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

Date: April 8, 2020

1500-1530 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Sheila Johnston (MNCYN), Sarah Parkinson (LHSC), Penny Lipscik (STEGH), Amanda Williams (LHSC), Tom LaCroix (BWH), Henry Roukema (LHSC), Mary Rae (Hanover), Jocelyn Patton-Audette (GBHS)

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

Regional Update:

- Leanne informed attendees that, based on feedback from the region on the previous t-con, we will be moving to twice weekly t-cons beginning next week that will take place on Mondays and Fridays at the same time as usual. There were some technical issues recently when attempting to update the current invites, but we are working on a plan to prevent invitees from being bombarded with messages to their inboxes.

Stay tuned for further updates and instructions about appointments.

- Regional case update:
    - London: 162 London, 12 new, 26 hospitalized, 31 resolved, 7 deaths
    - Windsor-Essex: 244 cases, 13 recovered, 7 deaths
    - Chatham –Kent – 17 cases, 1 hospitalized, 4 recovered, 1 death
    - Lambton (Sarnia) - 87 cases, 5 recovered, 8 deaths
    - Huron-Perth (missed)
- Michigan: 18,970 cases, 854 deaths *significant increase over 2 days
    - Detroit: 5476 cases, 222 deaths*significant increase over 2 days
    - Interesting comparison between Ontario and Michigan case volumes and deaths
- Canada: 18,447 cases, 401 deaths

- Ontario – 5276 cases, 2074 resolved, 1102 under investigation, 174 deaths, 605 hospitalized with Covid-19, 195 on ventilator

Discussion:

- Leanne mentioned the PCMCH task force led by Jon Barrett (GTA) and Mark Walker (CHEO) involves a small working group that is working on drilling down the evidence from a number of national, global and provincial bodies, and coming forth with more provincially standardized recommendations. This will be especially helpful for BORN data if we follow those recommendations, so that we can reduce variability This will be very important to have more valid and reliable data. From a BORN perspective, the data collection tool is completed, but Leanne stressed for each hospital to please email the name of the person who is designated to collect the data to BORN. The email will be going out from BORN later today. The BORN tool will be posted on our website and is available on the BORN website also.

- Leanne had a conversation with Thunder Bay about challenges with respect to their population in that travel restrictions have been imposed by their regional body requiring people to self-isolate if they have traveled outside the northwest region. This will have implications if they travel to access care, require urgent care or repatriation. This has been forwarded to the provincial table to address. We will update as more information becomes available. Thunder Bay is also struggling with newborn follow up, but Leanne indicated work is still continuing to develop an escalation strategy if family physicians can't provide services and midwifery is stepping up to assist, but a detailed plan will be needed.

- Leanne reported that a meeting of all of the Paeds Chiefs across the region was recently facilitated by Dr. Ram Singh (LHSC Dept. of Paeds. Chief) and Dr. Craig Campbell (LHSC Dept. of Paeds. Chair). It was reported that they had good dialogue with the Chiefs and that the teaching organizations are working diligently to get an infrastructure in place to care for Paeds. pts. It was noted that each organization seems to have everything organized and ready to manage care of patients coming in to Emerg. Kudos and great job to the region!

- Article from the US CDC in relation to the 43 US cases. Many of the labour cases are presenting unlike a typical Covid scenario and may actually be more like a chorioamnionitis scenario. This is being looked into in Canada. The PCMCH Maternal Newborn committee is considering this literature as well.

- In response to a question from the last T-con re swabbing of moms who present with fever in labour, Leanne reported that LHSC is going thru algorithms as to who is being screened and tested to determine if swabbing if appropriate. Hospitals in the GTA are swabbing with fever due to potential infection. The question was what are we putting on Requisitions to ensure quick processing?
- A: It appears that many organizations are describing the scenario of the patient on the requisition. We are waiting to hear what LHSC & GTA is putting on requisitions
- **Action Items:**
    - **Post BORN data collection tool on MNYCN website**
    - **Update from provincial table on Thunder Bay travel restriction challenges**
    - **Canadian update on CDC article re atypical Covid scenario vs chorio.**

