



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



Date: May 11, 2020
1500-1600 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Marie Greer-King (AMGH), Jocelyn Patton-Audette (GBHS), Michelle Basacco (LHSC), Andrea Cassidy (Windsor-Essex Midwives), Kevin Coughlin (LHSC), Tihana Antic (MOH<C), Steve Ali (?), Colleen Ford (GBHS), Amanda Williams (LHSC), Deborah Wiseman (LHSC), Mary Rae (HDH), Stacey Laureano (LHSC), Travis Breedveld (LHSC), Michelle Turcotte (GBHS), Kate Lynch (LHSC), (Sheila Johnston (MNCYN), Anita Bunnie (MNCYN). Several call-in attendees.

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

Discussion:

- Update of regional Covid Cases

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	456	299	43	13 more than yesterday
WINDSOR-ESSEX	726	275	59	
CHATHAM-KENT	90	83	1	
ST. THOMAS	62	47	4	
LAMBTON	200	142	17	
HURON-PERTH	49	39	5	
GREY-BRUCE	90	71	0	
MICHIGAN	47,138		4,551	
• DETROIT	9,786		1,187	
ONTARIO	20,546	15,131	1,669	1027 in hospital 194 ICU 147 Vent
CANADA				

- **Characteristics and outcomes of pregnant women hospitalized with confirmed SARS-CoV-2 infection in the UK (a national cohort study):**

Leanne shared highlights from a recent pre-published article from the UK (click [link](#) for access). The highlights, which included:

- Black and ethnic minorities were at higher risk for infection and admission to hospital for COVID care requirements
- Majority of neonates to mothers were delivered asymptomatic and discharged home well, although a number of neonates had symptoms with a minority



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requiring admission to NICU care with only a few incidences of reported transmission infection to neonate

- Emphasis that vertical transmission still remains unknown
- 427 women exposed with COVID hospitalized sample with 694 cases of a comparative cohort results:
 - Of the women who were asymptomatic at 34 weeks gestation, the majority were asymptomatic in the peripartum period
 - Symptoms they presented with were fever, cough and SOB – primary comorbidities were older maternal age and obesity. Researchers are hoping to do some focused research on why black and minority ethnic groups are more at risk. We will post this article on our website for those who are interested in more in-depth review.

- **Hearing Screening**

In follow up to a previous question regarding hearing screening, Leanne is trying to find the contact information on who will complete the hearing screening for patients who have delivered. In a previous WebEx, it was noted that the equipment currently used in hospitals goes up to age 2 months for a neonate, so we are trying to determine when those requiring testing will be contacted, or what the plan will be moving forward should it be longer than 2 months since delivery.

Action Items:

- **Hearing screening follow up (Leanne)**
- **UK article - Not published yet, but will share on website**

Item #2: LHSC Women's Care Updates (Stacy Laureano)

Discussion:

- **Stacy:** LHSC ran another simulation about a week ago. We have a room in Triage that is dedicated as a COVID and is a negative pressure room. Moments before the simulation was to begin, however, we were notified the room was in use for an ARI patient, so an alternate negative pressure space was used on the Antenatal Unit. It was not an ideal setup as the room is "an island upon an island", so felt very isolated and very far away from the birthing unit and Triage. It was not easy to get resources to get the patient looked after. These issues were identified as a safety gap with regard as to whether to house equipment in the negative pressure room, or a non-negative pressure room closer to birthing centre where we could call out for more rapid assistance. As the case unfolded, the patient was moved down to the birthing centre and things went smoothly until both mom and baby needed resuscitation simultaneously, which was attempted in the room that had been set up, thus requiring 2 code carts and 2 teams. This was a huge safety risk with too much equipment, too much chaos, too much staff, doors opening too often while AGMP's were happening on one patient and the other team was not



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aware of what was going on. The safety gaps were not previously recognized, but were discovered during this sim, so we have worked through a different process with the NICU to take baby to a different space if it was felt that either party was going to decompensate and require more resuscitation. Stacy will share the summary of this simulation once it has been reviewed.

- **Kevin Coughlin:** Our big learning from the neonatal side of things was on the communication piece. We get so focused on our side of the resuscitation that we forget to communicate with the adult team that is in the room as well. Multiple AGMP's were happening at different times and people coming in and out of the room created difficulties. We recognize that a different space for baby would be beneficial, so we have moved to incorporate this. In terms of communication and recordings, Kevin noted that Panasonic has provided discounts for health centres that want to order baby video monitors (about ½ the usual price). The NICU has ordered 4 monitors with video/audio capability, that will be used in the resuscitation and isolation rooms to help parents and staff communicate with people outside the room. Thanks to Panasonic. For more information, the purchasing information will be provided below.

Action Items:

- **Simulation results summary to be shared (Stacy Laureano)**
- **Panasonic Baby Monitor** - \$99 + tax via credit card.
<https://www.panasonic.com/ca/consumer/telephones-smart-home/smart-home/kx-hn3051.html>

Item #3: MNCYN Updates (Gwen)

Discussion:

Webinar opportunity:

- Last week we sent an email regarding a free upcoming webinar, taking place on Tuesday, May 12th at 4 pm EST from Gold Learning Online Continuing Education out of Vancouver. The webinar "CoVID-19, Delivery and the Newborn" is being presented by Dr. Michael Narvey, section Head of Neonatology, Winnipeg, and Medical Director of their Child Health Transport Team. He is also the current Chair of the Canadian Paediatric Society's Fetus and Newborn Committee. If you participate, you will be required to set up an account to access the webinar, so give yourself time to do that.

