



MNCYN & LHSC COVID-19
Weekly Perinatal Regional
Teleconference Update
Minutes



March 23, 2020
1430-1530 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: K. Coughlin (LHSC), H. Roukema (LHSC), D. Wiseman (LHSC), T. Breedveld (LHSC), A. Domingues (LHSC), S. Laureano (LHSC), S. Jenkins (BWH), M. Walsh (BWH), P. Lipcsik (STEGH), J. Koufie (STEGH), K. Hannon (HPHA), M. Greer-King (AMGH), L. Paton (WGH), G. Slack (CKHA), R. Bradshaw (Stratford Midwives), A. Cassidy (Essex Midwives), Amanda (Midwife), B. Cavan (Midwives Grey Bruce), Michelle (? Midwives Grey Bruce), Jocelyn (?), J. Warkentin (TBH), S. Batten (HDH), L. Lyons (SJHC Family Medical), K. Fraser (MNCYN), A. Bunnie (MNCYN), S. Johnston (MNCYN).

Item #1: Welcome/Regional Updates, COVID-19 Cases (Leanne McArthur)

Discussion: The MNCYN network, along with the SOON Network in GTA (Dr. Barrett) and the Champlain network in Ottawa (D. Ross), are working together to accomplish a standardized southwest Ontario approach to Covid-19, which is complicated by the plethora of external data, some of which is conflictual. Current provincial and London stats regarding cases were shared. The FAQ was circulated this morning to participants.

Action Items: Questions arising from the FAQ should be forwarded to MNCYN (Leanne McArthur), so that they can be vetted by the appropriate people. New questions will be added to the FAQ and re-circulated regularly.

Item #2: Children's Hospital, LHSC Updates - Regional Q&A

Discussion:

- Negative Pressure Rooms – M. Greer (Goderich) asked if all of the ORs at LHSC are neg. pressure. D. Wiseman responded that none of them are neg. pressure and it would be difficult to convert them. H. Roukema indicated that there is some evidence to suggest that in fact neg. pressure rooms increase infection.
- Separation of moms/babies - There was much discussion about concerns for separating moms and babies if a mom tests positive. K. Coughlin responded that LHSC is following the guidelines from CDC and China regarding risks of vertical transmission with a known or presumptive positive mother, stating that it is best to separate babies from the mother, as would be done with other communicable diseases. This is how we would treat the situation for anyone else. The ideal would be to separate in a separate room but if this is not feasible, separating mother and baby in the same room at least 6 ft. apart with a curtain between is acceptable. It was noted, however, that parents can make their own informed decision to have contact and breastfeed. In that case, the caregiver should wear a mask, practice good hand hygiene and minimize exposure. Moms are still encouraged to breastfeed but, ideally, both in hospital and at home an asymptomatic alternate caregiver could feed expressed breast milk.



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- Delayed Cord Clamping – It is recommended that we not do DCC for a COVID-19+ or presumed positive mother because of the theoretical possibility of vertical transmission (although we have not seen this yet) – L. McArthur to send out supporting literature from Singapore study found in ACOG guidelines
- Code Blue / Code Pink – L. Paton requested feedback whether any site has developed a Code Pink protocol. STEGH has included code pink in their code blue policy. K. Coughlin noted that LHSC policy suggests that all health care providers who may have to do chest compressions, suction, intubate, etc. wear full PPE with a N95 mask.
- Conflicting information on Nitrous – D. Wiseman reported that LHSC is allowing use of nitrous for non-ARI patients. ACOG guidelines provides information on this and will be circulated.
- Bathing a baby – Should babies be bathed ASAP following birth? K. Coughlin noted that there is limited evidence regarding surface contamination as China only started swabbing babies about half way through the course of their experience with COVID-19.
- Rapid response test – discussion re: the length of time to get test results. D. Wiseman reported that LHSC is using a local service for assessment in order to reduce the time from test to result (24hrs).. Previously testing was sent outside of the city. With a positive result, there may be additional screening and reporting. Staff encouraged to use droplet / contact precautions. If pt. has to go to OR then airborne precautions must also be used. Staff are provided with PPE. H. Roukema noted that a new rapid test is being developed but still requires validation.

