



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



Date: May 15, 2020
1500-1600 hrs.

Moderators: Leanne McArthur, Gwen Peterrek

Present: Leanne McArthur (MNCYN), Gwen Peterrek (MNCYN), Kristine Fraser (MNCYN), Michelle Basacco (LHSC), Jocelyn Patton-Audette (GBHS), Jackie Koufie (STEGH), Stacy Laureano (LSHC), Caroline Proctor (MOHLTC), Sheila Johnston (MNCYN), Anita Bunnie (MNCYN), plus 3 unknown call-in participants.

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

Discussion:

- **Regional Covid-19 cases Update**

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	466	324	46	3 new since yesterday
WINDSOR-ESSEX	762	396	62	
CHATHAM-KENT	120	85	1	
ST. THOMAS	63	47	4	
LAMBTON	213	150	17	
HURON-PERTH	49	44	5	
GREY-BRUCE	91	75	0	
MICHIGAN	49,582		4,787	
• DETROIT	10,164		1,236	
ONTARIO	21,922	16,641	1,825	986 in hospital 179 ICU 135 Vent
CANADA				

We are seeing far more recovered cases and it's fantastic to see some movement from the Ministry guidelines in terms of what can be reopened. There has been a lot of discussion across the networks about safe resumption of services in the acute care system, including surgical and we continue to ensure that we are following these guidelines

- **Perinatal Updates**
- New article shared with us by Kevin Coughlin "**Probable congenital SARS-CoV-2 infection in a neonate born to a woman with active SARS-CoV-2 infection**", M. Kirtsman, Prakesh Shah et al– *CMAJ* May 14th
<https://www.cmaj.ca/content/early/2020/05/14/cmaj.200821>



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- The article outlines the case of a woman from Toronto who tested CV pos. and was admitted in labour. The mother's nasopharyngeal swab, vaginal swab and later breast milk were all positive for COVID 19 RNA. Following birth by CS, placental swabs (both maternal and fetal sides) were obtained. Placental tissue was sent for PCR and histopathologic examination. Nasopharyngeal swabs were obtained from the neonate on the day of birth, day 2 and day 7, after thorough cleansing of the baby and before contact with the mother. All 3 of the neonate's NP swabs were positive. Baby's plasma tested positive on day 4, and stool was positive on day 7. Each of the 5 random sections of placenta showed multiple areas of infiltration by inflammatory cells and extensive early infarction.

In the setting of positive placental swabs and placental parenchymal and chorion it was suggested that this is likely consistent with shedding of the probably infected placental bed. Baby was defined as a congenital case of COVID-19 as opposed to a confirmed case because of lack of detection of the COVID gene targets in the umbilical cord tissue as well as lack of availability of cord blood for testing.

Emphasizes that vertical transmission might be possible.

We will post the article on our website for anyone interested in reviewing it.

- At LHSC, if staff are attending a birth of potential CV mom they do go in with a N95 mask.
- **Follow up on a variety of questions from Monday's call:**

Q: Early Discharge (Andrea Cassidy) asked what constitutes "early discharge" (referencing Dr. Wendy Whittle's presentation):

A: Leanne posed the question at the SOON meeting Monday evening and was told that 6 hrs. post birth is considered early discharge at most hospitals for normal, healthy pregnancy, with close follow up in the community. This will be posted on our FAQ document.

Q: BORN data collection: We had a question as to how larger facilities are tracking their BORN data.

A: Leanne posed this question to the SOON group in the GTA. There were varied responses as to who is collecting the BORN data. At some hospitals it was the front line nurses, at others the CNS or educator and for some it was a physician who collected the data to submit to BORN on Covid-positive or PUI cases. It appears that there are no defined



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individuals in terms of roles and responsibilities, rather it is decided individually by each program to determine who is the most appropriate contact.

Q: Newborn Hearing Screening: Leanne had reached out to Tahina Antic (MOH) with 4- 5 questions to understand what the plan is to ensure that all newborns born during COVID receive hearing screening. There was supposed to have been a meeting with Ministry today but we are still waiting to get an update.

On the call today, Caroline Proctor (MOH):

- The newborn hearing screens are run thru NSS – locally it is done through Thames Valley. There has been recognition that screening in hospitals and community has been severely limited under COVID-19. Equipment is for ≤ 2 months of age and this is coming up soon for many babies. There is recognition that perhaps there will be more babies that we cannot reach through this program due to COVID. It will be difficult to catch up. We need direction and communication to agencies to get active monitoring of the babies that could not be screened.
- Good news is that hospital restrictions are easing up and some screeners are allowed back into hospitals as restrictions are being lifted. We will have to consider the babies that might have been missed but now we are ramping up capacity and looking at how we can better reach out to parents.
- I can connect you with the proper contact at Thames Valley.

