

Modified PN visit schedule for Low Risk Pregnancies

- During the COVID-19 pandemic, we will do what we can to minimize the potential exposure for pregnant women by adapting to a well established WHO recommended visit schedule.
- This is for low risk pregnancies. It is suggested that you consult with one of the in-house intrapartum care providers for women with pregnancies at higher risk.
- All postpartum visits can be done virtually during this time.

≤12 wks

- Initial PN visit (in clinic or **virtual**)

- Dating/NT u/s
- Routine blood work
- Offer genetic screening
- Order anatomic u/s

20
weeks

- In clinic visit

- Review anatomic u/s if available
- Offer GDM screening
- Consider need for RhoGam

26
weeks

- In clinic visit

- Review GDM results
- Ensure Rh Clinic visit prn
- Review anatomic u/s if not already done

30
weeks

- In clinic visit

- Routine prenatal care
- Offer Tdap vaccination

34
weeks

- In clinic or **virtual visit**

- If virtual, review FMs and clinical signs of preterm labour/pre-eclampsia; pt to self report BP and wt

36
weeks

- In clinic visit

- Routine prenatal care
- GBS swab

38-39
weeks

- In clinic or **virtual visit**

- If virtual, review FM counts and clinical signs of labour/pre-eclampsia; pt to self report BP and wt

40-41
weeks

- In clinic visit

- Routine prenatal care
- Offer S&S
- Book induction of labour prn

*adapted from WHO Antenatal Care Model (2016) and Interim Schedule for Children and Pregnant Women During the COVID-19 Pandemic (Dr Tali Bogler, St. Michael's Hospital).