

Reproductive care during COVID 19.

Radical shifts in the way the reproductive care is provided & how women experience it have occurred during the COVID-19 pandemic. The crisis is reshaping reproductive care in way that could have a long-lasting impact.

Question: In pregnant women, how does telehealth reproductive care compared with in-person appointments affect accessibility of prenatal care?

Summary: When the COVID-19 pandemic became prevalent in the US, and pregnant women were highly encouraged to stay at home as “attending in-person prenatal care visits with potential interaction with other patients, health care personnel, and staff represented an additional source of potential exposure” (Aziz et al., 2020). Telehealth as a mode of care emerged as a way prenatal care could be maintained in a socially distanced manner. In the shifts to telehealth care, some benefits that were found was higher patient involvement in their care, and potentially increased attendance at appointments due to decreased need for transportation, lower costs, and not having to find childcare for other children (McSpedon, 2020).

With the option of telehealth care, screenings and assessments requiring in person care are clustered and only take place when needed, supplemented with the telehealth appointments. The virtual appointments also make care more accessible for rural communities. However, internet access or adequate cellphone service are a prerequisite needed for this care to be successful. “Concerns about usability of technology, reliability of data, and ability to inform clinical decision making have been raised,” and patients may need help setting up virtual accounts and technology or move to an area with better connection to be able to have an effective appointment (Reynolds, 2020).

In high-risk pregnancy, the addition of telehealth appointments has allowed for increased monitoring and decreased risk of exposure to COVID-19. “While telehealth virtual visits do not fully replace in-person encounters during prenatal care, they do offer a means of reducing potential patient and provider exposure to COVID-19 while providing consolidated in-person testing and services” (Aziz et al., 2020). These appointments can be individualized according to the patient’s needs and frequency can be adjusted with acuity of complications, just as in person appointments could be. Furthermore, telehealth allows for complicated pregnancy patients to meet with specialists virtually that they would have had difficulty coordinating appointments with otherwise. Specialties that may be based in another city or state can now be integrated into the patient’s prenatal care without needing to take time off work for travel or costs of that travel needing to be considered (Aziz et al., 2020).

Conclusion:

Telehealth is reshaping the way that prenatal care is provided to patients. While it cannot completely replace in-person appointments, this virtual platform enables care providers to “consolidate in-person prenatal screening, surveillance, and examinations into fewer in-person visits while maintaining patient access to ongoing antenatal care and subspecialty consultations via telehealth virtual visits” (Aziz et al., 2020). Telehealth has improved accessibility to care for patients in rural areas as well by connecting patients with providers that may be difficult to travel

to. It can cut costs for the patient in travel, childcare, and loss of work, allowing accessibility for a broader range of patients regarding financial status and availability during normal clinic hours. Telehealth, in conjunction with in-person care when needed, can broaden the accessibility of prenatal care for patients without sacrificing quality of care. Despite the hardships that have resulted from the COVID-19 pandemic, telehealth has emerged as an improvement in care that gives patients options to choose between virtual and in-person appointments depending on their needs and preferences while also decreasing the risk of exposure to COVID-19 for pregnant women during the pandemic. This shift in care, while initially in response to the pandemic, is an intervention that should stay long term to expand the accessibility of quality prenatal care for pregnant women.

Work Cited:

Primary Article:

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Secondary Article:

McSpedon, C. (2020). Reproductive care during COVID-19. *AJN, American Journal of Nursing*, 120(9), 19–20. <https://doi.org/10.1097/01.naj.0000697600.29112.22>

Tertiary Article:

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