



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



Date: May 4, 2020
1500-1600 hrs.

Moderators: Leanne McArthur, Kristine Fraser

Present: Leanne McArthur (MNCYN), Kristine Fraser (MNCYN), Sheila Johnston (MNCYN), Anita Bunnie (MNCYN), Leanne Paton (WGH), Amanda Sonnenberg (NGH), Michelle Basacco (LHSC), Jeanette Mills (LHSC), C. Oford (), Melissa Rathwell (HPHA), Penny Lipsik (STEGH), Sarah Nieuwets (), Terry Suggitt (Listowel), Tihana Antic (MOHLTC), Kerri Hannon (HPHA), Deborah Wiseman (LHSC), Kate Lynch (LHSC), Jocelyn Patton-Audette (GBHS), Rosemary Frketich, Jackie Koufie (STEGH), Henry Roukema (LHSC), Carolina (BORN), Jon Barrett (Sunnybrook), Steve Ali (?), S Lagr (?), Crystal Edwards (TBH), Colleen Ford (GBHS), Mary Rae (HDH), Brandon Garant, Gail Slack (CKHA), Krista Turner (BWH), Samantha Marsh (AMGH), Deb Parent (WRH), Kelly Bartnik (WRH), Nicole Fragassi (MHA), Melissa Comette, Monika Marshall (Erie Shores), Shannon Sampson (Erie Shores), Amanda Williams (LHSC), Rohan D'Souza (Presenter), Justine Leslie (LWHA)

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

Discussion:

Leanne welcomed Dr. Rohan D'Souza and Dr. Jon Barrett and thanked them for joining us and presenting today to our regional leaders.

- **Regional Covid-19 Case Update**

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	423	264	40	
WINDSOR-ESSEX	641		54	
CHATHAM-KENT	88	33	1	
ST. THOMAS	60	37	4	
LAMBTON	189	120	14	
HURON-PERTH	49	34	5	
GREY-BRUCE				
MICHIGAN	43,754		4,049	
• DETROIT	9,386		1,085	
ONTARIO	17,923	12,505	1,300	984 in hospital 225 ICU 175 Vent
CANADA				

Leanne remarked that it is nice to see the number of resolved cases and reductions in the number of people on vents across Ontario.



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- **Service Model Delivery Update**
 - Second regional T-con today, with discussions including identifying which model each partner hospital feels they fit into and triggers should pandemic activity increase significantly to help in determining what would guide our practice. Great discussions and dialogue across the region, also escalating up to VP levels as to where divestment of essential services would look like. Leanne will pull data together and distribute.
- **Surrogacy-National and International**
 - During the T-con on Friday there was discussion across the region and provincially on surrogacy. Most organizations that have a policy have deemed a surrogate pregnancy to include only one labour support partner in attendance at the birth. This significantly affects cases involving international surrogacy and adds complexities in terms of travel restrictions and the intended parents not being involved. Looking at alternate guidelines and strategies such as using technology to support intended parents being involved for both the birth experience and also follow up care.
- **BORN data updates**
 - Updated their data criteria with respect to which cases should be submitted to the BORN pandemic data collection. Leanne was pleased to report that we now have 15 of 17 birthing sites from our region committed to collecting these stats. Also there is one individual hospital pending. She thanked everyone for their support of this important initiative, which will be important to learn lessons and do research in terms of outcomes and what we can look at differently. This will create additional weight for other care opportunities.
- **U of T – Dept. Of OB/GYN webinar**
 - See Item # 3 / Webinar Opportunities
- **Anaesthesia**
 - reference to article that was discussed on Friday, which highlights epidurals and exposure to Covid-19. Will be posted on our resources list
- **Updates from other Conversations occurring across the region**
 - Leanne had the opportunity to connect to all the CEOs across the province related to ramping up of services in Paediatrics, opening up OR's first and then outpatient activities. We are all wanting to know more about this and are awaiting direction and further guidance from the Ministry
- **PCMCH council will be hosting a Neonatal webinar on May 6th.**
 - Will circulate details

