

Study finds similar outcomes for in-person prenatal care or a combination of virtual and in-office visits

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Association of Health Care Outcomes With Exposure to a Multimodal Prenatal Health Care Model During the COVID-19 Pandemic. The figure shows mean prenatal visits per individual per week of birth delivery (A), mean blood pressure measurements per individual per week of birth delivery (B), the percentage of individuals screened for gestational diabetes per week of birth delivery (C), and rates of neonatal intensive care unit admission (D) among 151 464 individuals.

Vertical lines indicate periods of exposure to the multimodal health care model. In the first period, individuals with birth delivery between July 1, 2018, and February 29, 2020, were unexposed to the model; in the second period, individuals with birth delivery between March 1, 2020, and December 5, 2020, were partially exposed to the model; and in the third period, individuals with birth delivery between December 6, 2020, and October 31, 2021, were fully exposed to the model. Credit: *JAMA Network Open* (2023). DOI: 10.1001/jamanetworkopen.2023.24011

Pregnant patients who received some of their prenatal care during the COVID-19 pandemic in a combination of virtual and in-office visits—known as multimodal prenatal care—had similar health outcomes as those who were seen mostly in person before the pandemic, according to a large new study of more than 151,000 births from the Kaiser Permanente Division of Research.

The analysis compared pregnancy care, delivery, and outcomes for three different time periods: delivery before the pandemic (July 2018 to February 2020), early pandemic (March 2020 to December 2020), and mid-pandemic (December 2020 to October 2021). Rates of preeclampsia (a dangerous high-blood pressure condition in pregnancy), severe maternal morbidity, cesarean delivery, [preterm birth](#), and admissions to the [neonatal intensive care unit](#) (NICU) did not change significantly among studied time periods.

The study also found no significant differences in the uptake of telehealth prenatal care among people from varying racial and [ethnic groups](#) or socioeconomic backgrounds, and those using a language other than English or living in a [rural area](#). These findings address concerns that people who may have less access to technology for video care might have poorer health outcomes.

"The results suggest that remote care could have an ongoing role in replacing some prenatal in-person visits, increasing convenience for those who want to be seen at home, without harming disadvantaged people," said lead author Assiamira Ferrara, MD, Ph.D., a senior research scientist with the Division of Research.

"Integrating the use of telemedicine in prenatal health care provides an alternative to exclusive in-office care for people living in underserved areas or facing access barriers," Ferrara said. "Also, the latest guidelines for prenatal care suggest it is not necessary to be seen in person for every prenatal visit, and some care can be delivered effectively remotely."

The percentage of telemedicine visits for each patient jumped from 11% to 21% from the pre-pandemic period to the pandemic period. But the average number of prenatal visits per patient did not change significantly: it was 9.4 pre-pandemic and 9.15 in the pandemic period.

The specifics of [prenatal care](#) also did not change across the [pandemic](#): blood pressure readings, gestational diabetes screenings, and depression screenings remained steady.

The work is published in the journal *JAMA Network Open*.

More information: Assiamira Ferrara et al, Prenatal Health Care Outcomes Before and During the COVID-19 Pandemic Among Pregnant Individuals and Their Newborns in an Integrated US Health System, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.24011](https://doi.org/10.1001/jamanetworkopen.2023.24011)

Provided by Kaiser Permanente

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