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## **Technology in Action: Can technology decrease in-person prenatal care visits but improve care?**

*Nicole A. Derdzakyan*

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In the U.S, women with low-risk pregnancies are recommended to have between [12 and 14 in-person](#) appointments with their Obstetrician (OB) over the course of their pregnancy as part of routine prenatal care. However, seeing the OB these many times may not be necessary, and many countries recommend far fewer visits. Of eight comparable countries to the U.S., seven countries suggest fewer visits and more than half of the countries suggest only [7 to 10 in-person visits](#). Neonatal outcomes have not been shown to be worse in patients who have fewer in-person prenatal visits, according to [a study](#) which examined pregnancy outcomes among those who had more than 10 prenatal visits compared to those with 10 or fewer visits. A reduction in visits for low-risk patients might alleviate pressures from the current shortage of [OB/GYN physicians](#) and allow physicians to spend more time with high-risk pregnancy patients who may need more visits and more care.

One of the ways to enhance prenatal care without increasing in-person visits is through e-health platforms, which provide mobile interaction with a patient's physician. These platforms can provide a balance between remote and in-person visits, allowing providers to balance their time with low-risk patients and deliver more targeted care to high-risk patients. With remote patient monitoring (RPM), pregnant patients' weight, blood pressure, and activity levels can be monitored and the physician can review them if any parameter is off-target. The tools can also

query patients about their sense of well-being, provide gestational-specific educational content about pregnancy, and give reminders for healthy living and regular health checks.

One well-established RPM platform is [Babyscripts](#), which is a risk detection system for monitoring pregnant women with the goal of promoting better maternal health. This platform creates a hybrid model of care by linking pregnant women to provider-instructed health tools, and frees up physicians due to fewer in-person visits. In addition, this system provides educational content about pregnancy in an easily accessible and digestible format. Studies have shown that women using Babyscripts are [more likely to feel](#) educated, safer, and be compliant with their provider-instructed prenatal care. The presence of RPM may also improve [patient satisfaction](#). Babyscripts [connects patients to providers](#) and delivers patient-collected data that is accessible to providers while also delivering provider-supplied education materials that are accessible to patients.

The application monitors and assesses for early detection of abnormal blood pressure, weight gain, and mental health issues. Additionally, by having access to reliable information about pregnancy, patients make [fewer phone calls](#) to their provider with questions about common symptoms of pregnancy. With low-risk pregnancy patients being monitored remotely in lieu of some of their prenatal visits, providers can optimize their time to increase their attention on high-risk patients. Thus, the economics of the platform may also be appealing to providers as they might see a [return on investment \(ROI\)](#).

In conclusion, for many low-risk pregnant patients, the 12 to 14 in-person prenatal visits may not truly be medically necessary. The shift to hybrid care using a combination of RPM and reduced in-person prenatal care visits has several potential benefits including remote detection of

pregnancy risk factors, increased patient satisfaction, and more efficient allocation of scarce OB time.

*The author has no conflicts to report.*