




Case Study: One Clinic’s Approach to Prenatal Care for Low Risk Patients

The physicians and team at the Moose and Squirrel Clinic in Sundre, AB have implemented a new approach to delivering quality prenatal care for low risk patients. This new approach leverages virtual care to reduce exposure risk. Since implementing, the team has been able to extend return visit intervals to create schedule capacity. The approach is based on the [American Journal of Obstetrics and Gynecology Maternal Fetal Medicine Guidelines](#). An infographic of the interim schedule can be found in a recent [Canadian Family Physician article](#). This approach can be tailored to local needs and resources.

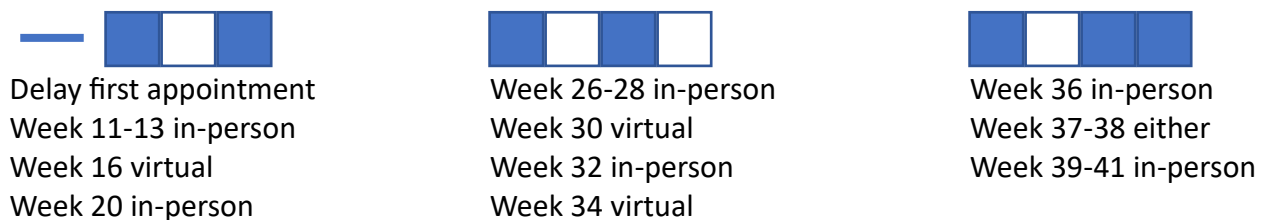
Legend

-  = 1 in person appointment (20 min)
-  = 1 virtual care appointment (15 min)
-  = delay

Traditional Approach = Approx. 13 in-person prenatal appointments



New Approach, Integrating Virtual Care = Approx. 7 in-person appointments



Capacity Created*

Based on 20 min in-person and 15 min virtual care appointments and a panel of 50 low risk prenatal patients per year, the following clinical care capacity has been created using the new approach, integrating virtual care.

- Additional 60 minutes of clinical care time created per patient
- Additional 50 hours of clinical care time created per year
- Additional 6.25 clinical care days created per year
- Opportunity to take on an additional 15 low risk prenatal patients per year or add an additional 150 standard appointments

**Example capacity calculations were based on estimates from 1 clinic’s experience.*

References

Boelig RC, Saccone G, Bellussi F, Berghella V. MFM guidance for COVID-19. Am J Obstet Gynecol MFM 2020 Mar. <https://pubmed.ncbi.nlm.nih.gov/32363335/>.

Bogler T, Bogler O. Interim schedule for pregnant women and children during the COVID-19 pandemic. Can Fam Phys 2020 May. <https://www.cfp.ca/content/66/5/e155?rss=1>.