OBJECTIVE:
• To investigate the impact of a reduced contact prenatal care model necessitated by the COVID-19 pandemic on meeting standards of care.

STUDY DESIGN:
• Retrospective case-control study of patients in low-risk obstetrics clinic at a tertiary care county facility.
• Compared a reduced-in-person prenatal care cohort (R) over 12 weeks from 3/16/20 – 5/14/20 with a control group (C) receiving traditional prenatal care who delivered before 3/16/20.
• The R cohort was subdivided into those that entered reduced prenatal care in early gestation (1st or 2nd trimester) or late (3rd trimester).
• Excluded multiple gestations, fetal anomalies, presentation to care > 28 weeks, major preexisting medical conditions.
• Independent sample t-test, ANOVA, and Chi-square were used for analysis.

RESULTS:
• Total 90 patients in the R cohort were matched with controls.
• Standards of care metrics between the two cohorts is listed in Table 1.
• Gestational age of anatomy ultrasound was later in R cohort (22 vs 20.8 weeks, p=0.017).
• Number of triage visits and no-shows were similar, though total number of visits (in-person and telehealth) was higher in R (9.2 vs 8.3, p=0.043).
• Standards of care metrics between entry into R in early gestation (E) versus late (L) versus controls (C) is listed in Table 2.
• Compared to (C) and (E), (L) had later GA at first prenatal visit (13.7 (E) vs 17.9 (L) vs 15 weeks (C), p=0.012) and anatomy US (20.8 (E) vs 22.9 (L) vs 20.8 weeks (C), p=0.017).
• These findings raise the question of pursuing a modified prenatal care model outside of COVID-19 pandemic in the future.

CONCLUSION:
• In a reduced contact prenatal care model, standards of care are met.
• These findings raise the question of pursuing a reduced prenatal care model outside of COVID-19 pandemic in the future.

Evaluating Standard of Care in a Reduced Prenatal Care Model in the COVID-19 Pandemic
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Table 1: Standard of Care Criteria Between Reduced Prenatal Care Cohort and Controls

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Reduced Prenatal Care Cohort</th>
<th>Control Group</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal age (years)</td>
<td>29.4 ± 5.3</td>
<td>30.7 ± 5.0</td>
<td>0.18</td>
</tr>
<tr>
<td>Gestational age of first prenatal visit (weeks)</td>
<td>16.1 ± 7.6</td>
<td>17.0 ± 7.6</td>
<td>0.043</td>
</tr>
<tr>
<td>Gestational age of dating ultrasound</td>
<td>12.4 ± 6.6</td>
<td>11.9 ± 6.1</td>
<td>0.15</td>
</tr>
<tr>
<td>Gestational age of anatomy ultrasound</td>
<td>22.0 ± 4.9</td>
<td>20.8 ± 4.2</td>
<td>0.001</td>
</tr>
<tr>
<td>Number of triage visits</td>
<td>1.3 ± 1.6</td>
<td>1.5 ± 1.5</td>
<td>0.31</td>
</tr>
<tr>
<td>Total number of visits</td>
<td>9.2 ± 2.8</td>
<td>8.3 ± 3.6</td>
<td>0.43</td>
</tr>
<tr>
<td>Total number of no-shows</td>
<td>1.4 ± 1.8</td>
<td>1.0 ± 1.3</td>
<td>0.072</td>
</tr>
<tr>
<td>Pap smear screening</td>
<td>86 (94.9%)</td>
<td>87 (97.8%)</td>
<td>0.74</td>
</tr>
<tr>
<td>Neonatal diabetes screening</td>
<td>73 (81.3%)</td>
<td>78 (86.7%)</td>
<td>0.42</td>
</tr>
<tr>
<td>Gestational diabetes screening</td>
<td>87 (97.6%)</td>
<td>88 (97.8%)</td>
<td>0.65</td>
</tr>
<tr>
<td>Telap administration</td>
<td>88 (97.8%)</td>
<td>89 (98.9%)</td>
<td>0.56</td>
</tr>
<tr>
<td>Group B strep screening</td>
<td>88 (97.8%)</td>
<td>89 (98.9%)</td>
<td>0.58</td>
</tr>
</tbody>
</table>

Note: Data are represented as n (%) or mean ± standard deviation.
*p-values were calculated by t-test or Chi-square as appropriate.

Table 2: Standard of Care Criteria Between Reduced Prenatal Care Cohort Subdivided by Time of Entry and Controls

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Early entry (n=51)</th>
<th>Late entry (n=39)</th>
<th>Control Group (n=90)</th>
<th>p-value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal age (years)</td>
<td>30.7 ± 5.0</td>
<td>30.7 ± 5.0</td>
<td>30.7 ± 5.0</td>
<td>0.18</td>
</tr>
<tr>
<td>Gestational age of first prenatal visit (weeks)</td>
<td>13.7 ± 5.3</td>
<td>17.0 ± 7.6</td>
<td>15.0 ± 7.6</td>
<td>0.012</td>
</tr>
<tr>
<td>Gestational age of dating ultrasound</td>
<td>10.8 ± 4.3</td>
<td>13.3 ± 7.7</td>
<td>11.9 ± 7.7</td>
<td>0.15</td>
</tr>
<tr>
<td>Gestational age of anatomy ultrasound</td>
<td>20.8 ± 3.1</td>
<td>22.9 ± 4.2</td>
<td>20.8 ± 4.2</td>
<td>0.001</td>
</tr>
<tr>
<td>Number of triage visits</td>
<td>1.3 ± 1.3</td>
<td>1.4 ± 1.5</td>
<td>1.7 ± 2.1</td>
<td>0.40</td>
</tr>
<tr>
<td>Total number of visits</td>
<td>9.7 ± 2.6</td>
<td>8.9 ± 3.2</td>
<td>8.3 ± 2.6</td>
<td>0.08</td>
</tr>
<tr>
<td>Total number of no-shows</td>
<td>1.0 ± 1.4</td>
<td>1.7 ± 2.0</td>
<td>1.0 ± 1.3</td>
<td>0.015</td>
</tr>
<tr>
<td>Pap smear screening</td>
<td>90 (98.0%)</td>
<td>90 (99.2%)</td>
<td>90 (98.2%)</td>
<td>0.17</td>
</tr>
<tr>
<td>Genetic screening</td>
<td>35 (89.7%)</td>
<td>40 (100%)</td>
<td>40 (100%)</td>
<td>0.14</td>
</tr>
<tr>
<td>Gestational diabetes screening</td>
<td>38 (97.4%)</td>
<td>40 (100%)</td>
<td>40 (100%)</td>
<td>0.23</td>
</tr>
<tr>
<td>Telap administration</td>
<td>38 (97.4%)</td>
<td>50 (98.0%)</td>
<td>50 (98.0%)</td>
<td>0.82</td>
</tr>
<tr>
<td>Group B strep screening</td>
<td>38 (97.4%)</td>
<td>50 (98.0%)</td>
<td>50 (98.0%)</td>
<td>0.77</td>
</tr>
</tbody>
</table>

Note: Data are represented as n (%) or mean ± standard deviation.
*p-values were calculated by t-test or Chi-square as appropriate.