

# Video Consultations: Clinical Modules

Pregnancy care

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## Summary

- Pregnancy care can be provided by telehealth when appropriately screened
- Telehealth can be beneficial when no antenatal physical examination is required and if the pregnancy is considered low risk
- Video consultations are better than phone calls as you can also see more from a clinical, social and mental health perspective
- Telehealth consultations are very convenient for both patients and providers, saving significant time, petrol and cost
- Studies suggest telehealth for pregnancy care can result in better health outcomes due to the improvement in access and support
- Use of telehealth can help keep women safe, particularly in the first trimester, by reducing potential infectious exposures in waiting rooms like Covid and flu
- Disadvantages of telehealth are when closer monitoring of BP, fetal growth and fetal heart rate are needed, especially in the second half of pregnancy
- However, BP monitoring can be enabled at home and telehealth can improve outcomes for women with hypertension in pregnancy and gestational diabetes. Some clinics and community pharmacies loan machines to clients and many pharmacies provide free walk-in blood pressure checks. Alternatively, they can be purchased new for \$60-100
- Telehealth appointments can also cover issues such as alcohol and other drug use, mental health and domestic violence (when privacy is assured)
- Some women have found having a telehealth consult in their car provides more privacy than inside their home.

Source: Aziz A, Zork N, Aubey JJ, et al. [Telehealth for High-Risk Pregnancies in the Setting of the COVID-19 Pandemic](#). Am J Perinatol. 2020;37(8):800-808. doi:10.1055/s-0040-1712121

## Red flags

Red flag symptoms which indicate that the client needs urgent assessment include:

- Any concern or potential symptoms or signs of pre-eclampsia (headache, abdominal pain, rising BP, proteinuria etc)
- First trimester hyperemesis
- Decreased oral intake or urine output (dehydrated, needing IV fluids and not able to be managed safely by POAC (Primary Options) within the clinic.
- Reduced foetal movements
- Any concerns about intimate violence or client's safety
- Any concerns re bleeding, ruptured membranes, premature labour etc.
- Respiratory symptoms or signs, difficulty breathing, shortness of breath at rest
- Pain or pressure in chest

Refer to your local HealthPathways for guidance.

The use of telehealth or telephone consultations does not reduce the expectation of maintaining professional standards. Issues such as patient privacy, protection of data, thorough assessment and documentation are just as important as in an in-person consultation.

Important physical examination findings e.g., blood pressure or fundal measurement may require targeted in-person consultation or other arrangements e.g., home visit or pharmacy BP.

**High-risk pregnancies** will also increase likelihood for needing acute in-person assessment.

Risk factors for earlier in-person assessment should be considered:

- age (>35)
- diabetes, heart or respiratory conditions
- comorbidities (including BMI >35)
- immunocompromised

