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

Date: April 13, 2020
1500-1530 hrs.

Moderator: Leanne McArthur

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Henry Roukema (LHSC), Jocelyn Patton-Audette (GBHS), Dr. Joli Pun (Woodstock)

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

- Regional case update:
  - London: 234 London (20 new cases), 107 resolved, 11 deaths
  - Windsor: 311 cases, 8 deaths
  - Chatham –Kent – 25cases, 1 death
  - Lambton (Sarnia) - 118 cases, 10 deaths
  - Huron-Perth – 31 cases, 2 deaths
- Michigan: 23,993 cases, 1392 deaths
  - Detroit: 6386 cases, 348 deaths
  - Interesting comparison between Ontario and Michigan case volumes and deaths
- Ontario – 7470 cases, 3357 resolved, 1534 under investigation, 291 deaths, 760 hospitalized with Covid-19, 263 in ICU, 203 on ventilator

Discussion:

- Leanne mentioned that Ontario is anticipating its peak case count on April 21st
- A number of shipments of PPE are now coming in, in addition to other equipment should our numbers increase significantly

- Leanne also mentioned that a provincial task force has been struck to drilling down the evidence from a number of national, global and provincial bodies, to develop more provincially standardized recommendations. We hope to see provincial recommendations re: PPE use, mother baby dyad care and guidelines on visitors (support persons) coming soon. The task force will have a meeting early tomorrow morning.

- Leanne has been working diligently with Wendy Katherine, Health Nexus, the CMNRP (Ottawa) and the National Aboriginal Council of Midwives on a Government of Canada Urban Indigenous Programming Grant for which the submission deadline is today. Other Partners who have already expressed interest include:
  - The Southern Ontario Obstetrical Network - Jon Barrett

- BORN Ontario - Mark Walker, Lise Bisnaire, Ann Sprague
- Provincial Council for Maternal and Child Health – Sick Kids
- Association of Ontario Midwives
- Northwest Region - Thunder Bay Hospital
- Sioux Lookout First Nations Health Authority
- And more are coming on board...

- This coalition of partners has come together to support the needs of vulnerable new postpartum parents presently in isolation with their babies, for up to several weeks before being transited home to remote communities. Travel restrictions have been imposed by the regional body in Northwestern Ontario requiring people to self-isolate if they have traveled outside the northwest region. These travel restrictions have made it very challenging for indigenous people to access health care. In addition, new mothers following several weeks of isolation prior to birth, are now faced with being in a hotel/hostel room alone with their infants to try to maintain Covid-19 protocols, often in the absence of partner or family accompaniment, and already vulnerable to so many other societal factors. The proposed evidence-based program includes:
  - A registry of postpartum care providers able to offer 24/7 Zoom support to clients/patients during the postpartum evacuation stay to urban 3-5 sites, including Thunder Bay, Sioux Lookout, Kenora.
  - Development of a peer support system for the clients to return home to, with training and orientation for community/self-identified mentors and community members
  - Resource development - Indigenous informed knowledge tools on Covid-19 and maternal-newborn best practices aligned with provincial guidelines
  - Postpartum assessment kits (digital thermometer and fish scale) to assist in self and infant assessment in the first week after birth to reduce clinic visits
  - Digital technology on which to base 24/7 zoom support, training, webinars, etc.
- Once we have further information will circulate it out.

- **Action Items:**
  - **MNCYN to provide an update on recommendations from Provincial task force on PPE, mother-baby dyad care and visitor restrictions for mother baby care as they become available**
  - **MNCYN to provide an update on the National Aboriginal Council of Midwives on a Government of Canada Urban Indigenous Programming Grant when available**

Item #2: LHSC Women's Care Updates

• Henry Roukema: LHSC recently had a case of a pt. in need of an urgent delivery at 30 wks. They had just had a simulation on this on Fri. but are still trying to get the process ironed out. The case went smoothly but there was some controversy if they needed to be using N95s with newborn resuscitation. They decided to use the N95s. LHSC is not doing our resuscitations in the same room as the C/S because they do not have enough space. They moved the baby out to a procedure room but the baby got very cold. Temp. went down to 34°C. They did use a plastic bag but the OR and resuscitation room were quite cold. It took 1 – 1.5 hr. to warm up the baby. They considered using a gel mattress but worried about potentially burning the baby. They have now increased the temp. in the procedure room to 28°C. Mom ended up being COVID neg. The baby had respiratory distress and was put on NiPPV initially but then needed Surfactant. We questioned whether to give it by Minimally Invasive Surfactant Therapy (MIST) or by INSURE (intubate, surfactant, extubate). The recommendation from CPS is to *NOT* to use MIST but to use INSURE instead which is what they did.
• The recommendation is also to use video laryngoscopy. LHSC happened to have one on their capital list last year and it has now has been approved so they will have one. For small babies to get a 0 and 00 blade there is only one on the market which is the GlideScope. It's an expensive option but with COVID it is important to have.

