

Modified schedule for low-risk women during COVID-19

Modification of peripartum care schedules

- If local risk assessed as low, follow usual face-to-face (F2F) schedule and incorporate/replace encounters with telehealth as indicated for the circumstances
 - Add more F2F in the third trimester
- If local risk assessed as elevated reduce number/duration of face-to-face contacts (F2F)
 - Conduct F2F with minimum number of people (preferably woman only)
 - Minimise time in appointment waiting areas
 - Consider hybrid models (F2F and telehealth) (e.g. for booking in visit)
 - Schedule F2F around care that requires physical interaction/care (e.g. vaccination)
- **During every F2F contact**
 - Perform usual clinical assessments (e.g. blood pressure, fundal height, fetal heart, weight, urinalysis)
 - Ask about fetal movements, mental wellbeing, domestic violence

Gestation	Contact type	COVID-19 recommendations for low risk woman
<12 weeks (or first visit)	F2F	<ul style="list-style-type: none"> • Recommend influenza vaccination • Consider dating scan (6–8 weeks) for dates, viability, location • Recommend nuchal scan (11–13 weeks) +/- NIPT (≥ 10 weeks) • Give referral for routine antenatal blood tests <p>Elevated risk</p> <ul style="list-style-type: none"> • Request GDM testing with HbA1c • Request ferritin with Hb assessment (assume blood stock low)
12–18 weeks	F2F or telehealth	<ul style="list-style-type: none"> • Recommend morphology scan (18–20 weeks) • Plan for hospital booking-in • Discuss antenatal classes <p>Elevated risk</p> <ul style="list-style-type: none"> • Hospital booking-in via telehealth • Antenatal classes online/virtual
20–22 weeks	F2F	<ul style="list-style-type: none"> • Recommend pertussis vaccination • Give referral for routine 26–28 week blood tests <p>Elevated risk</p> <ul style="list-style-type: none"> • Request GDM testing (at 24–28 weeks) as per screening and diagnosis during COVID-19 • Request ferritin with Hb assessment (assume blood stock low)
24–26 weeks	F2F or telehealth	<ul style="list-style-type: none"> • Routine antenatal care
28 weeks	F2F	<ul style="list-style-type: none"> • If indicated, RhD immunoglobulin (anti-D) • Give referral for routine 36 week bloods <p>Elevated risk</p> <ul style="list-style-type: none"> • Request ferritin with Hb assessment (assume blood stock low)
31 weeks	F2F or telehealth	<ul style="list-style-type: none"> • Routine antenatal care
34–37 weeks	At least one F2F	<ul style="list-style-type: none"> • If indicated, RhD immunoglobulin (anti-D) • Consider USS for growth and position
	Remainder telehealth	<ul style="list-style-type: none"> • Routine antenatal care
38 weeks	F2F or telehealth	<ul style="list-style-type: none"> • Routine antenatal care
41 weeks	F2F	<ul style="list-style-type: none"> • Usual considerations for fetal well-being and birth planning



Postnatal schedule		
Gestation	Contact type	COVID-19 recommendations for low risk woman
0–6 weeks postpartum	F2F or Telehealth	<ul style="list-style-type: none"> Perinatal mental health check Ask about domestic violence Routine postnatal care Elevated risk <ul style="list-style-type: none"> Delay GDM follow-up <ul style="list-style-type: none"> Refer to updated GDM postnatal follow-up recommendations
6 weeks	F2F	<ul style="list-style-type: none"> Routine maternal and newborn assessment Newborn vaccinations Check completion of routine newborn follow-ups (e.g. NNST, hearing screen) Elevated risk <ul style="list-style-type: none"> Newborn assessment: prioritise growth, eyes, hips, heart

Antenatal and postnatal schedules adapted with permission: from an original by Dr Wendy Burton April 2020

Ultrasound schedule if elevated risk		
Scan	Asymptomatic woman	Symptomatic woman
11+0–13+6 weeks*	Combined test Offer non-invasive prenatal testing (NIPT)	Reschedule combined test in 2 weeks if still within gestational-age window Offer NIPT/serum screening and detailed scan 3–4 weeks after quarantine
18+0–23+0 weeks*	Anatomical scan	Reschedule after quarantine in 2–3 weeks
Fetal growth scan in third trimester	Reduce numbers of scans as clinically appropriate Perform only for standard clinical indications If no clinical review in late pregnancy (no fundal height measurement; fetal heart rate auscultation), consider brief late gestation scan to confirm presentation and fetal wellbeing (biometrics and amniotic fluid volume measurement)	

*Source: ISUOG Consensus Statement on organization of routine and specialist obstetric ultrasound services in the context of COVID-19. (2020)

Queensland Clinical Guideline. *Maternity care for mothers and babies during the COVID-19 pandemic*. Flowchart: F20.63-6-V2-R25

