Dear Editor in Chief

Pregnant women are at higher risk of severe COVID-19 than the general population (1). Furthermore, COVID-19 increases the preterm and cesarean rates due to maternal and fetal complications (2). Owing to the adverse effects of the COVID-19 on pregnant women, in-person prenatal visits face challenges. Thus, alternative solutions that reduce the number of visits while preserving maternal and fetal care quality should be considered.

Digital health tools are potential solutions to facilitate prenatal care. In general, digital health tools could provide information to pregnant women, modification of maternal’s lifestyle, diabetes care, mental health care, telemonitoring, and teleconsultation (3). Digital health offers smartphone apps and wearable and nonwearable devices that could be used to obtain subjective and objective data from pregnant women and fetuses. The subjective data or symptoms such as fetal movements, vaginal bleeding, headaches, blurred vision, epigastric pain, and edema could be gathered from the pregnant women using smartphone apps; and the objective data including body temperature, weight, blood pressure, and heart rate could be measured by digital health sensors and devices. In the past, these tools showed that they were feasible in practice (4, 5).

Due to the COVID-19 pandemic and, consequently, lifestyle changes, it seems there will be potential benefits to investigating these tools. Although there is a guideline provided by the American College of Obstetricians and Gynecologists regarding applying telehealth for prenatal care, we want to emphasize investigating and conducting more research than previously on this matter. We think IT, obstetricians and gynecologists, and other clinical experts should cooperate to define digital tools’ requirements and standards for prenatal care. Moreover, governments and healthcare insurance should facilitate the coverage of services’ costs by digital health tools, especially in developing countries.

Conflict of Interest

The authors declared no conflict of interest.

References


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