Action Items:

- **L. McArthur to share the CDC guidelines**
- **L. McArthur to share AJOG journal article**

Item #3: MNCYN Updates (Leanne/Gwen)

Discussion:

- Well Baby Newborn follow up (options). There was discussion about strategies for discharge. Family physicians in various regions are providing a variety of ways to manage the well-baby visit, including virtual visits, seeing patients in office, providing visits at home. At LHSC moms are encouraged to arrange the follow up visit prior to discharge. There is currently no issue in this regard at LHSC. Hanover and St. Joe's family medical are continuing to see patients in office or virtually. L. Lyons reported that a family physician in London is continuing to schedule a postpartum clinic for pts. who are not attached to a family physician. There is a presumption that there is no well baby f/u but family medicine group is continuing to serve this population in London.

Action Items:

- **Will have further discussion with regional partners in subsequent TCONS to see if there is a need for help and to strategize solutions**



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Item #4: Regional Q&A, Open Discussion

Questions:

Bilirubin checks

Q: Can guidelines be adjusted to reduce risk of exposure to well babies when returning for bilirubin bloodwork? (R. Bradshaw, RM)

A: K. Coughlin advised that adhering to the guidelines is the best scenario to reduce the number of instances when bloodwork would need to be done.

Resuscitation

Q: Are we still resuscitating baby in room for known or suspected positive mom?

A: Yes, and in full PPE.

Hospital workers who are pregnant

Q: What guidelines, if any are available? (J. Koufie, STEGH)\

A: Recommendations that were released 21.03.2020 from the Royal College of OBS/GYN UK
Suggest women who are < 28 weeks pregnant should practice social distancing but can continue working in a patient-facing role, provided the necessary precautions are taken. Some working environments, such as operating theatres, respiratory wards and intensive care/high dependency units, carry a higher risk for pregnant women of exposure to the virus and all healthcare workers in these settings are recommended to use appropriate PPE. Where possible, pregnant women are advised to avoid working in these areas with suspected or confirmed coronavirus patients."

Women who are > 28 weeks pregnant, or have underlying health conditions, should avoid direct patient contact. For pregnant women in their third trimester, after 28 weeks' gestation, and those at any stage of pregnancy with an underlying health condition – such as heart or lung disease – a more precautionary approach is advised.

Employers should seek opportunities for these individuals to work flexibly in a different capacity, to avoid roles where they are working directly with patients. " This is what they are doing in Ottawa Hospitals.

Discussion:

- Home births – no clear guidelines agreed upon by midwifery association for presumed positive moms. Lack of PPE and also in MD offices. Midwifery Association is recommending asking their hospitals for supplies. Shortage of supplies everywhere. Some communities looking for alternate sources ie. Veterinarians, meat packing plants etc.
- Frequency of prenatal visits (M. Greer-King) for ambulatory patients - LHSC OBS have reviewed new consults and are spacing out initial appointments as much as possible. May use other virtual check ins, as well as extend the time between regular checks ie: move 4wk. appt. to 6 wks., 2 wk. appt. to 3 wk. Ultrasound has been involved in discussions to ensure that as much as possible all information is obtained with one anatomy scan to avoid coming back for a repeat U/S.



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Action Items:

- Minutes will be sent with links
- Regular meetings will be set up for perinatal, alternating with paediatric. Good forum for discussion.
- Spring regional nurse leaders' meeting – will discuss and advise whether to proceed or continue virtually.
- G. Peterek to re-send information about MAVINS online lactation and breastfeeding support resource. Free to use with lots of good information.

Adjournment: 1517 hrs.

Minute taker: S. Johnston