Item #2: LHSC Women's Care Updates

- Amanda Williams, Interim Director for Women's care (LHSC) was on the call, but is newly transitioning to the role. Deborah Wiseman was not on the call
- Sarah Parkinson (LHSC) SOGC newest updated guideline re testing for gestational diabetes anticipating that the COVID-19 pandemic may substantially reduce access to, capacity for, and safety of attending for laboratory testing in different regions at different times. Therefore, the joint consensus statement is recommending an alternative screening for diabetes during pandemic.
    - Each Centre should decide what the centre will do, as opposed to what individual physicians will do.
    - The alternative screening strategy should be used if the COVID-19 pandemic causes severe disruptions to laboratory testing and treatment, and/or patient refusal.
    - Recommendations is routine testing for anyone suspected of having underlying true diabetes.
    - If there is NO disruption of lab services, the update suggests an option for GDM screening at 24- 28 weeks screening all pregnant women without pre-existing

diabetes using a 50 g glucose challenge followed by a 75 g OGTT in those with a 1-hour glucose of 7.8-11.0 mmol/L.

- If there IS a disruption to lab services or mom is not agreeable to go for screening, then all pregnant women without pre-existing diabetes should be screened with an A1c & non-fasting, random plasma glucose.
    - Women with an A1c of < 5.7% and a random plasma glucose < 11.1 mmol/L require no further testing or treatment.
    - Those with an A1c of > 5.7% or a random plasma glucose of > 11.1 mmol/L are identified as having GDM and should be referred further care. This is a bit higher level than usual, and would indicate that the SOGC is trying to detect more severe diabetes. There will be a handful of cases that get missed.
- The SOGC guideline is recommending postpartum screening follow up be delayed until the pandemic is over, to rule out true diabetes mellitus.
- LHSC is reviewing the recommendations.
- Sarah suggested that there should be some documentation about which test the woman has received. A decision will need to be made about newborns, less overshooting for the newborns with hypoglycemia (maybe over-screening for now), this alternative would mean more under-screening.

Action Items:

- **The link for the SOGC guideline on diabetes in pregnancy to be included on the COVIC-19 Resources Document**

Item #3: MNCYN Updates (Leanne/Gwen)

Resources Update:

- AJOG article by Breslin et al. "COVID-19 infection among asymptomatic and symptomatic pregnant women: Two weeks of confirmed presentations to an affiliated pair of New York City hospitals" has been added to Resource Document. It describes outcomes of a series of 43 test-confirmed cases of COVID-19 presenting to a pair of affiliated New York City hospitals over two weeks from March 13 to 27, 2020.
- Have also posted 2 PP Discharge patient brochures
    - One for mothers who are not COVID+ or under investigation
    - `One for mothers who are COVID+ or under investigation

- Have updated the self-assessment link on the Pregnancy Brochure
- All of these brochures will be posted on under COVID Resources on our webpage under 'Patient Brochures'
- Have added the slides from the BORN webinar describing the process for COVID-19 data collection – A fillable Data Collection Tool will be available soon on the BORN Website and will also be posted on our webpage. BORN has also posted a FAQ section on their site. M. Poole has asked us to remind everyone to submit the name of your hospital or Midwifery practice and the key data collection contact person for your site covid@bornontario.ca by tomorrow ***Thursday, April 9, 2020***
- On our Resources Webpage have also added:
    - Slide deck and Guidelines from the GTA for the Management of the Pregnant Patient who is COVID Pos.
    - New LHSC Visitor Policy
    - Updated Algorithm Management of Labour, Birth and Postpartum Care for Patient Under Investigation (PUI) or With Confirmed COVID-19 Infection
    - LHSC Checklist for the Care of Woman and Newborn(s) with confirmed or suspected COVID-19 Infection
    - LHSC Process for Obstetrical Care Operating Room: Process
    - LHSC Guidelines for Aerosol Generating Medical Procedures (AGMP) for Failed ARI Screen or Unable to Assess or Confirmed COVID-19
    - Public Health Ontario COVID Self Isolation Fact Sheet
- Simulations have been posted as well as a case from Dr. LaCroix (Sarnia). If any other organizations have action plans, algorithms, case summaries please send them so we can post them to share with others

- There are also a couple of upcoming webinars:
    - RNAO - Legal issues in nursing practice related to COVID-19 Tomorrow April 9 – 8:30 – 10:30 pm (had over 100 people join yesterday)
    - CNA – Webinar re: PPE and ethical dilemmas – Tomorrow April 9 – 1200 -12:45 pm

- Kristine and Gwen will also be updating our FAQ document and posting on Fridays

- Have also recently received a question from Hanover (Mary Rae)

Q: "One of the other hospitals in the area are signing their pregnant nursing staff off at 34 weeks, citing Covid19 precautions. They have instructed them to isolate so that they have at least 2 weeks of non-exposure prior to delivering. Our physician group has been asked by some of our nursing staff to be signed off and they would like a guideline of some sort to go by."

