



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



Date: April 24, 2020
1500-1530 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Sheila Johnston (MNCYN), Kevin Coughlin (LHSC), Anna Gunz (LHSC), Penny Lipschik (STEGH), Stacy Laureano (LHSC), Jocelyn Patton-Audette (GBHS), Deanna ? (MOHLTC), Dr. Greg Hasen (Windsor), Dr. Tom LaCroix (BWH), Deborah Wiseman (LHSC) and other unidentified attendees.

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

Discussion:

Leanne welcomed the most recent addition to our call -a representative of the Ministry of Health & Long Term Care (MOHLTC), who will be joining us regularly going forward to listen to the great work that's being done, our challenges and successes and to hear updates for the region. Thanks to the Ministry.

- **Covid case data update of the most recently reported public health statistics**

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	357	173	26	10 new from yesterday
WINDSOR	541	122	35	
CHATHAM-KENT	40	23	1	
ELGIN-OXFORD (SW PUBLIC HEALTH)	54	20	4	
LAMBTON	164	14	14	4 children
HURON-PERTH	41	25	4	
GREY-BRUCE	68	23	0	21 cases in Health Care workers
MICHIGAN	35,291	3,237	2,977	
• DETROIT	8,317		799	
ONTARIO	13,519	7,087	763	910 hospitalized 243 ICU 193 Ventilated
CANADA	42,750		2,197	

Leanne noted that, though the numbers appear to be decreasing and there are indications we may be reaching a plateau, we need to remain vigilant.

Leanne also updated on a number of other projects / initiatives, including:



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Provincial:

• **Infant Hearing Screening**

- From the Ottawa T-con, there was discussion around infant hearing screening and the fact that it is not currently being done in most places. There was an update that the equipment does meet the requirements to allow screening to be done up until the age of 2 months. A list is being kept of babies who require the screening and parents will be contacted as soon as possible to have further dialogue on this.

• **BORN Covid data update**

- Leanne thanked those sites who have reached out to BORN who will collect and submit data on Covid positive mothers. At the beginning of the week we were at just 8 hospitals and 4 midwifery practices, but by week end we are now at 12 hospitals across the region. We would still like more sites to participate to ensure we capture as much regional data as possible.
- There was some confusion about the data criteria as to whether it includes only Covid positive moms, or presumptive cases? Mark Walker (Ottawa) has clarified that the criteria will include only Covid positive cases. This will help to decrease the number of data submissions and requirements.

• **Network of Networks - Northern Network update**

- Leanne reported that this group had its first call and included people from North West and North East areas of Ontario, with approximately 65 individuals on the call with various roles and responsibilities. A robust discussion was held, with updates from Dr. Jon Barrett (SOON) and Dr. Mark Walker (Champlain) regarding the soon-to-be distributed provincial guidelines with all the distilled information regarding PPE, mother/baby dyad and the support person to be in the birthing unit. The guidelines are currently working their way through the MOHLTC and we anticipate they will be available for distribution early next week. We will send them out when available.

• **Service Delivery Model update**

- Leanne reported that, for the West region, the 1st regional kickoff call was held earlier today and discussions were specifically around models of care and escalation within a pandemic. Discussion was held around whether services would be consolidated, remain status quo, or the tertiary hospital to divest some of their services and become the pandemic hospital. Many attending this call were also on the earlier call. Leanne noted that continued work needs to be done to identify triggers from the Level-I and Level-II sites, so that higher levels can be prepared in case they need to accept more patients in order to provide



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an integrated system of care. There was great discussion and work is already being mapped out across the region. A trigger tool will be circulated later today, along with the minutes. Another call will be set up to further identify triggers. Leanne thanked the participants for taking the time and energy on this important work.

Action Items:

- 1. Distribute guidelines when available from the Ministry**
- 2. Circulate Service Delivery Model trigger tool and meeting minutes (Leanne)**

Item #2: LHSC Women's Care Updates (Stacy L, Kevin C, Anna G)

Discussion:

- Stacy Laureano (Labour/Birth)- several video vignettes were recently launched on the LHSC public facing webpage to answer questions for pregnant populations, including:
 - Clinic appointments
 - self-monitoring for Covid-19 & what if I develop Covid-19 symptoms during pregnancy
 - birth planning during Covid-19
 - what to expect for labour/birth
 - How will the hospital maintain safety for me and my baby?
 - Will I be sent home earlier from hospital due to the Covid-19 outbreak?

Also, a pamphlet on what to expect at home following Covid.

