

Date:	April 3, 2020
To:	Primary Care Providers (Family Practice Physicians, Nurse Practitioners and Midwives) Obstetricians/Gynecologists Primary Care Interprofessional Teams
From:	Kelly Gunn, VP Primary & Community Care and Chief Nursing Executive Dr. Bill Kingston, Medical Lead, Perinatal Program; Vanessa Salmons, Executive Lead, Perinatal Program
CC:	Penny Anguish, NI COO Angela De Smit, NE COO Ciro Panessa, NW COO Northern Health Medical Directors; NH EOC
Re:	Antenatal Visits during COVID-19 Pandemic - Additional Pregnancy BCCDC Guidance

Additional guidance has been added to the [BCCDC COVID-19 in Pregnancy](#) webpage:

- [Antenatal Visits during COVID-19 Pandemic](#)

This is in addition to the guidance released on March 31, 2020, inclusive of:

- [Supplemental Statement regarding COVID-19 and pregnancy](#)
- [General guidelines for community providers in BC](#)
- [General guidelines for admission and hospital treatment](#)

Background:

- Perinatal Services BC (PSBC) continues to work with Healthy Authority (HA) Perinatal leads and the BC Centre for Disease Control (BCCDC) to develop clinical guidance for COVID-19 in pregnancy, birth and postpartum
- The provincial guidance is endorsed by BCCDC and PSBC and recommended for HA guidance and standardization based on best-available evidence
- The guidance is linked through the BC Centre for Disease Control (BCCDC) website

New Clinical Guidance:

- During this time of pandemic response, it is recommended to reduce antenatal visits to reduce the possibility of exposure for both healthy pregnant persons and health care providers
- Refer to the suite of provincial guidance available through BCCDC webpage: [BCCDC COVID-19 in Pregnancy](#)
 - [Antenatal Visits during COVID-19 Pandemic](#)
- Information also linked through the [Coronavirus page on OurNH](#) and [Perinatal Services BC](#)
- Applicable for primary care providers, Obstetrician/Gynecologists and primary care interprofessional teams

Recommendations:

1. Low-risk healthy women and pregnant individuals need 8 contacts (virtual or in-person) in pregnancy with a healthcare provider
 - First Trimester:
 - Contact 1: up to 12 weeks – recommend in-person visit for this or next visit
 - Second Trimester:
 - Contact 2: 20 weeks – recommend in-person visit for this visit if not done in 1st trimester
 - Contact 3: 26 weeks – virtual visit recommended
 - Third trimester
 - Contact 4: 30 weeks – virtual or in-person
 - Contact 5: 34 weeks – in-person if 30-week visit virtual
 - Contact 6: 36 weeks – in-person
 - Contact 7: 38 weeks – in-person
 - Contact 8: 40 weeks – in-person
 - Return for monitoring or discussion re: induction at 41 weeks if not given birth.
2. Care for women and pregnant individuals at risk including obstetrical risks, fetal risks, medical co-morbidities or psychosocial issues:
 - Create an individualized care plan to determine the schedule of visits. Not all contacts have to be in-person and virtual care can be considered. Ensuring appropriate blood pressure screening (either home monitoring or in-person visits) can be individualized.
3. All laboratory tests and ultrasound tests that are time sensitive should still be completed (i.e., 20-week US scan, dating US scan, diabetes screen, genetic screening, 35-37 week GBS screen).

For more information, please contact:

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