

# CHRD 2024: Abstract Submission Form

**Presenter Name**

Laila Aboulatta (1)

**Presenter Status**

PhD Student

**Role in the project**

Design

Analyze Data

Write Abstract

**Research Category**

Community Health / Policy

**Title**

Disruption in prenatal care visits during the pandemic: A population-based study in Manitoba, Canada

**Background**

Disruptions in healthcare services due to COVID-19 could have differentially impacted vulnerable groups, including pregnant women. Limited evidence exists on the pandemic role in limiting access to prenatal care services and adequacy of care for pregnant women.

**Objective**

This study aimed to examine rates of prenatal care visits (PNC) and assess the changes in the adequacy of prenatal care attributed to the pandemic restrictions.

**Methods**

Using the mother-infant-linked administrative health databases, we conducted a province-wide population-based cohort study. Quarterly PNC were analyzed before (October 2016-March 2020) and during (April 2020-March 2021) the pandemic. Adequacy of prenatal care was analyzed using the Revised Graduated Prenatal Care Utilization Index and categorized into: inadequate (<50% visits), intermediate (50%-80% visits), adequate (>80% visits), and intensive (high-risk pregnancies). Interrupted time series analyses were conducted to quantify changes in PNC and adequacy of care before and after the implementation of pandemic restrictions.

**Results**

We examined 70,931 pregnancies and found no significant mean difference in PNC during pandemic compared to pre-pandemic (8.2 vs. 8.6). Prenatal care was 3.4% inadequate and 34.7% adequate pre-pandemic and 4.8% and 26.6% during pandemic, respectively. Restrictions were associated with an abrupt decline in adequate and intermediate care during the first trimester by 11.3% ( $p < 0.001$ ) and 11.98%, respectively, followed by non-significant changes ( $p = 0.694$  and  $p = 0.192$ , respectively). Restrictions were associated with an increased rate of inadequate care during first ( $\beta = 1.52$ ,  $p = 0.007$ ) and second trimesters ( $\beta = 0.78$ ,  $p = 0.208$ ), and not among third trimesters ( $\beta = -0.44$ ,  $p = 0.094$ ). We found no significant differences in the rates of intensive prenatal care during first ( $p = 0.478$ ), second ( $p = 0.614$ ), and third ( $p = 0.608$ ) trimesters.

**Conclusion**

Our findings suggest significant decline in adequacy levels of prenatal care services after COVID-19 restrictions were enacted, with higher impact on pregnancies during their first and second trimesters. Although the overall adequacy of care decreased, there were no changes to the rates of intensive visits.

**Do you have a table/figure to upload?**

No

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