



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



Date: May 22, 2020
1500-1530 hrs.

Moderator: Gwen Peterek

Participants: Gwen Peterek (MNCYN) , Kristine Fraser (MNCYN), Kelly Barzsa (Cambridge), Colleen Ford (Owen Sound), Jocelyn Patton-Audette (Owen Sound), Stacy Laureano (LHSC), Kerri Hannon (HPHA-Stratford), Kevin Coughlin (LHSC), Penny Lipcsik (St. Thomas), Caroline Proctor (MOH) Henry Roukema (LHSC), , 1 caller (unidentified),

Welcome: Gwen Peterek

Welcome to all. We are now almost into our 10th week since things started to shut down for COVID. Before we get started I just want to mention that Leanne McArthur sends her regrets as she had a family emergency today so is not able to join us today. I am Gwen Peterek, Perinatal Nurse Consultant with the MNCYN program and so I will be moderating our meeting today.

Item #1: Regional Update: COVID-19 Cases:

- London: 491 cases, 0 new, 357 resolved, 48 deaths, 0 new deaths since yesterday
- Ontario: 24,628 cases, 18,767 resolved, 2,021 deaths, 961 hospitalized, 153 ICU, 120 vented, Paeds 668 cases as of Wednesday (cannot find new results for this)
- Windsor: 843 cases, 473 resolved, 63 deaths
- Chatham-Kent: 142 cases, 90 resolved, 1 death
- Sarnia: 243 cases, 173 resolved, 19 deaths
- HPHA: 50 cases, 44 resolved, 5 deaths
- Owen Sound: 90 cases, 81 resolved, 0 deaths
- St. Thomas: 71 cases, 57 resolved, 4 deaths
- Detroit: 10,558 cases, 1,295 deaths
- Michigan: 53,510 cases, 5,129 deaths

Newborn Hearing Screening:

- I also wanted to follow-up on a conversation that Leanne had started with regards to how we are managing with Newborn Hearing Screening during COVID.
- This question had been raised a couple of weeks ago so Leanne had reached out to the Ministry to get further information. Thank you to Tihana Antic from the Ministry who was kind enough to follow up and provided us with an update.

1) Who is tracking the newborns that require testing?

- The Ministry of Children, Community, and Social Services (MCCSS) infant hearing program (IHP) is run across the province by 12 regional lead agencies.



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- During the COVID-19 outbreak, most IHP lead agencies have suspended the newborn hearing screening pre-discharge from both hospitals and community locations
- IHP lead agencies are being encouraged to undertake activities to:
 - Raise public awareness of hearing and hearing loss (through hospital, physicians, public health units, or directly to families);
 - Encourage families who have not been offered a physiological hearing screen to monitor early child development; and
 - Encourage families to speak to their family physician or paediatrician if a concern about their child's hearing arises.
- Newborn Screening Ontario is continuing to screen newborns for congenital Cytomegalovirus and genetic risk factors for hearing loss during the COVID-19 outbreak and providing IHP lead agencies with positive risk factor screen results.
- IHP lead agencies are recording positive risk factor screen results and working collaboratively with Newborn Screening Ontario to provide follow up services for these children.

2) How are families being contacted?

- These methods will differ across the province depending on the IHP Lead Agency.
- Ministry is encouraging you to touch base with the lead agency in your area, the Thames Valley Children's Centre (contact info below), for more information.

3) Given that the in-hospital hearing screening equipment supports up to 2 months of age, will all newborns be tested after the 2-month age mark?

- This will vary from Lead Agency to Lead Agency depending on if they are offering hearing screening during the pandemic period. As noted above, for newborns that were not able to be screened due to suspension of services.

4) How will testing move forward in the SWO region? Who will be providing the testing and how can parents access the testing? Is there someone that hospital leadership can contact to explore how to move forward with testing?

- To get more information, Ministry suggests you contact Stacy McDougall the IHP Manager at Thames Valley Children's Centre, the Lead Agency for South West Infant Hearing Program at Stacy.McDougall@tvcc.on.ca

Action Items:

- **Newborn Hearing Screening information to be posted on the FAQ document on the MNCYN COVID-19 Website**

Item #2: MNCYN Update: Gwen Peterek

Upcoming Webinar: We recently sent out an email regarding a Webinar to be hosted by the University of Toronto Department of Obstetrics and Gynecology focusing on healthcare workers' mental health



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during and after COVID-19 on Monday, May 25th, 2020 from 6:00PM to 7:30 PM EST. Have invited 5 presenters. Topics will include:

- “Maintaining Resilience During (and After) a Pandemic: A Stress Vaccine for Health Care Workers”
- “How to mitigate post-traumatic stress injury and promote post traumatic growth in healthcare in the face of a pandemic or disaster”
- “Professional Wellbeing and Peer Support: building and growing a wellness initiative”
- “Twenty minute guided mindfulness meditation practice”
- “Personal perspective from the front-line” (Dr. Jon Barrett, MD)

These presentations will be broadcast live via ZOOM. As this webinar will include visual materials, we encourage participants to join the meeting from a computer rather than calling in via phone. **There is a 500 participant limit on this event, so please be sure to log into the webinar on time!

SOGC COVID-19 online Course:

- SOGC is now offering a 5-part comprehensive online course that provides an overview of the available evidence and up-to-date modifications/recommendations for delivering prenatal and postpartum care, as a result of the COVID-19 pandemic. The modules provide an overview of the virology, epidemiology and transmission of the virus as it affects the general population, and specifically pregnant and postpartum women.
- 3 modules are currently available and new modules will be added as the content is finalized.
- The modules currently available include:
 - Adapting Obstetrics & Gynecology to the COVID-19 Pandemic
 - How to Work Safely in the Healthcare Environment
 - Providing Obstetrical Care During the COVID-19 Pandemic

Resources:

Under Perinatal: We have posted the updated version of the MOH Labour, Delivery and Newborn Guidance re: COVID 19 (May 19) . An email with this information was also sent to all of the Perinatal Nurse Leaders in the region to share with their teams.