Comments to date have indicated the videos have been well received. They run 2-6 minutes per video.

- Kevin Coughlin (NICU update) – nothing drastically new. The American Journal of Pediatrics has published a study from Lima, Peru, of a newborn testing positive for Covid-19 at 16 hrs of age. Testing was by Nasopharyngeal aspirate. The baby was born by C-section, there was no skin-to-skin or no delayed cord clamping, suggesting some evidence of vertical transmission. We don't yet have a strong body of evidence to suggest vertical transmission rates are high, but they may not be zero either.
- Kevin Coughlin – Discussions with Prakesh Shah (GTA) and reported that a “congenital Covid 19” case was submitted for publication and is expected out soon. There is some controversy about when the virus might be contracted, ie. Fetus vs. Newborn. Kevin noted that LHSC has not had a case in our NICU of a Covid positive baby, only suspect positive moms, which have turned out to be negative. Nothing has changed in terms of our neonatal response team at this time. Kevin noted that Americans have a slightly different take on things (SOGC/ACOG), (CPS/ AAP). He recommended that people review the literature widely when trying to interpret



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- Leanne – noted that there is much conflictual information, hence the development of the provincial Mat/Newborn taskforce to address this. Recommendations are anticipated, hopefully, next week.
- Anna Gunz (Paediatric / Neonatal Transport) - Anna reported that we have now confirmed and have shored everything up for neonatal and perinatal transport that will affect patients that come in after exposure. We will provide high flow and non-invasive ventilation (NiPPV) to all patients. We transport despite concerns re aerosolization. ORNGE will provide high flow and intubated patients, but not CPAP. There were some concerns about using uncuffed tubes with respect to safety for providers, but we still see uncuffed with small babies as reasonable and we have no hesitation to transport these, so it's business as usual.

Q: (Kevin C) - is there any update as to transporting the parents with the child?

A: (Anna) - yes, we absolutely are. Other hospitals have drawn a line in the sand about Covid patients and whether parents are allowed in hospital, but we have said that if the parent will be accepted in the hospital, then we will transport them, assuming they are well and able to pass the screening. It is good to have guidance ahead of time and we are already getting information about who the support people will be, but they need to be asymptomatic. ORNGE has no hesitation to accept parents; they are making exceptions for parents. At LHSC, all Paeds patients will be suspected Covid positive and a parent must be with the child at all times. Food, etc will be provided to the parents, so that they don't have to leave the room. There have been no issues to date, but that is something that has been discussed and Transport staff have asked that a conversation with Critical care be held with the parents in advance if there are concerns.

Action Items:

- None.

Item #3: Simulation Lessons Learned (Taryn Taylor, OB staff)

Discussion:

- Taryn gave an update on a few critical simulations that they recently ran through, specifically focusing on Covid-19. The simulations have been quite powerful and uncovered gaps and issues with equipment, physical space and pathways that wouldn't have otherwise been identified. Some of the issues included:
 - Negative pressure room is defaulted to Off. This was a quick fix, but the entire case was run in the negative pressure room with no negative pressure.
 - Needed a specific airway cart, so Anaesthesia colleagues created a cart with the specific equipment they need to intubate outside the OR.



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- Case of a Covid positive mom presenting with premature labour, who ultimately needed crash C-section due to fetal distress. There was lack of clarity on where to find the PPE supplies, so a YouTube video was created as a walk-through for all staff to address where to find the PPE needed at every step of the case that starts in Triage and ends in Covid OR.
- Need for a clean person to assist in transport; this could be a PSW or anyone who has not been in contact with the patient who can press buttons to open doors, clear hallways, etc. to reduce the possibility of contamination
- Expectations of who should be in the OR when a potential Covid positive patient requires anaesthesia for intubation. The usual pathway is to exclude surgical staff from the OR for 15 minutes, but from an OB perspective, that route is too long, especially when the fetal heart rate is a concern, so it was concluded that the team should stay in OR with appropriate PPE during intubation.

Action Items:

- **None.**

Item #4: MNCYN Updates (Gwen)

Discussion:

- The BORN Website has been updated: A new Case Status Update Form has been added. Please, use this form if you have previously submitted a BORN ONTARIO COVID-19 CASE REPORT FORM to BORN for a probable case that has subsequently tested negative for SARS-CoV-2*
- LHSC: Has established an Airway Management Team
 - to optimize adult code response for patients
 - to minimize the number of providers involved in AGMPs
 - and to assist with our PPE conservation efforts.

