



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

PROPOSED SCHEDULE FOR WELL-CHILD VISITS¹

Newborn
0-2 weeks

- **In-person** for weight/jaundice/feeding issues²

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 vaccines⁴



9 month

- **VIRTUAL** visit⁵

12, 15
months

- **In-person** for vaccines^{6,7}



18 month

- **In-person** for developmental assessment and vaccine (could consider virtual)⁸

4-6 year

- Consider **postponing**

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

FOOTNOTES

PROPOSED SCHEDULE FOR WELL-CHILD VISITS

1. If well-child visits are converted to virtual appointments, questionnaires such as the Rourke Baby Record and Nipissing District Developmental Screen can be emailed to parents prior to the appointment.
2. The neonatal period is a critical time to assess weight, feeding issues, and jaundice and therefore should be an in-person assessment.
3. The 1-month visit does not require immunizations and therefore can be converted to a virtual visit.
4. If possible, an in-person assessment with vaccinations should take place. Delaying vaccines puts children at risk for common and serious childhood infections. Therefore, we recommend continuing vaccines during COVID-19, in accordance with the Canadian Paediatric Society (CPS) COVID-19 guidelines. Although risk of transmission in clinic is low with adequate screening and infection control, providers still need to engage in shared-decision making with parents in order to balance the relative risks. Need to consider:
 - i. Risk of exposure with travel to the clinic (many patients might not have a private vehicle)
 - ii. Clinical screening processes are not foolproof as they are often based on self-report
 - iii. Health care providers (HCPs) might expose patients (although this might be improved with mandated masks for HCPs during clinical encounters, which is now in effect in many hospitals and has been recommended for outpatient community family practice offices) (5)
5. The 9-month visit according to the Rourke schedule is optional and does not require immunizations and therefore should be converted to a virtual visit.
6. If possible, the 12-month visit should be an in-person assessment with vaccinations as this visit incorporates the measles, mumps, and rubella vaccine and is an important vaccination given recent outbreaks of measles (6).
7. If possible, the 15-month visit should be an in-person assessment with vaccinations, as this visit incorporates the varicella vaccine.
8. The 18-month visit can be in-person or virtual. The virtual visit would be a surrogate for an in-person developmental assessment. Developmental questionnaires can be sent to parents prior to the appointment.