

## **UCSF Fetal Heart Center Clinical Scheduling Policy Structure During COVID 19**

Date: March 17, 2020

Purpose: To comply with the current county-wide shelter-in-place order and social distancing recommendations from the CDC, we will be limiting in-person Fetal Heart Consultation visits and on-site fetal echo exams, provided that the risks of congregating at the hospital or at an outpatient center at this time of urgency do not outweigh the benefits.

This is a general guideline going forward during this period. It is open to exceptions with consideration to be given case-by-case after review by fetal heart physician Director or Assoc Director/nurse practitioner team at our daily fetal heart clinical scheduling case review.

### **Category 1 = Low risk, screening, non-essential at this time**

**ACTION:** Reschedule (already booked) or do not schedule (new referrals) at this time. Re-schedule into April prior to 24 weeks gestation if possible. If already beyond 24 weeks, reschedule 4 weeks out. These patients will be triaged by the Directors/NP going forward on a daily basis.

Examples:

- IVF
- Pre-gestational diabetes
- Family history or maternal history of CHD
- Follow-up from early fetal cardiovascular imaging studies
- Routine follow up TTTS after laser if no major cardiovascular concerns
- Medication exposure
- Single umbilical artery/two vessel cord

### **Category 2 = video visit**

**ACTION:** Change existing visit to video visit or offer new referral video visit. *Must have images available from outside cardiologist or UC Radiology or PDC ultrasound.* These patients will be triaged by the Directors/NP going forward on a daily basis.

Examples:

- 2<sup>nd</sup> opinion for fetal heart disease already identified and needing to transfer care to UCSF.
- All other 2<sup>nd</sup> opinions, provider or patient initiated
- Follow up for CHD that is under 34 weeks.
- SSA follow ups after 20 weeks *if they have a Home Monitor*

### **Category 3 = Needs to be seen as essential/urgent**

**ACTION:** Keep on schedule, or schedule now, for next available. These patients will be triaged by the Directors/NP on a rolling basis. Please contact provider with information and wait for a call-back.

Examples:

- Suspected CHD
- Orders coming from FTC intake nurses
- Final visit for known FHP CHD if > 34 weeks
- Genetic or extracardiac anomaly with need to assess heart (big NT, abnormal amnio)
- New TTTS suspicion or confirmed
- Follow up TTTS after laser if major cardiovascular concerns
- Fetal arrhythmia, new and follow up as indicated
- Early fetal echo with high-risk indication