Action Items:

- **Circulate webinar details (May 4 & May 6) (Anita)**



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- **Post Dr. D'Souza and Dr. Whittle's presentation slides to our website**
- **Request Dr. Whittle to do a similar presentation for the West region (Leanne)**
- **Post Anaesthesia guidelines re epidural exposure to our resource list**

Item #2: LHSC Women's Care Updates

Discussion:

- **Deborah Wiseman** – completed a simulation last Friday in the OB department of a Covid positive pregnant patient in the delivery space who required intubation and resuscitation, as well as resuscitation of the infant. The team is working through some of the fine details that resulted from the simulation and we hope to have feedback soon. In general, staff are expressing that simulations are proving to be very helpful and everyone has appreciated the chance to work out details and become more prepared to manage Covid positive or suspected positive patients. This simulation highlighted the challenges of resuscitating the infant and then having to do a “code” on the mother really identified how many people come and go and the limitations within the space.
- **Kevin Coughlin (NICU)** – No real updates. Kevin also commented on the volume of people going through a L&D room, multiple teams and care providers in the sim that Deborah mentioned. The teams will be debriefing this evening to update our guidelines from increased learning opportunities.

Action Items:

- None

Item #3: MNCYN Updates (Leanne for Gwen, who was unable to attend)

Discussion:

Webinar opportunities:

- As noted earlier by Leanne, a reminder that the University of Toronto Dept of Ob/Gyn's Quality improvement and Patient Safety Committee will be hosting a webinar, entitled “COVID-19 in Pregnancy: The Ontario Provincial Guidelines, Ante Partum Assessment and Safe PPE Use”, Monday, May 4th from 6-8 pm
 - Several physician leads from Toronto and Ottawa, including Drs. Jon Barrett and Rohan D'Souaa will be presenting
 - An email has been circulated to all perinatal T-con participants today with webinar details

Resource update:

- The 2 algorithms to be presented today by Dr. Rohan D'Souza have been posted on the MNCYN COVID website – they include Algorithms for Investigations for both COVID-confirmed pregnant inpatients *and* outpatients.
- We will also be posting under our Perinatal Tab
 - Ontario Hospitals Consensus Statement Defining AGMPs



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- A PowerPoint slide deck from Dr. Wendy Whittle (U of T) regarding Guidelines for the Management of COVID
- Under the General tab: several mental health resources for health care providers
 - Continue to send any perinatal questions you have to Leanne or Gwen and we will attempt to get an answer for you ASAP and post to FAQ page

Action Items:

- None

**Item #4: Mt. Sinai Covid Pregnancy inpatient and outpatient Algorithm.
Presentation (Dr. Rohan D'Souza), who is an MFM at Mt. Sinai.**

- Two patient care algorithms for identification
 - Provide pragmatic tools, to guide the approach to caring for pregnant persons with suspected or confirmed SARS-CoV2 infect
 - Living document – constantly changing
 - Inpatient setting and Outpatient setting
 - Data from NY state, when pregnant persons have Covid infection, 86% have mild, 9.3 severe and 4.7% critical infection
 - Can we identify the 14% that are likely to progress to severe/critical disease and safely discharge the other 86%?
 - Early lessons – review of system of admissions
 - Looked at non-covid literature – adult inpatients with Covid in Wuhan, China – clinical course and risk factors for mortality
 - Outpatient / Ambulatory settings
 - Symptoms need to be assessed, not admission
 - Assessment of severity of symptoms is a crucial step
 - Note: temperature ≥ 38.7 and not 38 (not Chorio)
 - List of comorbidities is not exhaustive
 - Examination must include RR and O2 sats on Room Air
 - JVP should be assessed to determine judicious fluid management
 - Inpatient setting
 - Cardinal symptoms assessed daily
 - Worsening symptoms should trigger appropriate clinical response
- Anticipated benefits
 - Standardized and safe
- It is noted that the algorithms are posted on our website. Leanne invited people to feel free to send any follow up questions to her attention. She thanked Dr. D'Souza for sharing his work with us. Very helpful.