- It is very useful to do Simulations. Every time you do it something else comes up.

Action Items:

- **MNCYN to get information on GlideScope and circulate to region.**

Item #3: MNCYN Updates (Gwen)

- Over the past three weeks, Pathology and Lab Medicine (PaLM) has grown its local lab testing capacity from 30 tests per day up to 280 tests per day servicing the south west and Erie St. Clair regions. The PaLM team expects to increase capacity to 560 tests /day over next week. The Public Health Ontario laboratory in London has capacity for 220, but has run out of reagents and is currently diverting all specimens to Toronto. The PaLM team continues to diligently source out new testing solutions and has recently procured a new assay to a COVID-19 test that could help create more capacity and alternative lab test reagent sources over time.

- The Ontario government has announced the next phase of its strategy to significantly expand and enhance testing. In addition to the ongoing testing of the general public at any of the 100 assessment centres, Ontario will be proactively testing several priority groups. By implementing this strategy, Ontario expects to double the number of tests processed each

day to 8,000 by April 15, 2020 and 14,000 by April 29, 2020, at which point overall lab capacity will have been further expanded.

Resources Update:

- Because we have so many resources posted now, last week we re-organized the page into tabs to make it easier for you to find what you are looking for. We will be adding a few more resources in the next few days including:
    - Updated LHSC Visitor Guidelines as of 11.04.2020
        - Only essential visitors allowed ie: 1 visitor for pts. who are actively dying
        - 1 visitor for patient in labour – no in and out – no switching
        - 1 visitor for an ill child or youth
    - The BORN Case Report Tool as well as a General information sheet from BORN with access to various links including their FAQ re: COVID Data Collection page
    - New LHSC Contact and Feeding Guidelines for Caregivers with Confirmed or Suspect COVID-19 Infection
    - Links for HCP re: Health and Well Being and Peer Support (under 'General' Tab)

Action Items:

- **MNCYN to update the COVID resources page**

Item #4: Regional Q&A, Open Discussion
Questions:
Gwen: Received a question from J. Koufie (St. Thomas) -
Q: We are wondering if other hospitals are accepting donations for knitted baby hats or not. Had heard that the COVID virus lives on surfaces for only 3 days and so donated hats could be placed in a clean paper bag after receiving it and used after 3 days. Just wondering what other units are doing?
A: Gwen has posed the question to LHSC NICU but still awaiting response. Joselyn (Owen Sound) We have not had any knitters sending hats in recently due to COVID but would not be accepting hats now. We have had so many hats in storage from before the time of COVID that it is not an issue.

Q: Joselyn (Owen Sound): What are other hospitals doing with nitrous oxide? The labour analgesia graphic on the MNCYN website indicates it is non-aerosolizing. We have been making it available to non-COVID mothers, but not to COVID suspect or positive pts. in order to limit the use of equipment that isn't disposable.
A: We have also addressed this question on our FAQ page. The current recommendations from The Society of Obstetric Anaesthesia & Perinatology recommends suspending nitrous oxide programs in L&D units due to concerns regarding aerosolization in even asymptomatic patients

as there is insufficient information regarding safety in this setting. Patient self-administered inhalation of nitrous oxide and oxygen (Entonox) is a widely used labor analgesic. However, respiratory viruses contaminating the gas delivery apparatus may be a neglected source of cross-infection and birth attendants should be aware of decontamination guidelines, which include the cleaning of the expiratory valve between patients, and the use of a microbiological filter (pore size < 0.05µm) between the mouthpiece or facemask.

Q: Dr. Pun (Woodstock): Do any other centres have any protocols for swabbing elective C/S patients?
A: At LHSC we are screening elective C/S patients 48 hr. before their surgery date and swabbing anyone who screens positive. In Owen Sound they are calling the patient 3 days in advance to screen and swabbing if the screen is positive.

- **Action Items:**
  - **Questions to be added to the COVID FAQ page on the MNCYN website**
  - **If there are any further questions please email either Leanne McArthur or Gwen Peterek and we will try to get the answer for you as soon as possible**

Adjournment: 1520 hrs.