

# For pregnant patients, number of clinic visits not tied to risk of getting COVID-19

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In the spring of 2020, as Massachusetts experienced a surge in COVID-19 cases in the Boston area, four area hospitals conducted universal testing among all pregnant patients at the time of admission for

SARS-CoV-2, the virus that causes COVID-19. At the time, Massachusetts had the third highest rate of infection in the country. In an analysis of the data collected during that time, a team of investigators from Brigham and Women's Hospital found no association between the number of in-person health care visits and risk of infection with SARS-CoV-2. Results are published in *JAMA*.

"One major concern in obstetrics, but also in general medicine, is that patients are avoiding necessary medical care because of fear of contracting COVID-19 in a health care setting, but there was no indication that in-person health care affects risk of infection," said corresponding author Sharon Reale, MD, an attending anesthesiologist in the Department of Anesthesiology, Perioperative and Pain Medicine. "Our study provides important evidence that we can do in-person visits safely. Our findings should be reassuring for our obstetrical patients that when they come to the [hospital](#) for appointments, they are not increasing their risk of infection."

While some patients could benefit from virtual visits via telemedicine during the spring, pregnant patients are a unique population. Many require multiple, in-person visits for measurements, exams and [lab tests](#) to ensure the health of both mother and baby or babies. Since April 19 and continuing through today, four Mass General Brigham hospitals—Brigham and Women's Hospital, Massachusetts General Hospital, Newton-Wellesley Hospital and North Shore Medical Center—test all obstetrical patients for COVID-19 when they are admitted. In the study, Reale and colleagues looked at patients delivering between April 19 and June 27, 2020.

To conduct their study, Reale and colleagues used a case-control approach in which patients who tested positive (cases) were matched to those who tested negative (controls) based on gestational age, race/ethnicity, insurance type and the rate of COVID-19 in the patients'

zip code. The team also adjusted for age, body mass index and essential worker occupation.

Of close to 3,000 women who delivered during the study period, 111 patients tested positive. On average, patients who tested positive attended 3.1 visits in person (with a range of 0 to 10 visits); patients who tested negative attended an average of 3.3 visits in person (with a range of 0 to 16 visits). The authors conclude that there was no meaningful association between in-person visits and infection among the patients studied.

The authors note that their patient population included obstetrical patients only—future studies will be needed to confirm if the findings extend to other patients. Reale also notes that Mass General Brigham adopted universal masking early on to help reduce transmission.

"Results will need to be replicated outside of obstetrics, but this should be reassuring and indicate that necessary and important care should be done and can be done safely," said Reale.

There was no funding organization for this study.

**More information:** Sharon C. Reale et al, Association Between Number of In-Person Health Care Visits and SARS-CoV-2 Infection in Obstetrical Patients, *JAMA* (2020). [DOI: 10.1001/jama.2020.15242](https://doi.org/10.1001/jama.2020.15242)

Provided by Brigham and Women's Hospital

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