



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



Date: Mar. 27, 2020  
1500-1530 hrs.

**Moderators:** Leanne McArthur, Gwen Peterek

**Present:** MNCYN -Leanne McArthur, Gwen Peterek, Kristine Fraser Sheila Johnston  
LHSC – DR. Henry Roukema, DR. Kevin Coughlin, S. Laureano, Manager OBCU  
Hanover - M. Rae, Manager Maternal Newborn Unit

**Accepted but unknown if attended:** J. Barrett (Sunnybrook), C. Edwards (CKHA), M. Marshall (Erie Shores), J. Mills (LHSC), L. Mitchell (Erie Shores), L Paton / A. Cook (WGH), J. Perry (LHSC), M. Poole (BORN Ontario), A. Cassidy (Essex), M. Comette, N. Marshall, C. Smits, P. Vandewalle (MHA), L. Allen (BWH), M. Greer-King (AMGH)

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

**Discussion:**

- Leanne reported that we are still currently at 20 cases in London with 5 admitted Ontario 967 positive cases, 10,074 investigated, 8 resolved, 18 deceased. This is a significant increase in the past 24hrs.

**Item #2: LHSC Women's Care Updates (Stacey Laureano)**

**Discussion:**

- S. Laureano gave an update on processes that are in progress for Triage, Labour & Birth at LHSC which are in the final stages and will soon be posted
- LHSC Leaders have been working with the main OR & NICU & to align practices to ensure correct pathways are followed

**Item #3: MNCYN Updates (Leanne/Gwen)**

**Discussion:**

Leanne reported that MNCYN continues to connect with Ottawa and Toronto networks. There has been robust discussion on several topics:

- **Separation vs non-separation of moms and baby:**
  - Consensus reached by Ottawa & London networks -advising separation but would advocate for informed discussion with parent regarding breastfeeding and skin-to-skin care if they choose not to isolate. This is the policy at LHSC at present for moms who are Covid-19 positive or PUI - not allowed to go into the NICU.
  - GTA - not separating unless neonate or mother requires higher level of care



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- Guidelines from Toronto (SOON) continue to be shared and will be posted on [MNCYN website](#), however, we recognize that some of the information is conflictual. We will include LHSC guidelines as we receive them, but each hospital will need to review and make decisions for moving forward based on their own hospital policies / guidelines and what evidence we have to date.
- **Nitrous oxide:**
  - Conflicting guidelines for Nitrous oxide.
  - LHSC is supporting continued use of Nitrous Oxide for non-ARI patients
  - Other organizations (eg. Ottawa) are not supporting any use of Nitrous oxide
  - Leanne cautioned that AJOG is recommending if you use it you must have a particular filter between the mask and the valve, and follow stringent decontamination processes. This information can be found in the FAQ document under Covid-19 Resources link on the MNCYN website Homepage <http://www.mncyn.ca/resources/covid-19-resources/#>.
- **Delayed Cord Clamping:** There is still conflictual information amongst the various networks/ regions.
  - LHSC is following China's approach that recommends NO delayed cord clamping in a Covid-19 positive mother. Dr. Coughlin noted that there have been no reported cases to date of vertical transmission. We are awaiting a new article re: vertical transmission.
  - Henry Roukema recommended that decisions re: separation, skin-to-skin and breastfeeding, as well as alternate caregiver should the mother decide to isolate, should be made in advance and not at the last minute. Leanne McArthur also reminded that there needs to be risk/benefit conversations well in advance and documented with parents so that a process is in place regarding mask, proper hand hygiene.
- **Visiting Restrictions** – variable around the province
  - GTA: partner may attend birth but must leave 2 hours after the birth.
  - At LHSC 1 support person allowed for labouring mothers and stay with mother on postpartum unit - no switching in and out. No support persons allowed on the antenatal unit
- Leanne reported that Dr. J. Barrett (Sunnybrook) delivered his first case of a Covid-19 positive mom. They had done practice runs for PPE but he still had considerable anxiety as to whether all was done correctly. He stressed the importance of practicing to be ready for that eventuality.



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- Gwen Peterek reported that several new resources were added to the MNYCN home page link recently. Going forward, minutes and agendas will be available on the MNCYN website Covid-19 link in order to reduce the number of communications being sent out electronically. The FAQ will be updated weekly and posted on Fridays
- **Recently updated resources:**
  - Ontario Health re: Ethics and use of PPE for health care providers (2 documents)
  - Poster on Safety Guide re: Covid-19 positive for health care providers – how to prepare before entering unit, while on unit and after leaving unit
  - LHSC algorithm for Neonatal Management re Covid-19 for
    - Asymptomatic newborn
    - Symptomatic newborn
    - Feeding guidelines for infants of Covid positive or PUI mother
  - LHSC Standard of Practice for Visitation During Covid-19
  - Patient brochure re: Covid-19 – for use both locally and in region. Can be edited to add local PHU information.
  - Maternal Virtual Infant Nutrition Support (MAVINS) poster has been uploaded to the website with access code.
    - This *free* virtual platform allows parents to get up-to-date information with regard to infant feeding and breast feeding and also provides several links, videos and other resources. The website allows moms to connect with a Lactation Consultant for advice and support.
    - Please send links to any postnatal programs available for families in your area to post on the MAVINS website.
    - Please share the MAVINS link with your hospital units and colleagues particularly family physicians, NPs and Family Health Teams so that they can share with their patients.
- **Surrogacy:** has not been discussed much yet in context of COVID-19. Although it does not happen too often still evens small Level 1 Hospitals have had requests. We need to be prepared.
  - At LHSC surrogate mothers in labour are allowed one support person.
  - Intended parents are invited to attend birth, usually 2 hrs. in advance for vaginal birth, 1 hour for CS
  - Infant is transferred to the birthing room with RN to manage with intended parents until transfer to Mother baby Unit
  - After 2 hrs., one intended parent would go to Mother Baby unit with baby.
  - Intended parent is considered an “Essential Visitor” and is identified for screening as a “Parent/Guardian”
  - If that intended parent needs to leave, the alternate Intended Parent is permitted to attend at bedside.



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**Action Items:**

- **Update re: new article on vertical transmission when available.**
- **Participants to send links re: any postnatal programs available for families in your area to Gwen Peterek < [gwen.peterek@lhsc.on.ca](mailto:gwen.peterek@lhsc.on.ca) > to have posted on the MAVINS website.**
- **Participants asked to post the MAVINS poster on their maternal / child units and share the link < <https://mavins.lhsc.on.ca/about> > with colleagues, particularly family physicians, NPs and Family Health Teams so that they can share with their patients.**

**Item #4: Regional Q&A, Open Discussion**

**Questions:**

1. No questions, comments, concerns. Closed Q&A

**Adjournment:** 1518 hrs.