Modified Antenatal Care program

-for pregnant women with low risk for adverse outcomes

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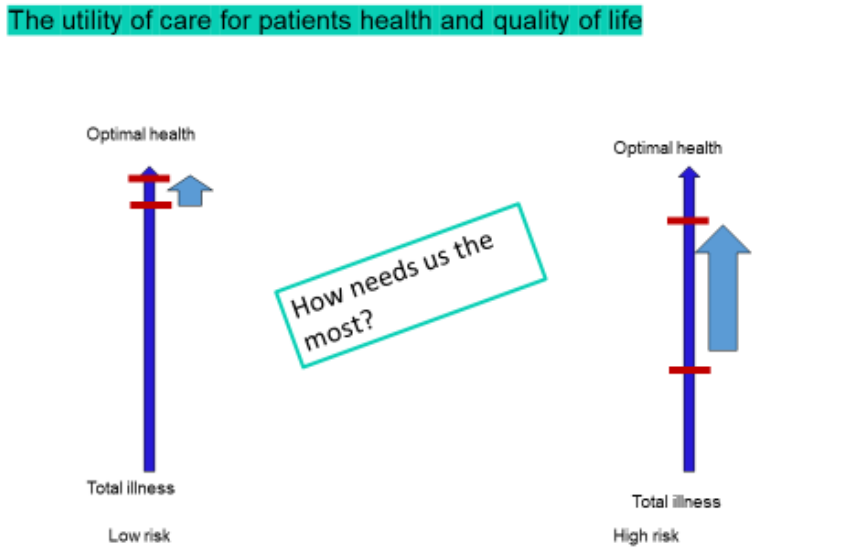
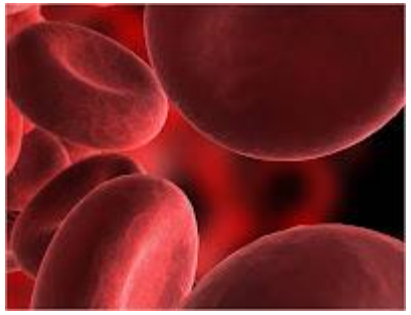
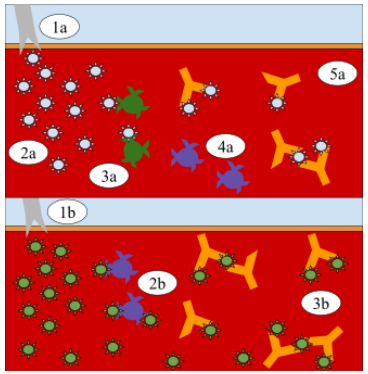
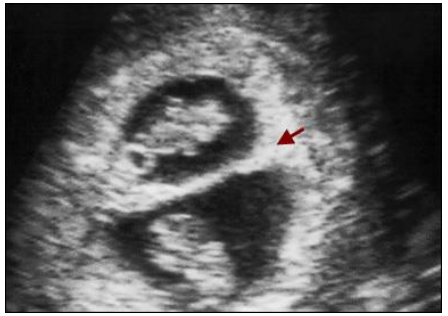
There is no conflict of interest to declare

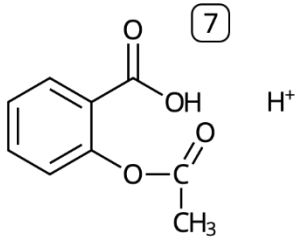


- Is it possible to identify healthy pregnant women with a low risk for adverse outcomes- who probably today receive care they do not need?
- Is it possible to individualize the standard antenatal care (SAC) program to a greater extent?
- Is it possible to replace routine visits in the standard antenatal care program (SAC) with video meeting?





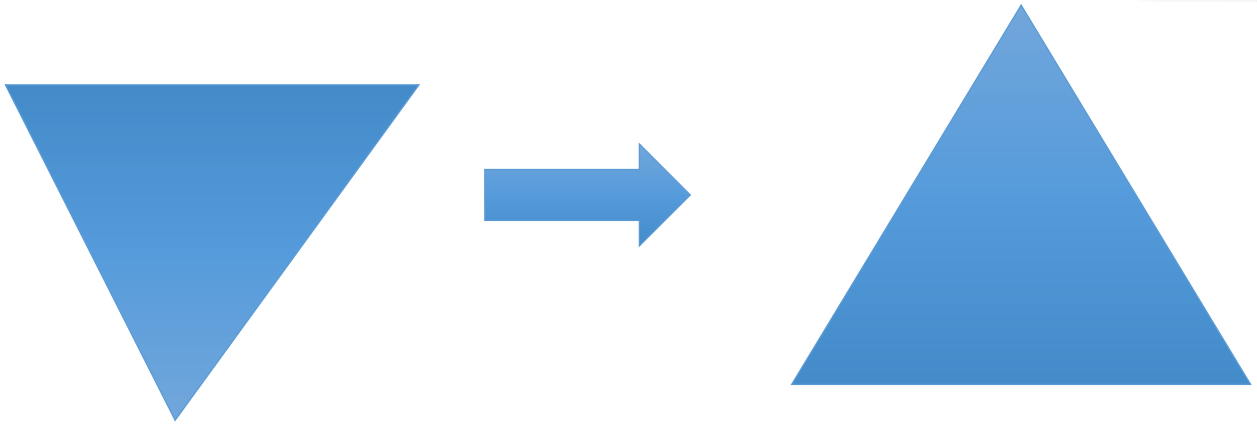




Acetylsalicylsyra

TBC

Can we change the way of thinking about antenatal care?



Supplement 1. Risk assessment protocol for adverse pregnancy outcomes using four dimensions; Psychiatric- social- medical and obstetric health, in brief summary.

