



INTERIM SCHEDULE FOR CHILDREN DURING THE COVID-19 PANDEMIC

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

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 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

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 & REFERENCES

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. Some providers have chosen to only proceed with the 2 month visit and vaccines (and postpone the 4 and 6 month visits and vaccines). Some providers have also suggested distributing vaccines to parents to administer at home, however this needs to be weighed against potential risks such as parental discomfort and anaphylaxis.
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 would 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.
7. If possible, the 15-month visit would be an in-person assessment with vaccinations, as this visit incorporates the varicella vaccine. This needs to be weighed against the risk of coming into the clinic and potential exposure.
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. Pediaclac can also be delayed.

REFERENCES

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