

Level 3: Modifying Prenatal Care Visits for Obstetric Patients

*If a CO is COVID19+ or a PUI, the Prenatal care plan will be individually determined by Provider & MFM team.

Goals: Reduce patient risk through healthcare exposure, understanding that asymptomatic health systems/healthcare providers may become the most common vector for transmission

To reduce the public health burden of COVID-19 transmission throughout the general population.

Gestational Age	In-person OB Visit	OB Provider Phone call or VTC	Ultrasound ***	Comments
First trimester	- X		X (Dating/NT)	Telephone OB intake with RN, OB provider, and BHC Initial OB labs at time of US
16 weeks		X		
21-22 weeks	X		X (Anatomy)	
24 weeks		X		
28 weeks	X			Labs/vaccines
30 weeks		X		
32 weeks	X		X (if indicated)	
34 weeks		X		
36 weeks	X		X (if indicated)	GBS/HIV screen
37 weeks-Delivery	X			Weekly
Postpartum		X		2 week and 6-8 week pp visits over the phone unless LARC desired asap or at facility for well baby same day. All Paps/colpos/blood work can be done at 12+ weeks pp (ACOG)

Earlier scan may be indicated if at risk for ectopic or spontaneous abortion.

***Use shared decision making and consider first trimester ultrasound to: confirm fetal viability, confirm gestational dates, establish multiple gestation, etc. This ultrasound should be coordinated with an in-person OB visit and labs.

Care should be individualized for each patient especially those with high risk clinical conditions. OB providers should use their best medical judgment for when in-person visits are recommended. OB providers may decide to use home monitoring for blood pressure and glucose management.

- Fetal antenatal testing should be performed if indicated. When antenatal testing is indicated, MFM plans to perform once-weekly testing by combining a BPP with NST.