Low risk is defined as: Low risk in all four dimensions, including low risk for preeclampsia.	High risk is defined as: Risk is identified in any of the four dimensions or risk for preeclampsia is high.

Psychiatric health	**Social health**
Low risk • No previous or ongoing psychiatric illness, or well-monitored/treated minor psychiatric illness High risk • Serious previous or ongoing psychiatric illness	Low risk • Own accommodation/occupation/economy • Existing social network • No abuse of alcohol or drugs High risk • Need for interpreter • Been exposed to violence
Medical health	**Obstetric health**
Low risk • Previously healthy, or uncomplicated disease not affecting the pregnancy High risk • Body mass Index (BMI)≤ 18 or ≥ 30 kg/m^2 • Age < 18 or ≥ 40 years. • Intercurrent disease	Low risk • Healthy nulliparous or multiparous women with previous normal pregnancy and delivery High risk • Oocyte donation • Previous intrauterine fetal death • Previous complicated delivery • Severe fear of childbirth

the uterine pulsatility index,

medical history,

biochemical markers (PLGF, s-hcg PAPP-A)

and median blood pressure in both arms.

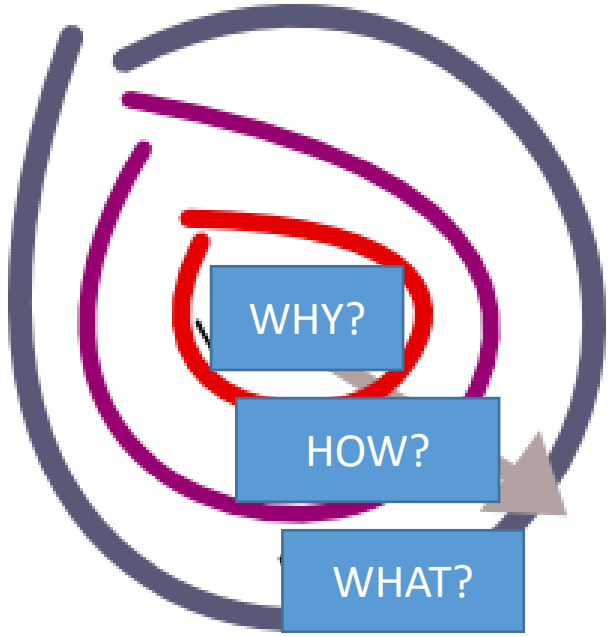
The pregnant women are classified as either low or high risk for preeclampsia

Table 1 Main medical content in the standard antenatal care program (SAC) and the modified antenatal care program (MAC)

	SAC		MAC		
Gestational week	In-person visit	Medical content e.g	In-person visit	Virtual visit	Medical content e.g
6 to 10		Lifestyle recommendations			Lifestyle recommendations
11 to 15	# 1	Risk assessment Gynecological examination Blood pressure Prenatal labs Urine testing for protein	# 1		Risk assessment Gynecological examination Blood pressure Prenatal labs Urine testing for protein
11 to 13 + 6	yes	Obstetrical ultrasound with preeclampsia risk assessment	yes		Obstetrical ultrasound with preeclampsia risk assessment
18 + 0 to 20 + 0	yes	Obstetrical ultrasound	yes		Obstetrical ultrasound
25	# 2	Blood pressure Fetal heart rate with Doppler Symphysis fundus height Plasma-glucose		# 1	Up-dating history
29	# 3	Blood pressure Fetal heart rate with Doppler Symphysis fundus height Plasma-glucose Blood tests Urine testing for protein	# 2		Blood pressure Fetal heart rate with Doppler Symphysis fundus height Plasma-glucose Blood tests Urine testing for protein
32	# 4	Blood pressure Fetal heart rate with Doppler Symphysis fundus height			
35	# 5	Blood pressure Fetal heart rate with Doppler Symphysis fundus height Fetal presentation	# 3		Blood pressure Fetal heart rate with Doppler Symphysis fundus height Fetal presentation
37	# 6	Blood pressure Fetal heart rate with Doppler Symphysis fundus height Fetal presentation			
38			# 4		Blood pressure Fetal heart rate with Doppler Symphysis fundus height Fetal presentation
39	# 7	Blood pressure Fetal heart rate with Doppler Symphysis fundus height Fetal presentation			
41	# 8	Blood pressure Fetal heart rate with Doppler Symphysis fundus height Fetal presentation Membrane sweep		# 2	Up-dating history

Implementation

- Education for the staff/midwife
- Training in video meeting
- Feedback on preliminary results
- Reassurance about safety
- Questionnaire to midwife and patients



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BMC Pregnancy and Childbirth

STUDY PROTOCOL Open Access

Study protocol for a modified antenatal care program for pregnant women with a low risk for adverse outcomes—a stepped wedge cluster non-inferiority randomized trial

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Abstract

Background: It is crucial to provide care based on individual needs. Swedish health care is obliged to give care on equal conditions for the entire population. The person with the greatest need should be given the most care, and the

Preliminary data. Health Care consumption.

	SAC= Standard antenatal care (mean) N=50	MAC= Modified antenatal care (mean) N =187	p-value*
Number of antenatal care visits to midwife	7,2	5,0	<0.05
Number of video meeting with the midwife	0	1,1	<0.05
Number of outpatient visits to the labor ward	0,7	0,9	0.62
Number of extra ultrasounds	0,4	0,6	0.40
Number of visits with the Ob-physician	0,2	0,16	0.94

No adverse outcomes has been caused by the MAC program so far

<0.05 sign. Mann-Whintey U test

Thank you for the attention