## Template/prompts/checklist/how-to (making it easier!)

Remote assessment for pregnancy care

<p><b>Starting the consultation: the 4 C's</b></p>	<p>If video consultation, follow the usual 4 C's process for starting the consultation:</p> <ol style="list-style-type: none"> <li>1. Communications check (mention if any issues that you will call the patient) – check audio and video quality.</li> <li>2. Confirm identity.</li> <li>3. Confirm participants/whānau – who else is present? Ensure patient in a private, quiet place – and reassure that you are too, and that the video is confidential and secure.</li> <li>4. Consent to proceed – and document.</li> </ol> <p>See the Virtual Health (VH001) course on the <a href="#">Learn platform</a>, accessed via the Members Website, for more information and general telehealth tips and tricks.</p>
<p><b>Agenda setting</b></p>	<p>Check what does the client want most from the appointment?</p>
<p><b>History and functional assessment</b></p>	<p>Follow usual care as per HealthPathways – <a href="#">Antenatal care section</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Antenatal - First Consult</a></li> <li>• <a href="#">Antenatal Genetic Screening</a></li> <li>• <a href="#">Bleeding in RhD Negative Women</a></li> <li>• <a href="#">Fetal Renal Tract Dilation</a></li> <li>• <a href="#">Medications in Pregnancy and Breastfeeding</a></li> <li>• <a href="#">Pre-conception Consult</a></li> <li>• <a href="#">Pregnancy and Diabetes</a></li> </ul> <p>Use <a href="#">Best Start</a> Kōwae Pregnancy Tool as this provides a comprehensive assessment for early pregnancy, improving safety and quality of care. This tool is now available through your PMS. See also information below about Best Start Kōwae. This tool is best completed by both nurses and Doctor and doesn't need to be completed in one appointment. See the Members Website for <a href="#">top tips for this tool</a>.</p>
<p><b>Symptoms and severity</b></p>	<ul style="list-style-type: none"> <li>• Any new or ongoing symptoms?</li> <li>• Use your usual history taking skills and open questions.</li> </ul>
<p><b>Medication and co-morbidity</b></p>	<ul style="list-style-type: none"> <li>• <b>Any pre-existing conditions/comorbidities and/or long-term medicines</b> that may put them in a higher risk group, or explain any of the symptoms?</li> <li>• <b>Medications:</b> any medications that may increase their risk (e.g., immunosuppressants), or if they need temporary adjustment (e.g., if dehydration present)</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Review if any need for iron tablets, calcium, aspirin etc.</b></li> <li>• <b>Folic acid and iodine:</b> Are women still taking this as appropriate? Often a script of iodine runs out and women don't realise the need to keep taking throughout pregnancy and breastfeeding</li> <li>• <b>Advice:</b> healthy lifestyle, safe exercise, smoke-free environment etc.</li> <li>• <b>Using the Best Start Kōwae pregnancy tool</b> makes remembering all these recommendations much easier.</li> </ul>
<p><b>Observations/tests</b></p>	<p><b>Early BP, weight checks and height are recommended.</b></p> <p><b>Self-monitoring:</b> some women have instruments at home: BP machine, weight, height, pulse oximeter, peak flow etc. If they do, make use of these to monitor change. Interpret self-monitoring results with caution in the context of your wider assessment. Also, be mindful of the quality of these devices.</p> <p><b>Also consider:</b></p> <ul style="list-style-type: none"> <li>• Note what you can and cannot see</li> <li>• Surroundings – any signs of poverty, crowding, etc.</li> <li>• Welfare and safety</li> <li>• Mental wellbeing.</li> </ul> <p>Any additional support required for socioeconomic factors?</p> <p><b>Abdominal examination</b></p> <ul style="list-style-type: none"> <li>• Women can be shown how to take their own fundal height measurements</li> <li>• Foetal movement charts can also be used and shared via video.</li> </ul>
<p><b>Vaccinations</b></p>	<p><b>Any vaccinations now due?</b> Pertussis, flu, COVID</p>
<p><b>Actions</b></p>	<ul style="list-style-type: none"> <li>• Ongoing antenatal care usually managed by LMC: Support in finding LMC, or GP recommendation, or warm handover if possible (even if virtual) have been shown to be beneficial enablers in ensuring a smooth transition from GP to LMC midwife care</li> <li>• <a href="#">Pregnancy roadmap can be very useful for new Mums.</a></li> </ul>

## Information for women and support options

[FAQs: Midwifery care during alert levels 3 & 4, August 2021 update](#) NZ College of Midwives

[FAQs: Breastfeeding and infant feeding during the COVID-19 pandemic, September 2021 update](#) NZ College of Midwives

### Pregnancy and Birth during COVID Support Group

A support group has been created by women for women and is mentioned on the NZ College of Midwives website. This group is for emotional and social support, NOT medical advice.

<https://www.facebook.com/groups/pregnancyduringcovidoteaoroa/>



### COVID-19 Vaccination in Pregnant and Breastfeeding Women and those planning pregnancy

Good update from [The Royal Australian and New Zealand College of Obstetricians and Gynaecologists](#), updated 22 April 2022.