A: Leanne did not have the evidence in front of her but recalled that literature recommended that at 28 weeks the woman would continue to practice. If > 28 weeks she should move to a role with less exposure (Royal College in UK and March 27 SOGC statement). It's not that they can't work, they can, but they need to be diligent with PPE and not working with Covid-positive individuals. Mary Rae commented that this is not an issue at Hanover at this time because they do not have any Covid positive patients and they would not assign a pregnant nurse to that patient in any case.

A: Gwen provided current recommendations from SOGC ie:

"Pregnant women in essential services, including HCP can continue to work during the COVID-19 pandemic. In situations where a worker may be exposed to a person who is suspect or confirmed to have COVID-19, appropriate PPE should be used. No additional PPE measures are required for pregnant HCPs beyond those that are advised for non-pregnant HCPs. Recommend avoiding unnecessary exposure to patients with suspected or known COVID-19.

A: LHSC: Nurses are not signed off unless another medical ailment suggests that is required. We are not assigning COVID suspect/ positive cases to our pregnant nurses as a collegial courtesy.

- Gwen had one more question raised by a hospital in the GTA …

Q: "We are telling Covid plus mothers to wear a mask in hospital. But we don't have the surplus PPE to send them home with medical masks. Are you recommending just homemade face covering? Is anyone providing the positive mothers with masks to take home?"

Hanover: Mary Rae stated that Hanover hospital has received a number of poor masks that they don't want staff to wear but we have toyed with the idea of giving them to mothers to wear when they come in for appts. and then letting them take them home. But if they are not good enough for our staff they don't know that they should be giving them to pts.

Gwen: A: We have addressed this issue in the Postpartum Discharge Brochure for COVID pos. mothers we have posted by saying that … There is no evidence that homemade fabric masks will provide protection from virus-sized particles. Medical opinions vary though as to whether they might provide minimal protection by decreasing the amount of respiratory droplets. Respiratory etiquette and hand hygiene is still key message. Masks can give a false sense of security. You might consider telling patients to use a homemade mask, scarf or bandana. They should be sure to wash their hands before putting it on and after removing it. They should not let others touch the mask and wash it frequently.

This question will be added to the FAQ. Is anyone sending moms home with masks?

A: LHSC: We are not supplying masks to take home. Conservation would preclude that practice likely at all facilities.

A: Midwife: A midwife attendee (unidentified) noted that the Association of Ontario Midwives has addressed this question recently. If midwives have cloth masks they are asked to give them to their clients when they come in for clinical care and let them take them home with instructions for how to use it. Though this may give a false sense of security, Gwen noted that that message is "something is better than nothing".

- As mentioned in the last t-con, the Spring Nurse leaders meeting that was scheduled for April 17th has been deferred until the fall. Notices will be sent out of the new date once the date has been confirmed with St. Thomas, which is the host hospital.

Action Items:

- **Confirm date of regional nurse leaders meeting and send update.**
- **Leanne to request discussion at the provincial table re nurses who are pregnant and potential exposure to covid-19.**
- **Add to FAQ question re Covid positive mothers and what should they do in terms of masks when they are discharged home.**

Item #4: Regional Q&A, Open Discussion

Questions:

1. **Q:** Jocelyn (GBHS) asked "Does anyone have micro-cuffed endotracheal tubes for newborns?" She referenced an article she had read from McMaster

Discussion: Gwen mentioned that, according to NRP guidelines, a straight (non-cuffed endotracheal tube) is to be used for newborns. Leanne will reach out to her McMaster counterpart to clarify what their practice is and compare to CPS NRP standards. This will be added to the FAQ.

Discussion:

- Stay tuned for updated appointments, Monday and Friday for Perinatal. Continue to send questions. Due to Good Friday, there will be no T-con this Friday, April 10th.
- **Action Items:**
    - **Gwen to add micro-cuffed ET tube question to FAQ**

Adjournment: 1527 hrs.