



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

PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

11 – 13
week

- Initial prenatal visit in clinic

- Combined dating/NT scan¹
- 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 bloodwork²
- 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 height³
- Book BPP/growth u/s for 2 weeks (if indicated)
- ADACEL

32 week

- Prenatal visit in clinic

- Routine prenatal care
- BPP/growth u/s same day if indicated
- Adacel, if not given

34 week

- **Virtual visit** (as per ACOG 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 height³

36 week

- Prenatal visit in clinic

- Routine prenatal care
- GBS swab⁴

37-38 week

- In-person OR **virtual visit**

- If virtual visit necessary: Review fetal movements and clinical signs of labour and preeclampsia; patient to self-report BP (if accessible at home/pharmacy) and weight
- Instruction regarding GBS management in labour

39-41 week

- Prenatal visit in clinic

- Routine prenatal care
- Stretch and sweep
- US as indicated

FOOTNOTES

PROPOSED SCHEDULE FOR LOW-RISK PRENATAL VISITS

1. Can combine dating/NT to one ultrasound. There is a potential risk of being outside the window period for measuring NT if inaccurate dating by 'Last Normal Menstrual Period.' Earlier ultrasounds might also be needed for threatened abortion or if risk factors for an ectopic pregnancy etc. If completing initial prenatal blood work and a dating ultrasound prior to the first prenatal visit, this can be organized virtually over the telephone.
2. For GCT, write on the requisition to allow the patient to wait in a car or in a private room in the clinic. If there are significant disruptions to lab testing and treatment due to COVID-19 and/or patient refusal, please review the temporary alternative screening strategy for gestational diabetes at your institution (i.e. A1c & non-fasting, random plasma glucose as per SOGC April 2020) (11).
3. Can consider instructing patient on self-symphysis fundal height (SFH) measurement:
 - a. youtube video: <https://www.youtube.com/watch?v=LLse4MV0J4M>
4. If the 36-week visit is not in person, consider coordinating with the lab for the patient to drop off a GBS self-swab if possible.
 - a. Instructions to provide patient:
https://www.cdc.gov/groupbstrep/downloads/gbs_swab_sheet21.pdf