Key points:

- Pregnant women have a higher risk of severe illness from COVID-19. Their babies also have a higher risk of being born prematurely
- COVID-19 vaccination significantly reduces the risk of becoming infected with COVID-19. Vaccination also reduces your risk of transmitting the virus to others, including to infants
- COVID-19 vaccination may provide indirect protection to babies by transferring antibodies through the placenta (for pregnant women) or through breastmilk (for breastfeeding women)
- Pregnant women in Aotearoa New Zealand are a priority group for COVID-19 vaccination and should be routinely offered the Pfizer vaccine (Comirnaty) as this is the only vaccine currently approved for pregnant women in New Zealand
- Pfizer (Comirnaty) and Moderna (Spikevax) are mRNA vaccines. Global evidence has shown that the Pfizer and Moderna vaccines are safe for pregnant women
- There is no evidence of increased risk of miscarriage or teratogenic risk with mRNA or viral vector vaccines
- Women who are trying to become pregnant do not need to delay vaccination or avoid becoming pregnant after vaccination.
- Booster injections for pregnant women are suggested 3 months after the second dose and are vital for protection against the Omicron strains BA.1 and BA.2
- All healthcare workers, including midwives and doctors, are encouraged to be vaccinated, to protect themselves, pregnant women, and their babies. The vaccine does not cause “shedding” and vaccinated people are far less likely to transmit COVID-19.

## Other tools

### Best Start Kōwae

- A suite of innovative pregnancy assessment tools for use by Primary and Maternity Care Providers
- Gen2040 is leading the national rollout of a suite of innovative maternity assessments tools that supports maternity care across health services, ensuring all pēpī, especially pēpī Māori, are given the best start in life. Freely available for use by primary care providers and LMCs across Aotearoa with funding for some cohorts
- Four modules:
  - **Best Start - Pregnancy Tool**
    - A comprehensive early pregnancy assessment at confirmation of pregnancy
  - **Best Start - 2nd Trimester Check**
    - Flu and Pertussis vaccinations and follow up care
  - **Best Start - 6 Week Pēpī**
    - An enhanced 6 week postpartum check for baby (Well-Child Check)
  - **Best Start - 6 Week Māmā**
    - A holistic wellbeing check in for māmā at 6 weeks postpartum.
- [Best Start PMS Installation Guides and Videos](#)
- [Read more](#)

[Tips for using the Best Start Kōwae tool from 2021 Better Together Collaborative](#)

## Shared Group Appointments for antenatal care

A recent study in USA that delivered shared antenatal appointments, both in-person and virtual showed that these led to improved outcomes, reduced premature delivery etc for high-risk groups.

“CenteringPregnancy brings together eight to ten women of similar gestational age for the recommended schedule of 10 prenatal visits. Each in-person and virtual visit has a 90-minute format that includes private time with providers for a medical assessment, as well as an interactive discussion with providers, facilitators, and other expectant parents about timely health topics, such as nutrition, relationships, labour and delivery, and newborn care.”

Read more: [Lawson, A. Ann Ritter, A. Lessons From The Field: Offering Group Prenatal Care Via Telehealth During The COVID-19 Pandemic. Health Affairs, April 2021.](#)

## Learn more

### HealthPathways

- [Antenatal - First Consult](#)
- [Antenatal Genetic Screening](#)
- [Bleeding in RhD Negative Women](#)
- [Fetal Renal Tract Dilation](#)
- [Medications in Pregnancy and Breastfeeding](#)
- [Pre-conception Consult](#)
- [Pregnancy and Diabetes](#)

**Guide:** [COVID-19: a remote assessment in primary care \(March 2020, BMJ 10 min clinical guide\)](#)

**Infographic:** [Covid-19: remote consultations – a quick guide to assessing patients by video or voice call](#)

## References

- Improving hypertension outcomes in pregnancy. Fazal N, Webb A, Bangoura J, et al. [Telehealth: improving maternity services by modern technology BMJ Open Quality 2020;9:e000895. doi: 10.1136/bmjog-2019-000895](#)
- [Royal Australia NZ College of Obstetrics and Gynaecology.](#)
  - [A message for pregnant women and their families August 2021](#) RANZCOG
  - [Antenatal care April 2020](#), RANZCOG
- [Telephone and video consultations](#). 12 August 2020, NZ College of Midwives
- Auckland Regional HealthPathways [Telehealth consultations](#)
- [Pandemic pregnancy care: Telehealth versus face-to-face. RACGP](#), News GP. June 21.
- [A daunting journey: a qualitative comparative study of women's experiences of accessing midwifery care \(2021\)](#)
- [Rethinking engagement: Exploring women's technology use during the perinatal period through a Kaupapa Māori consistent approach \(2019\)](#)