physician and Chair of the Family Practice Obstetrics Team at St. Michael's Hospital in Toronto, Ontario.

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