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


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