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

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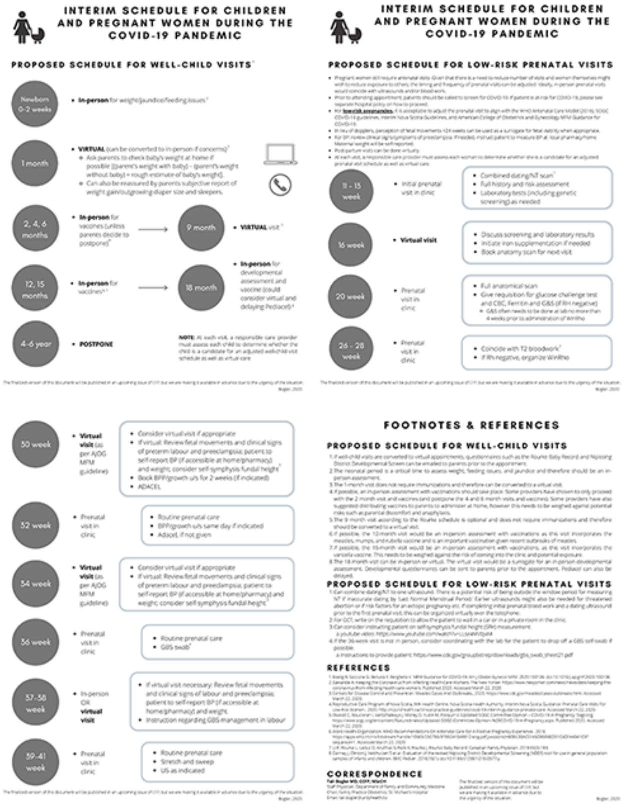
The World Health Organization (WHO) declared COVID-19 a global pandemic. Pregnant women, newborns, and children due for vaccinations still require care during the pandemic. Given that there is a need to reduce the number of visits, and women, children and their caregivers might wish to reduce exposure 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.



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

PROPOSED SCHEDULE FOR WELL-CHILD VISITS

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PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

FOOTNOTES & REFERENCES

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REFERENCES

CORRESPONDENCE

To view and print stand-alone handout of the schedules, please click on image

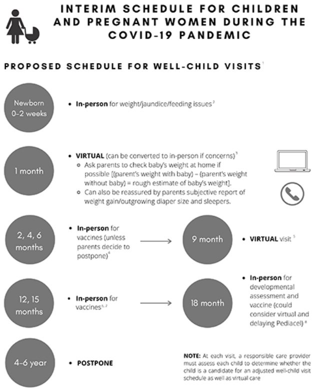
Ideally, patients with symptoms suspicious for COVID-19 or exposures (travel or contact with someone who tested positive) should be separated from the rest of the practice or treated at a separate time and by a separate team (1). At St. Michael's Hospital Family Health Team (FHT) in Toronto, Ontario, 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



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PROPOSED SCHEDULE FOR WELL-CHILD VISITS[1]

Newborn 0-2 weeks
- **In-person** for weight/jaundice/feeding issues[2]

1 month
- **VIRTUAL** (can be converted to in-person if concerns)[3]
  - 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 reassured by parents subjective report of weight gain/outgrowing diaper size and sleepers.

2, 4, 6 months
- **In-person** for vaccines (unless parents decide to postpone)[4]

9 month
- **VIRTUAL** visit[5]

12, 15 months
- **In-person** for vaccines[6, 7]

18 month
- **In-person** for developmental assessment and vaccine (could consider virtual and delaying Pediacel)[8]

4-6 year
- **POSTPONE**

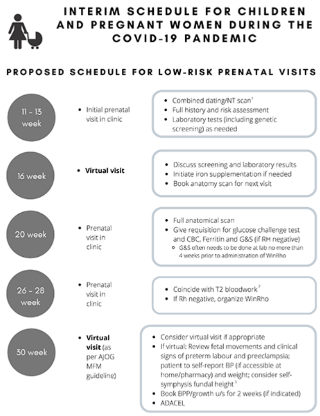
NOTE: At each visit, a responsible care provider must assess each child to determine whether the child is a candidate for an adjusted well-child visit schedule as well as virtual care

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 child 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



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PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

11 - 13 week	• Initial prenatal visit in clinic	• Combined dating/NT scan[1] • Full history and risk assessment • Laboratory tests (including genetic screening) as needed
16 week	• **Virtual visit**	• Discuss screening and laboratory results • Initiate iron supplementation if needed • Book anatomy scan for next visit
20 week	• Prenatal visit in clinic	• Full anatomical scan • Give requisition for glucose challenge test and CBC, Ferritin and G&S (if RH negative) ∘ G&S often needs to be done at lab no more than 4 weeks prior to administration of WinRho
26 - 28 week	• Prenatal visit in clinic	• Coincide with T2 bloodwork[2] • If Rh negative, organize WinRho
30 week	• **Virtual visit** (as per AJOG MFM guideline)	• Consider virtual visit if appropriate • If virtual: Review fetal movements and clinical signs of preterm labour and preeclampsia; patient to self-report BP (if accessible at home/pharmacy) and weight; consider self-symphysis fundal height[3] • Book BPP/growth u/s for 2 weeks (if indicated) • ADACEL

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Acknowledgements: I acknowledge the help of other members of the Family Medicine Obstetrics Group at St. Michael Hospital, Toronto, Ontario and members of the Obstetrics Department at St. Michael's Hospital, including Dr. Filomena Meffe, Dr. Howard Berger and Dr. Eliane Shore as well as members of the Pediatrics Department at St. Michael's Hospital, including Dr. Tony Barrozzino and Dr. Douglas Campbell. I also acknowledge the suggestions provided by members of the Family Medicine Obstetrics Group at North York General Hospital in Toronto, Ontario, including Dr. Lara Rosenberg and Dr. David Eisen as well as Dr. Allan Grill, Chief of Family Medicine at Markham Stouffville Hospital.

I want to acknowledge Orly Bogler who is a 4th year medical student at the University of Toronto and was taken off clinical duties due to the COVID-19 pandemic. Orly helped with editing the paper and designing the interim schedules.

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