



Comparative Effectiveness Review Disposition of Comments Report

Title: *Schedule of Visits and Televisits for Routine Antenatal Care: A Systematic Review*

Draft report available for public comment from June 2, 2020, to June 29, 2020.

Citation: Balk EM, Konnyu KJ, Cao W, Reddy Bhuma M, Danilack VA, Adam GP, Matteson KA, Peahl AF. Schedule of Visits and Televisits for Routine Antenatal Care: A Systematic Review. Comparative Effectiveness Review No. 257. (Prepared by the Brown Evidence-based Practice Center under Contract No. 75Q80120D00001.) AHRQ Publication No. 22-EHC031. Rockville, MD: Agency for Healthcare Research and Quality; June 2022. DOI: <https://www.doi.org/10.23970/AHRQEPCCER257>. [Posted final reports](#) are located on the Effective Health Care Program search page.

Comments to Draft Report

The Effective Health Care (EHC) Program encourages the public to participate in the development of its research projects. Each draft report is posted to the EHC Program website or AHRQ website for public comment for a 3- to 4-week period. Comments can be submitted via the website, mail, or email. At the conclusion of the public comment period, authors use the commentators' comments to revise the draft report.

Comments on draft reports and the authors' responses to the comments are posted for public viewing on the website approximately 3 months after the final report is published. Comments are not edited for spelling, grammar, or other content errors. Each comment is listed with the name and affiliation of the commentator if this information is provided. Commentators are not required to provide their names or affiliations in order to submit suggestions or comments.

This document includes the responses by the authors of the report to comments that were submitted for this draft report. The responses to comments in this disposition report are those of the authors, who are responsible for its contents, and do not necessarily represent the views of the Agency for Healthcare Research and Quality.



Summary of Peer Reviewer Comments and Author Response

This research review underwent peer review before the draft report was posted for public comment on the EHC website. We received comments from five reviewers (comprising three Technical Expert Panel members and two invited external peer reviewers).

- Overall, the reviewers found the draft report to be clear, concise, and clinically relevant.
- Reviewer made suggestions about issues to add related to future research (e.g., qualitative questions about the effect of reimbursement on number and mode of visits; additional perspectives about barriers and facilitators; patient-centered outcomes; appropriate study designs, particularly of nonrandomized studies; factors related to health inequities). We implemented their suggestions.
- Some small errors related to typos and how figures were drawn were noted and corrected. In addition, suggestions were made about text that needed better clarification or definitions, along with a need to make the list of prioritized outcomes more explicit. We revised as necessary.
- Based on reviewer feedback, we better clarified the imprecision of most studies and the distinction between no evidence of a difference (what we found) and evidence of no difference (which there was not evidence for).
- One reviewer suggested more explicitly recommending a core outcome set for future research. We added this as an implication for future research.
- Reviewers suggested better organization of the presentation of the qualitative research, including whose perspectives were being described. The tables and text were revamped to improve clarity and general organization of findings.
- Based on comments from one reviewer, we expanded the introduction about telemedicine (and televisits), including a better definition of the term televisit and further background evidence regarding use of telemedicine in the general population. We also added further contextual background about antenatal care.
- One reviewer commented on the lack of evidence pertaining to underrepresented groups. We added this as an issue in the limitations section.
- One reviewer agreed with our assessment that the content of visits may be more important than the number or mode of visits, but that we hadn't stated this clearly. We revised the implications sections to further discuss the interaction between number or mode of visits with content of visits.
- We followed the suggestion of one reviewer to condense the results sections that address nonprioritized outcomes assessed by only a single study.

Public Comments and Author Response *for reports with sequential peer review and public comment*

Commentator & Affiliation	Section	Comment	Response
Public reviewer 1 National Center for Health Research	General Comments	We are writing to express our views on the Agency for Healthcare Research and Quality's (AHRQ) draft systematic review on the schedule of visits and televisits for routine antenatal care. The National Center for Health Research (NCHR) is a nonprofit think tank that conducts, analyzes, and scrutinizes research on a range of health issues, with particular focus on which prevention strategies and treatments are most effective for which patients and consumers. We do not accept funding from companies that make products that are the subject of our work, so we have no conflicts of interest.	Thank you for your interest
Public reviewer 1 National Center for Health Research	General Comments	We agree with the review that the overall assessment of the available evidence is inconclusive regarding the adequacy of a reduced number of antenatal visits or replacing some routine antenatal visits with telehealth appointments. We are particularly concerned with several of the overall limitations of the data, as stated in the review	Thank you
Public reviewer 1 National Center for Health Research	General Comments	This report draws on very few studies. For example, only 2 RCTs were evaluated with regards to replacing some routine antenatal visits with telehealth appointments.	We agree the evidence base is sparse and highlight this important fact.