Resource Update:

- the updated Resource Document was posted on the weekend
- Also, under our website tabs we have posted:

Under Perinatal:

- Ministry of Health - COVID-19 Guidance: Labour, Delivery and Newborn Care Version 1 (30.04.2020)



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- Will soon be posting the recording of the SOON (GTA) webinar May 4, 2020 & all assoc. documents
 - Virology of Coronavirus with Dr. Mark Yudin
 - Patient Care Algorithms with Dr. Rohan D'Souza
 - Mount Sinai Hospital: Investigations for COVID-confirmed pregnant INPATIENTS (updated April 29th)
 - Mount Sinai Hospital: Investigations for COVID-confirmed pregnant OUTPATIENTS (updated April 29th)
 - Pregnancy during the COVID Pandemic with Dr. Wendy Whittle
 - SARS-CoV-2 and Newborn with Dr. Prakesh Shah
 - Protecting the Healthcare Provider with Dr. Leslie Po
 - Donning PPE with N95 video tutorial²
 - Doffing PPE with N95 video tutorial²
 - Maternal–Neonatal COVID-19 General Guideline Overview with Dr. Jon Barrett
 - PCMCH Maternal-Neonatal COVID-19 General Guideline (published April 30th)
- Sunnybrook Guidelines for Management of Admitted Obstetrical Patients 30.04.2020
- Cochrane Pregnancy and Childbirth COVID Group: COVID-19 Review of national clinical practice guidelines for key questions relating to the care of pregnant women and their babies

Under Algorithms: 'Algorithms' entitled "Patient Care Algorithms for Identification, Admission & Investigation of COVID-19" - slide deck from Dr. R. D'Souza

Under General: Mental Health – have several mental health resources for health care providers

- **CCSA:** Managing Stress, Anxiety And Substance Use During Covid-19: A Resource For Healthcare Providers
<https://www.ccsa.ca/managing-stress-anxiety-and-substance-use-during-covid-19-resource-healthcare-providers-infographic>

Children's Hospital launches Virtual Paediatric Emergency Clinic - Kristine reported that Children's Hospital has just launched a virtual clinic for families who are concerned their child may require emergency care. Starting May 11, parents and children can speak to a paediatric emergency physician by video conference to discuss the child's condition and, together, determine next steps such as seeing a primary care provider, or coming into the Emergency Department.



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The virtual clinic will operate 7 days a week from 5-9pm. It does not replace in-person visits to the Emergency Department; rather, it provides a way for families to reach out for care if they may be hesitant to visit the hospital because of COVID-19. Parents seeking a virtual visit will call **519-685-8735** and be connected with clerical staff who will generate a patient registration and send an email invitation to join a Cisco WebEx meeting. This invitation includes instructions to download the software on their smartphone, and what to expect during their appointment. Consultations will occur on a first-come, first-serve basis.

Action Items:

- **Virtual Paeds Emerg clinic information has been posted in Paediatric section (top)**

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

- **Webex Presentation:** Leanne shared her screen to view the presentation by Dr. Wendy Whittle. Dr. Whittle noted that references are from clinical practice guidelines, expert consensus from our peers in Italy, France, who have shared their experience and expertise. If you have any questions, you can email Leanne and she will follow up with Dr. Whittle. The link to the presentation is listed below in the Action items.
- **Questions from the presentation:**
Q: Andrea Cassidy - (difficult to hear) - What constitutes early discharge in Dr. Whittle's presentation?

Leanne: There are a variety of practices. I am not sure what Dr. Whittle meant in the context of early discharge. Regarding follow up for blood work and newborn screening, some organizations were potentially going to keep patient in a bit longer and have all the bloodwork done in hospital. Leanne will follow up with Dr. Whittle for clarification and will update on the Friday call.

Other Questions:

Q: Stacy Laureano: How is everyone tracking BORN data? Is there one designated person (Triage, L&D, areas). Who is taking responsibility for this?

A: Colleen Ford (GBHS) - Jocelyn has taken on that responsibility. We are a small department, so she is able to do the tracking of anyone who comes in that is suspected COVID.

Leanne: I will reach out to SOON call partners and ask how the larger facilities in TO are handling the tracking.

In terms of BORN data, Leanne shared that 26 COVID cases in pregnancy have been reported across the province, the majority are in the GTA, with 7 positive and 68 suspected cases. BORN will continue to provide updated reports



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Q: Leanne -Are people still finding these WebEx sessions still helpful? Do you feel the current number are sufficient or do you want to cut back to once a week?

- No feedback or comments.
- Leanne - Will leave it at status quo.

Discussion:

Action Items:

- **Dr. Wendy Whittle Presentation link** https://youtu.be/8nQq3o4_BfM
- **Early discharge clarification (Dr. Whittle's presentation) (Leanne)**
- **Request information from GTA colleagues on SOON network call as to how they are managing collection of BORN COVID data in a larger centre (Leanne)**

Adjournment: 1553 hrs.