



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



Date: April 20, 2020  
1500-1530 hrs.

**Moderators:** Leanne McArthur

**Present:** Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Stacy Laureano (LHSC), Jocelyn Patton-Audette, Deborah Wiseman (LHSC), Kevin Coughlin (LHSC), Kerri Hannon (HPHA - Stratford)

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

**Discussion:**

**Regional case update:**

- London: 323 cases, 17 new since yesterday, 138 resolved, 22 deaths
- ON: 11,184 cases, 5,515 resolved, 584 deaths, 802 hospitalized, 247 ICU, 193 vented
- CA: 35,392 cases, 1,611 deaths
- Elgin: 44 cases, 3 deaths
- Windsor: 482 cases, 27 deaths
- Chatham: 31 cases, 1 death
- Sarnia: 145 cases, 14 deaths
- Huron-Perth: 37 cases, 4 deaths
- **Michigan:** 31,424, 2391 deaths
- **Detroit:** 7604 cases, 618 deaths
  
- **Ontario Health:** Ontario health officials stated today that the province has reached its peak in the COVID-19 pandemic, but the situation in long-term care and group homes is worsening even as spread within the community comes under control.
- New projections released today say Ontario is now expected to have fewer than 20,000 cases of COVID substantially lower than the 80,000 projected previously. Ontario appears to be tracking toward a “best case” scenario.
- **New articles:** We will be circulating 2 new articles
  - Ottawa CTV – “What to Expect When You are Expecting”
  - New York Times. “Hope, and New Life, in a Brooklyn Maternity Ward Fighting Covid-19” (Three Pregnant Women Critically Ill with COVID-19: How a Hospital Saved Them All, and Their Babies)  
<https://www.nytimes.com/2020/04/12/nyregion/coronavirus-births-mothers.html>



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- **BORN Ontario:** After our TCON last Friday, 2 additional hospitals (only 8 of the 15 birthing hospitals in the SW) have committed to collecting Covid-19 data for BORN. We are really hoping that others in LHIN 1& 2 will register soon. It's really important as we move forward to have the data to look retrospectively at moms/babies who could have or were Covid positive in order to inform our practice in case we have another surge of Covid in the future.
- **Pandemic Service Models:** MNCYN has been working in collaboration with senior leadership from LHSC/ Children's Hospital to look at a service model for pandemics/ CODE Orange. We will be reaching out to you in the near future to determine what service model you may consider yourself in. More details to come.

**Action Items:**

- **MNCYN to post links to the 2 articles on Resources document**
- **Hospitals and midwifery practices encouraged to register with BORN for Covid data collection and submit name of key contact person**

**Item #2: LHSC Women's Care Updates (Stacy Laureano, Deb Wiseman)**

- **Stacy Laureano:** LHSC continues to refine its processes based on the things learned from simulation exercises
- Currently looking as to how we can improve our OB triage pathway and better meet the needs of community. We are now bringing anyone at 16-20 weeks up to the unit, previously we would only see those that were at least 20 weeks. We are trying to help alleviate pressure on ED. Likewise, we are bringing mothers / babies who are 3 weeks postpartum to triage instead of ED. This helps to keep families closer to our unit, away from waiting rooms full of sick people and helps our team to stay closer to unit as well rather than going through ED.
- **Leanne:** This is very reassuring for families, to have the expert care, especially at 3 weeks postpartum
- **Kevin Coughlin:** There has been quite a debate going on as to whether there is vertical transmission of Covid-19 from mother to fetus. A new case report came out of Peru of a mom with severe Covid, needed ventilation and then C/S, no skin-to-skin or delayed cord clamping. Baby tested 16 hours after birth. This is the earliest positive swab in literature to date. Baby was IGG/IGM neg. Maternal IgM and IgG became positive on postpartum day 4 (day 9 after symptom onset). The mother had significant lung consolidation. This is the newest and most robust case report. Although there is no good data on vertical transmission, this suggests it is possible.



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**Action Items:**

- **LHSC to submit summary of their OB simulation to be posted on MNCYN Covid webpage**
- **MNCYN to post case report from Peru and highlight it so that everyone can see it.**

**Item #3: MNCYN Updates:**

**Gwen: Resource Update:**

- Because we have so many resources posted now last week we re-organized the page into tabs, including separate tabs for Resource Links and FAQ, to make it easier to find information.
- We have recently posted the following under the Resources tab:
  - SOGC COVID-19 Response Forum – Q & A (under Resources tab)
  - U of T Dept. of OBS / GYN COVID-19 Resources and Updates (Under Resources tab)
- We will be posting the following resources from Ottawa Hospital:
  - Planning Communication Tool for mothers and babies coming back for postpartum newborn checks
  - Algorithm re: Neonatal Management for WELL BABIES born to suspected or confirmed COVID-19 positive MOTHER
  - CHEO – NICU Parent Letter “Protecting Your Baby: Parent/Caregiver Presence During Covid-19”
  - Neonatal Transport Team COVID -19 Screening Guide
- Also encourage any of you who have done simulations or had actual cases of suspected or confirmed COVI pos. pregnant pts. to submit a summary for us to post so that others can learn from them.

**Action Items:**

- **MNCYN to post additional resources**

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

**Q: Leanne:** Are people feeling they have the majority of their procedures or pathways in place now on how to manage their maternal-newborn population?

**A:** Owen Sound & Stratford both feel well prepared, or as prepared as they can be

**Q: Leanne:** Anyone feel they are missing a strategy or don't have something in place?

**A:** No comments.



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**Q: Leanne:** Any strategies in which the acute care system is working with the community to manage the newborn visits if family physicians are no longer available?

**A: Stratford (Kerri Hannon):** We have opened a hotline to our LC for any potential feeding issues, working with our family physicians so that if there is a need, the hospital can make accommodation to see their patients. We have had quite a few calls to our LC.

**Q: Kevin:** What about your post discharge Bili checks?

**A: Kerri:** They are coming back into hospital. There is a screening area at front of the hospital for them. Then we go down to retrieve the pt. and take mom and baby to a private room for the assessment. They are discharged immediately. Paeds on call is managing the results.

**Q: Leanne:** Has your program been designated as an essential service in that it is protected in terms of the OB/Paeds staffing? Are the OB beds protected so that they wouldn't be divested? Would you continue to maintain OB/ Paeds. services within your hospital?

**A: Kerri:** We have protected the staff from this unit and they will not be redeployed to other areas as of yet. We have had conversations with Listowel and Goderich hospitals as to what we would do if they need to send to Stratford. We have been busier than normal.

**Action Items:**

- None

**Adjournment:** 1527 hrs.