Source: <https://effectivehealthcare.ahrq.gov/products/schedule-visits-antenatal-care/research>

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Commentator & Affiliation	Section	Comment	Response
Public reviewer 1 National Center for Health Research	General Comments	In addition, many of the studies in the report seem outdated, with several published in the 1990s. Some of the research cited was conducted in Sweden and the United Kingdom, both of which have different healthcare systems than the United States. These broad limitations impede the ability to make generalizations for a contemporary US patient population.	While some of the studies are somewhat dated and from other countries, the large majority of evidence is from more recent studies conducted in the US. We believe the evidence is for the most part applicable to the US, with caveats about race/ethnicity, language, and possibly insurance status (preconception and postpartum). We have fleshed out our assessment of the applicability of our findings in the Discussion.

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Public reviewer 1 National Center for Health Research	General Comments	Cross-study comparisons are difficult, as the data provided are based on different models of care and outcomes have been reported inconsistently across the included studies.	To the extent that we could discern, studies were generally consistent with each other across different settings, models of care, and providers. Where outcomes differed across studies, we evaluated and reported on these separately and took this into consideration in evaluating the strength of evidence and conclusions.
Public reviewer 1 National Center for Health Research	General Comments	The majority of participants across all studies were White and none of the included studies evaluating the impact of replacing routine antenatal visits with televisits provided demographic subgroup analyses. This means that the review cannot provide any guidance on how changes to antenatal visits could affect different groups of patients, depending for example on patients' race, age, socioeconomic status, or their access to the internet.	We have better summarized the applicability in the Discussion and more explicitly highlighted the lack of subgroup analyses.
Public reviewer 1 National Center for Health Research	General Comments	Regarding studies of a reduced schedule of antenatal visits, there was insufficient evidence for several of the stated outcomes of interest, such as maternal anxiety, satisfaction with antenatal care, preterm birth, and low birth weight. Further, as the review states, most participants were low-risk patients, the number of scheduled visits varied across the included studies, and there was no evaluation of whether specific types of patients had better or worse outcomes.	We agree

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Public reviewer 1 National Center for Health Research	General Comments	The report acknowledges that there is even less evidence on replacing some routine antenatal visits with telehealth appointments, with insufficient data on most of the outcomes of interest including quality of life, maternal health, breastfeeding and lost work time. Important information is not available, such as patients' pregnancy risk factors and baseline morbidities, and potential differences in rates of NICU admissions and the rates of preterm births in patients who received routine visits vs. hybrid visits. There are also no available data on whether the results of the two included studies conducted during the COVID-19 pandemic will be generalizable to post-pandemic healthcare.	We agree
Public reviewer 1 National Center for Health Research	General Comments	We therefore agree with the report that more research is needed, both on how changes to routine care as well as how replacing some of those visits with televisits could affect patients, particularly those who already suffer from inequalities in access to healthcare services. In particular, there is an urgent need for studies that evaluate more patient-reported outcomes, instead of relying mostly on provider or clinic responses.	Thank you
Public reviewer 1 National Center for Health Research	General Comments	The report discusses these gaps in research and the fact that evidence is insufficient or inconclusive, but it also states that the report's intent is to "help healthcare decision makers—patients and clinicians, health system leaders, and policymakers, among others—make well-informed decisions and thereby improve the quality of healthcare services."	Thank you

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Public reviewer 1 National Center for Health Research	General Comments	Unfortunately, the shortcomings of the research undermine the goal of helping decision makers. We therefore urge AHRQ to more explicitly explain how the shortcomings of available evidence affect the review's implications for clinical practice. It is not enough that the authors acknowledge that "it is likely that many providers and patients would prefer to opt out of such care until there is better evidence that the alternative models do not cause harm." Since the report is intended to help patients and clinicians make well-informed decisions, the limitations of the available evidence regarding changes to the schedule of visits and televisits for routine antenatal care need to be more prominently discussed.	In the opening section of the Discussion (alluded to by the comment), we have further elaborated on the deficiencies in the evidence base and that the evidence does not conclude that different modes of care result in equivalent outcomes, but instead that they do not support that there is a difference in outcomes. We believe that our Discussion section "Implications for Clinical Practice" cover the concerns raised here well. We have added a statement about implications for clinical practice to the Evidence Summary conclusions.

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