

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6551

### **Title**

*Virtual Visits in Prenatal Care: Benefits/Limitations, Uptake, and Patient Perceptions*

### **Priority 1 (Research Category)**

Women's health

### **Presenters**

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### **Abstract**

Context: Prenatal care can be difficult for patients to accomplish, with frequent visits and time-sensitive health screenings. During the COVID-19 pandemic, many clinics shifted to a virtual visit format. It is pertinent to evaluate whether virtual visits continue to have a role in prenatal care, particularly when socio-economic barriers impede attendance of in-person visits. Objectives: To examine socio-economic barriers to prenatal care and discern whether virtual visits alleviate such barriers. Study Design & Analysis: Mixed-methods, retrospective-prospective cohort study. Non-parametric statistics including chi-square and Mann-Whitney U to compare cohorts. Setting or Dataset: Chart reviews from an urban safety-net clinic in Anchorage, AK comparing pre-pandemic, during-pandemic and post-pandemic cohorts. Patient interviews, providing qualitative information to augment study findings. Population Studied: 25 randomly selected patients who delivered in 2019 (pre-pandemic cohort), 25 in 2021 (during-pandemic cohort), and 15 patients recruited in 2022-23 (post-pandemic study cohort). Intervention/Instrument: Optional virtual prenatal visits. Semi-structured interviews of post-partum patients. Outcome Measures: Number of recommended visits, number of visits attended, percentage of recommended visits attended, visit type, prenatal care milestone completion, socioeconomic factors. Results: Patients faced greater socioeconomic barriers during the pandemic than pre-pandemic; these barriers increased still further in the post-pandemic period. Despite this, patient-initiated uptake of virtual visits was low post-pandemic. Interviews indicated that patients facing barriers to in-person visits would accept virtual visits if proactively offered by the clinic at the time of missed visits. In-person visits are preferred by patients, however, because of the direct interaction with their providers. Multiple patients also mentioned the importance of a clinic social worker in helping them overcome barriers to care. Conclusions: In-person visits remain the preferred option, not only from a medical standpoint, but also because of the interpersonal interaction that such visits provide, including interdisciplinary care

from other team members such as a social worker. However, virtual visits were utilized when circumstances prevented in-person visits, and patients welcomed a more pro-active approach from the clinic in scheduling virtual visits in those circumstances.

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