Action Items:

- **Information on the U of T Webinar re: Healthcare workers’ mental health during and after COVID-19 sent to all WebEx invitees**

Item #3: LHSC Updates:

Stacy Laureano: Not a lot to update. LHSC has defined who will collect the BORN data for COVID -19 patients. The clinical nurse specialists will be the ones that input this data. Staff can either page them to do it or hold the chart aside so they can go through and input the data at a later time. We have alerted



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all the charge nurses to send out an email with PIN and where the chart is located, so we can capture this important data for BORN

Gwen Peterek: Are there any hospitals having trouble tracking their BORN data? No response

Gwen Peterek: Last I heard all but 2 hospitals in the Southwest were tracking their BORN data, that was as of a week ago. I am really hoping our whole region can be represented as this data is so critical as we move forward and as we anticipate a second wave on COVID so we are better informed on how to deal with it and any other pandemic that may arise.

Kevin Coughlin: Nothing really new to update but I did pass on to you and Leanne the CMJA outline of a probable case of congenital COVID for updating on our resource website. **Gwen:** Leanne talked about this at our last meeting and we have put that on the MNCYN website, thank you.

Item #4: Regional Q&A:

Q: Jocelyn Patton – Audette (Owen Sound): The Updated MOH Labour, Delivery and Newborn Guidance re: COVID 19 suggests that HCWs providing care for babies requiring ongoing, potentially aerosolizing respiratory support in the NICU or SCN should use Airborne and Droplet/Contact precautions. **Does this refer to all babies on CPAP or only those whose mothers are COVID19 positive?** We are caring for NICU babies in a one room nursery but we do have an isolation set up for NICU care of COVID pos mothers. I couldn't tell if the recommendation here applies to all babies on CPAP... babies of non COVID moms who need NICU care are in the open room nursery here.

A: Kevin Coughlin: In our NICU, we have lots of babies on CPAP and we are not treating these as babies under investigation for COVID, we are treating them as normal babies on CPAP. If mom is positive/suspected, then we would treat as suspected, but right now not treating all CPAP or NIPPV's as droplet with N95

Gwen Peterek: Leanne McArthur suggested that she would bring this to the PCMCH table that she sits at as well understanding that several hospitals do not have a separate room or a neg. pressure room for their SCN. She wants to ask what consideration might be given to support this infrastructure funding for NICUs moving forward in preparation for the next pandemic.

Q: Kerri Hannon: We are being tasked with starting to look at what does a re-opening plan look like and how to safely move back into practices we had put on hold. I am wondering if others are experiencing the same challenge now?

We had moved all our out-patient clinics off-site. We were hosting our antenatal clinic in hospital, but now the Drs. are doing it all in their offices and we have provided them with nursing support to be able to do this. We switched all breastfeeding support to telephone consults if possible. We've limited the number of visitors in the paediatric unit and SCN. Should it now be a rotating number of people allowed in?



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Henry Roukema: We have loosened up a little, but it is still officially 1 person for the 24H. We have a bit more leeway, but it is still unofficial and still on a case by case basis

Stacy Laureano: The Birthing Centre at LHSC is still keeping things quite tight, 1 support person that can follow the pt. through to the postpartum side. We haven't lightened up any parameters yet.

Kevin Coughlin: With respect to our outpatient follow-up clinics for breastfeeding & high-risk infants, we are still telephone triaging and only bringing in absolutely urgent and necessary patients with 1 support person. They are essentially waiting in their car until the nurse can go get them and then being brought directly into a clinic room.

Kerri Hannon: We are still doing all those things too, but we are being tasked with coming up with a plan to change to start opening up and what it will look like?

Henry Roukema: This waiting in the car thing that Kevin is talking about is part of the plan of opening back up to prevent families from lingering in waiting rooms, to minimize mingling. This is part of the strategy to ramping up.

Kevin Coughlin: The interesting thing is we are experiencing is that we find we have to convince families to come back into the hospital.

Gwen Peterek: What about Owen Sound, have you started to think about what the plan is going to look like?

Colleen Ford: Currently we're focusing pretty heavily on surgical services, so there has been little discussion around obstetrical ramp up, but I do think we're in good shape for the eventual ramp up in our department. Our OBs work in a clinic setting within the hospital and have still been seeing patients, but have spread out their appointments over a much longer period of time to minimize patients coming into contact with each other. Our lactation consultant is also our birth prep nurse and normally sees women in the OB clinic to conduct their birth prep interviews. Although she's been trying to do the birth prep appointments over the telephone, that's not proved to be very successful. Therefore we've already gone ahead and found her office space in the OB clinic where she can stay more than 2 metres away from patients, be wearing PPE, and conduct in-person birth prep appointments with women who are already at the clinic (not requiring an extra trip in). Additionally, she has been seeing emergency lactation appointments in our ambulatory care setting on a case-by-case basis where a telephone call won't suffice. As things stand right now, we will keep her in that setting, seeing outpatients as necessary.

Otherwise we don't have the obstetrical outpatient services that other hospitals have, so we're not in as challenging a situation for ramp up.

Gwen Peterek: I think we could pose this question again on the Monday call as we typically have more people on the call and maybe have a more robust discussion then.



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Action Items:

- **To discuss at the next meeting what organizations are planning as they move to re-open some of their services.**

Adjournment: 1520H