Leanne: We will circulate the information out to the region once we get it and touch base the public health units so we can get the information out to families. If not immediately screened, babies will be followed by FPs and screening might be required in a different way

Action Items:

- **Post article re congenital Covid-19 case (Leanne)**
- **Update FAQ re BORN data, clarification of “Early Discharge”**
- **Circulate information re Newborn Screening update from MOH**

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

Discussion:

- Stacy - We haven’t had a lot of activity this week, which is good. All our plans have remained status quo.

We are getting closer to rolling out a different pathway for early pregnancy care for Triage Department. Currently, we see > 20 weeks, but don’t see postpartum. We are looking to extend to 16 weeks GA and up to 3 weeks postpartum to relieve some of the



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pressure on Emergency Department and keep our staff and physicians closer to our unit, instead of having to go to the ED in the hot zone.

By lowering the GA by 4 weeks it will not really impact them too much because the management is much the same, but it's the postpartum piece that is most important ie. rolling out the education and getting it up and running.

- Henry – No updates from a neonatal perspective

Action Items:

- **None**

Item #3: MNCYN Updates (Gwen / Leanne)

Discussion:

LHSC: Expanded masking for all staff, physicians and affiliates

- As LHSC begins to plan to resume more clinical services, and as the province progressively lifts restrictions, as of yesterday masking of all staff, physicians and affiliates across all areas of the hospital premises will be required. Staff will obtain a mask when they are screened. Masking is required but is not limited to: hallways, elevators, common spaces, shared office spaces.

Upcoming Webinars:

- **Physician's Mental Health Webinar:** There will be a webinar with Dr. Janet Bodley related to mental health during the COVID situation. It is scheduled for Monday, May 25th. More information will be shared as it becomes available.
- LHSC is having their first **Virtual Paediatric Grand Rounds Wednesday, March 20, 2020 – 12:00 – 1:00 pm via Zoom**. Dr. Tom Lacroix, Dr. Michelle Barton-Forbes and Dr. Roberta Berard will present about South Western Ontario's **Paediatric Experience and COVID Inflammatory Syndromes**. – email with ZOOM details to be sent out

Resources: Kristine and I have recently updated the Resources and FAQ document which will be posted to our website soon.

- Specifically, on the Resources Document I have updated 3 Practice Points from the CPS on: Breastfeeding, Delivery Room and NICU Considerations for Infants Born to Mothers with Suspected or Proven COVID-19
- Have also added an article published in the JOGC this month entitled "**Prioritizing Maternal Sepsis: National Adoption of an Obstetric Early Warning System to Prevent**



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Morbidity and Mortality” JOGC May 2020 Volume 42, Issue 5, Pages 640–643 DOI:
<https://doi.org/10.1016/j.jogc.2019.11.072>

Under Perinatal tab we have added:

- the article from the UK Obstetrical Surveillance System that Leanne was discussing at our last meeting entitled - [Characteristics and outcomes of pregnant women hospitalised with confirmed SARS-CoV-2 infection in the UK: a national cohort study using the UK Obstetric Surveillance System \(UKOSS\) The UK Obstetric Surveillance System SARS-CoV-2 Infection in Pregnancy Collaborative Group](#)
- Links to Dr. Wendy Whittle presentation from Monday, Dr. Jon Barrett and Dr. Rohan D’Souza’s presentations from last week – all from the SOON (GTA)

Under Mental Health tab:

- Wellness Resource – Psychological First Aid for Front Line HCPs – comprehensive workbook for health care providers to help them to cope with the stresses that CV has placed on their work and personal lives
- We have now added a tab for the **Pandemic Service Delivery models** that Leanne has been working on with our regional partners
- **Leanne:** An Infographic will be circulated to the region and posted online to get the message out to the public that we want people attending the hospital as appropriate because we have case reports of people delaying attendance to hospital to seek care due to fear of COVID. The infographic has great public messaging. We will circulate out for you to share with your communities

Action Items:

- **Share mental health webinar info as it becomes available (May 25th)**
- **Email invitation to the Virtual Paediatric Grand Rounds Wednesday, March 20, 2020 (via Zoom)**
- **Website will be updated with new or updated information (Gwen, Kristine, Leanne)**
- **Circulate infographic**

Item #4: Regional Q&A, Open Discussion

Questions: None

Discussion: Leanne: There will not be a call on Monday due to the Victoria Day weekend, but we will connect with you again next Friday.

Action Items: None

Adjournment: 1522 hrs.



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