- **Q&A: None**

Action Items: Slide deck provided by Dr. D'Souza. [Click here for presentation slides.](#)



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Item #5: Provincial Perinatal COVID Management Guidelines

Presentation: Dr. Jon Barrett, MFM at Sunnybrook Hospital.

Dr. Barrett is a member of the Mat/Newborn committee at PCMCH. He was pleased to be invited to attend this Network and commented that the Networks are changing the care and are a mechanism for disseminating information. He thanked Leanne for being a “rock” in this.

Dr. Barrett noted that it became clear that there was a lot of conflictual information in the guidelines and no neat and tidy package. Each organization had their own unique way of doing things, so many people were taking particular flow diagrams and changing or modifying them. Many were very different and confusing. The Ministry, on hearing this feedback, decided to challenge us (PCMCH) to see if we could address important key points, to look through guidelines and management protocols for national and international organizations and see if they could make one reasonable guideline for all to follow. Dr. Mark Walker is co-chair of this committee. Intimidating task. Neonatology, infectious Diseases, perinatology, midwifery Task force – distill down the evidence and come down with recommendations
Provincial Perinatal Covid Management Guidelines

- **Recommendation topics:**

- Use of PPE by providers and patients during labour and delivery
 - Use of droplet – contact PPE
 - Use of airborne PPE/N95 respirator
 - Sunnybrook using 6,000 N95 per week. Concerns about volumes
 - Once intubated the virus does not become airborne, therefore, droplet mask is fine after anaesthesia is done.
- Support people for Pregnant Patients during a Labour and Delivery Admission – very controversial
 - Is there sufficient PPE, is there sufficient space and support and will people be compliant with physical distancing
 - Some flexibility and sensible decisions
- Care of babies born to Suspected and Confirmed Covid-19 Mothers
 - Some controversy
 - Low risk of vertical transmission and low risk of aerosol exposure
- Infant Testing
 - Should be tested within 24 hours of delivery, regardless of symptoms
- Care and Testing of Babies in NICU/SCN
- Monitoring/ Surveillance Recommendations
 - Took multiple guidelines and drilled down to 1 guideline
 - Not a lot of data
 - Continued surveillance of mother/baby dyad after discharge



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- Webinar May 6 at 4:30-5:30 – register via PCMCH website

Leanne thanked Jon for this presentation of the great work that has been done. It is great to have standardized guidelines across the province which will, hopefully, reduce variables.

- In addition to the breastfeeding discussions on tonight's call, there will be a maternal taskforce, community-based challenges and discussions on accessing care. Stay tuned. Terms of Reference are being created for that working group. Thanks Jon. Terms of Reference are being created for that group. We appreciate the collaborative work and are thankful we have that connection and tireless work to move the work of the Network of Networks forward.

- **Q&A: None**

Action items: guidelines were distributed to the regional leaders (completed)

Item #6: BORN (Carolina for Monica Poole)

- Update on data collection to clarify questions regarding how to submit data. There has been a slight change to the Covid data collection due to the fact that it is likely that a small number of Covid-positive individuals are actually testing negative. BORN is recommending that hospitals use their best clinical judgement for suspected cases to determine whether to report their data to BORN. Suggested for inclusion:
 - highly suspicious clinical symptoms (fever and 1 respiratory symptom)
 - Other signs and symptoms, as well as an individual has to have been in contact with a Covid-positive person in the last 14 days
- **Questions:**
 - **None**

Regional Q&A, Open Discussion

Questions:

1. **None.**

Discussion:

- **None**

Action Items:

- **None**

Adjournment: 1558 hrs.