

# BC VIRTUAL HEALTH GRAND ROUNDS: Virtual Innovation in Perinatal Care for Remote Communities

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Oct 16, 2024 | 0800-0900 PT



THE UNIVERSITY OF BRITISH COLUMBIA

**Continuing Professional Development**

Faculty of Medicine

# LAND ACKNOWLEDGMENT

We acknowledge that our UBC CPD office is located on the traditional, ancestral and unceded territory of the Skwxwú7mesh (Squamish), x<sup>w</sup>məθkwəy̓əm (Musqueam), and Səlílwətaʔ/Selilwítlh (Tsleil-Waututh) Nations.



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- Type questions into the Chatbox
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# PRESENTER DISCLOSURES

## Relationships with commercial interests:

### **Lee Yeates (RM):**

- *Rural Coordination Centre of BC (RCCbc)*
- *Midwives Association of BC (MABC)*
- *Royal Roads University (RRU)*

*No influence on content of presentation.*

### **Dr. Amy Sawchuk:**

- *Co-Lead of MaBAL an RTVS service with RCCbc*
- *UBC LHS grant for research on MaBAL- exploring how to support a rural First Nations community for virtual pre-natal care.*



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# PRESENTER DISCLOSURES

## Relationships with commercial interests:

### ***Dr. Shiraz Moola:***

- *Received funding from Specialist Services Committee DOBC as a competitive grant application. There was no influence from the funder.*

### ***Dina Davidson (RM):***

- *No relationship or commercial interests to disclose.*



# LEARNING OBJECTIVES

- Analyze the role of virtual care in improving access to perinatal services in remote communities, including the integration of local nurses and regional primary care providers.
- Describe the practical considerations for implementing virtual perinatal care, including technological requirements and patient engagement strategies.
- Apply practical techniques for virtual postpartum and infant care, including assessing latch and supporting breastfeeding.






# Virtual Innovation in Perinatal Care for Remote Communities

LEE YEATES (RM), DR. AMY SAWCHUK, DR. SHIRAZ MOOLA &  
DINA DAVIDSON (RM)



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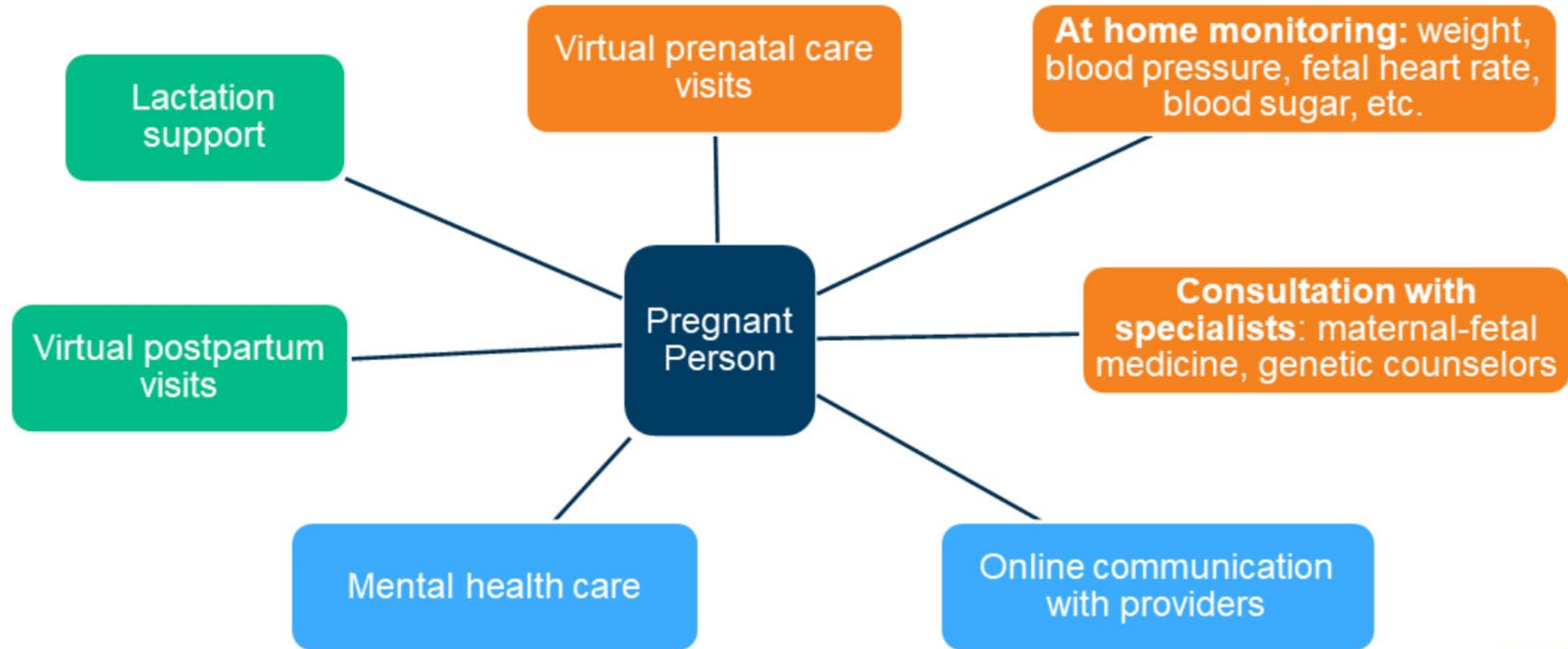