The team is available 24/7 to respond to all airway emergencies, including protected code blue, outside of the OR. It is comprised of physicians, RRTs & nurses. The team wears enhanced PPE - will be the first providers at LHSC to wear elastomeric masks to enable PPE conservation. Elastomeric masks are re-usable and provide equivalent protection from COVID-19. Hope to scale up the use of this reusable technology to other providers.

- Resources Updates: This week we posted over 20 new items to our Resources webpage. Because of the volume of resources available, we've attempted to re-organize the page into various tabs to make it more user-friendly



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- **Under the Perinatal Tab:**
 - SOGC COVID-19 Q & A Response Forum
 - Western University Dept. of OBS /GYN: Summary of Key publications re: COVID and Pregnancy presented at Grand Rounds this week
 - U of T Dept. of OBS / GYN COVID-19 Resources and Updates
 - Updated the link to the (PCMCH) COVID-19 Practice Support Tools for Obstetrics and Neonatal Providers v1.7 (April 20, 2020)
 - LHSC Standard Operating Procedure: Perinatal Care of the Woman with Suspected/Positive COVID-19 Infection and the Infant(s)
- **On our Resource link document –**
 - Government of Canada - Advice for mothers re: Pregnancy, Childbirth and Caring for Newborns during (COVID-19) (released Apr. 20)
- **Under Simulations:**
 - Have posted several simulations – one from Owen Sound (Thank you to Jocelyn Patton)
 - 2 from LHSC – for both a vaginal and CS birth (Thanks to Dr. Taylor) who shared her Powerpoint presentation she gave at Grand Rounds this week of Simulation Exercises they did together. She has also shared the Scenario templates and Debriefing Reports
 - Also, from LHSC - A walk-through video for a possible crash C/S from OBS triage (as previously described by Dr. Taryn Taylor)
- **Under Algorithms:**
 - Now have a number of algorithms from Ottawa, Sunnybrook and also 2 from Mt. Sinai re: investigations for OBS inpts. & Outpatients
- **Under PPE:**
 - LHSC has provided a Quick Reference Guide for the Prevention of Skin Damage Related to PPE
- **Coming Soon:** We hope to have Prov. Task force guidelines and a flow chart regarding antenatal management and admission of the OBS pt.

Action Items:

- **Continued to post new updates as they become available**

Item #5: Regional Q&A, Open Discussion

Questions:

1. Tom LaCroix (BWH). As we are starting to get more information, and with the low possibility of vertical transmission and a patient population that has been captive for



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weeks or months, we have grandparents who have fairly low risk from cuddling their newborn grandchildren.

Q: Is there any patient information or direction to introduce to loved ones on when they can expect to be able to have contact?

- Deborah Wiseman – LHSC is still following Ministry guidelines for social distancing and we will continue to share that in discharge documents until we have more freedom with social distancing mandate.
- Tom L. – Two epidemiologists from McGill have data that one infant who was positive who was exposed to 154 people and zero got Covid suggesting that newborns are not very potent super spreaders.

Q: At what point are we going to start loosening this up? For example, in New Brunswick they have a two-bubble family approach and relaxing their social distancing. Are we getting towards a point where we also could consider allowing this with grandparents being one of the bubbles?

- Kevin C – You are asking difficult questions that we don't yet have good answers for. Most of the data we have is out of countries that practiced very strict distancing, so it's a process in evolution. Our organization is going to follow the Canadian government directions regarding when they will start to allow us to relax the social distancing.
- Tom L – I am just talking about the run-of-the mill mom, not a Covid positive mom.
- Leanne – we haven't had any conversations to date across GTA, Ottawa or with Calgary rounds in the scenario of a healthy mom who has been isolated with no symptoms of Covid – when could grandparents be introduced to family and help support and provide care?
- Tom L – The risk is that we end up with having incidences of shaken baby syndrome. We ended up with a case of a baby with severe colic and parents were starting to decompensate, so I told the parents to go ahead and let the grandparents be introduced. So, we are dealing with real consequences.
- Leanne – It's very helpful to have this input and it's a great question. It's good to have brought some reality to this – particularly in populations that have a high substance abuse rate with the potential for SBS; possibly there might be exceptions, but these are the conversations that need to be had.
- Kevin – Your approach was rational and reasonable – I don't know that we will have an algorithm or guideline, but we need to be reasonable on both sides. The grandparents had already self-isolated for 14 days beforehand, so this would be helpful in those situations.

Action Items:

- **Add the questions to the FAQ updates.**

Adjournment: 1533 hrs. The next call will be on Monday. If there are further questions, email them directly to us.



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