**BC Virtual Health Grand Rounds: Virtual  
Innovation in Perinatal Care for Remote  
Communities**

**October 16, 2024**



# Many healthcare services can be delivered via telemedicine during and after pregnancy



- Services delivered during pregnancy (prenatal care)
- Services delivered after pregnancy (postpartum care)
- Services delivered during and after pregnancy (prenatal/postpartum)

# Frequency of Virtual Prenatal Visits

## PSBC & PHSA

Up to 20 wks - at least one in-person  
26 wks - virtual app't recommended  
30 wks - virtual or in-person  
34 wks - in-person if 30-week visit virtual  
36 wks - in-person  
38 wks - in-person  
40+ wks - in-person

## ACOG

Intake - virtual  
8-12 wks - in-person  
16-20 wks - virtual  
24-28 wks - virtual  
28-30 wks - in-person  
30-32 wks - virtual [optional]  
34-36 wks - in-person  
36-38 wks - virtual  
39+ wks - in-person

## Low Risk Hybrid Model

Palmer et al. (2021)

Intake - virtual  
16 wks - virtual  
22 wks - virtual  
28 weeks - in-person  
31 wks - virtual  
34 wks - virtual  
36 weeks - in-person  
38 wks - virtual  
40+ weeks - in-person





Author	Centre	Population	Model	Remote monitoring	Proposed number of visits—in-person	Proposed number of visits—telehealth
Aziz et al. [15]	Columbia University Irving Medical Centre (USA)	High-risk pregnancies	Based on existing antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	Yes—ambulatory blood pressure, remote glucose monitoring.	6 in-person visits (11–13wk; 18–22wk; 27–28wk; 36wk; 39wk; 40wk)	7–8 telehealth visits (intake; 11–14wk; 23–26wk; 29–31wk; 32–35wk; 37wk; 38wk)
Dosaj et al. [16]	University of Illinois at Chicago (USA)	Low-risk pregnancies	Based on existing antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	Yes—ambulatory blood pressure as indicated, fetal Doppler as indicated	7 face-to-face visits (12wk; 20wk; 28wk; 32wk; 36wk; 38wk; 40wk)	6+ telehealth visits (intake; 12–28wk as necessary; 30wk; 34wk; 37wk; 39wk)
Duryea et al. [22]	Parkland Hospital, Dallas, TX (USA)	Low-risk and high-risk pregnancies	Based on existing antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	No	10 face-to-face visits (10wk; 18–20wk; 24wk; 28wk; 32wk; 36wk; 38wk; 39wk; 40wk; 41wk)	3 telehealth visits (14wk; 34wk; 37wk)
Fryer et al. [18]	Hillsborough County, FL (USA)	Low-risk pregnancies	The 'OB Nest Model'	Yes—ambulatory blood pressure, remote fetal Doppler	6 face-to-face visits (10–14wk; 20–22wk; 27–28wk; 35–36wk; 39wk; 40–41wk)	5 telehealth visits (6–10wk; 15–19wk; 23–26wk; 29–34wk; 37–38wk)
Limaeye et al. [23]	NYU Langone Health (USA)	Low-risk and high-risk pregnancies	Based on existing antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	No	6 face-to-face visits (11–14wk; 20–22wk; 27–28wk; 36wk; 38wk; 40wk)	7 telehealth visits (6–10wk; 15–19wk; 23–26wk; 29–31wk; 32–35wk; 37wk; 39wk)
Nakagawa et al. [21]	Hokkaido University Hospital (Japan)	Low-risk and high-risk pregnancies	Based on existing antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	Yes—ambulatory blood pressure, remote cardiotocography	5 face-to-face visits (12wk; 20wk; 24wk; 30wk; 36wk)	Variable number of telehealth visits (all other appointments as needed)
Palmer et al. [20]	Monash Health (Australia)	Low-risk pregnancies	Based on existing antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	Yes—ambulatory blood pressure, self-measured symphysial fundal height	3 face-to-face visits (28wk; 36wk; ≥ 40wk)	6 telehealth visits (intake; 16wk; 22wk; 31wk; 34wk; 38wk)
Palmer et al. [20]	Monash Health (Australia)	High-risk pregnancies	Based on existing antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	Yes—ambulatory blood pressure, self-measured symphysial fundal height	5 face-to-face visits (16–18wk; 28wk; 36wk; 38wk; ≥ 40wk)	5 telehealth visits (intake with midwife; intake with obstetrician; 22wk; 31wk; 34wk)
Peahl et al. [17]	University of Michigan (USA)	Low-risk pregnancies	The '4-1-4 Model'	No	5 face-to-face visits (8wk; 19wk; 28wk; 36wk; 39wk)	4 telehealth visits (16wk; 24wk; 38wk; 38wk)
Tavener et al. [19]	Imperial College Healthcare NHS Trust (UK)	Low-risk pregnancies	Based on existing reduced antenatal care model; supplementing face-to-face visits with virtual visits conducted with online videoconferencing software	No	8 face-to-face visits (14wk; 20wk; 28wk; 32wk; 36wk; 38wk; 40wk; 41wk)	2 telehealth visits (intake; 16wk)





## Leveraging What's Already Working

- on call provider available by phone
- on call provider available by text message
- ad hoc antenatal appointments
- at home or remote monitoring:
  - blood pressure
  - blood glucose
  - FHR
- nurse assisted monitoring and/or care

## Do Patients Like It?

### Is it safe?

- fewer access barriers
- increased flexibility & satisfaction
- time and cost savings
- enhanced continuity of care
- potential for patient empowerment
- No significant differences in rates of placental abruption, stillbirth, fetal growth restriction, hypertension, cord pH less than 7.0, or full-term NICU admission



# Partnership Building





The Real-Time Virtual Support Maternity and Babies Advice Line (MaBAL) is free and friendly and available to physicians, residents, nurses, midwives, nurse practitioners and other providers.



## Ask a question

Have a question about pregnancy, labour, or early postpartum care? Reach out anytime. We're available 24/7.

## Get a prescription

Is your sick patient also pregnant? Consult with a MaBAL doctor for advice on prescription and over the counter medications.



## Prenatal testing and ultrasounds

Do you have questions about a test or ultrasound result? Are you unsure about discussing a result with your patient? MaBAL providers can help.

## Infant nutrition and infant feeding

Ask us! MaBAL providers can connect your patient with virtual breast/chest-feeding advice and support.



## Women's health and contraception

MaBAL providers are here to support you and your patients with questions around family planning and any general women's health issues.



Real-Time  
Virtual Support

## We're here for you

MaBAL providers are passionate about providing maternity care to rural, remote and Indigenous communities. Whether you are a nurse at a nursing station, a midwife, or a doctor, nurse practitioner or resident serving a rural community, you are welcome to call.



SCAN ME



MaBAL: Add Zoom account: [mabal1@rccbc.ca](mailto:mabal1@rccbc.ca) | Phone: 236.305.7364

Visit [rccbc.ca/initiatives/rtps/mabal](https://rccbc.ca/initiatives/rtps/mabal) for details or to get started.



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# OTHER RESOURCES

If anyone wants copies of Dina's templates for either pp care or BF support they can email [dina.davidson@gmail.com](mailto:dina.davidson@gmail.com)



Tri-Cities Infant Feeding Clinic provides virtual and in person care to patients and/or consults from all over BC:

<https://infantfeeding.ca/referrals/>

Link to the Academy of Breastfeeding Medicine's protocols:

<https://www.bfmed.org/protocols>

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