



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



Date: June 8, 2020
1500-1530 hrs.

Moderators: Leanne McArthur, Gwen Peterek

Present: Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Sheila Johnston (MNCYN), Anita Bunnie (MNCYN), Melissa Rathwell (HPHA), Penny Lipschik (STEGH), Michell Basacco (LHSC), Marie Greer King (AMGH), Carolina Lavin Vanegas (MOH), Kelly Barzsa (Cambridge), Stacy Laureano (LHSC), Colleen Ford, Monica Poole (BORN), Tihana Antic (MOH), Mary Rae (HDH), Katie Forbes (TBH) Kerri Hannon (HPHA), Kevin Coughlin (LHSC), plus 2 on the phone.

Welcome:

- Leanne McArthur sent regrets for today's meeting. She was unable to join our meeting today due to conflicting priorities.

Item #1: Welcome/Regional Updates, COVID-19 Cases (Gwen Peterek)

Discussion:

- Gwen gave the current list of regional Covid-19 cases (updated Jun 8, 2020)

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	558	416	56	5 new cases
WINDSOR-ESSEX	1023	577	67	
CHATHAM-KENT	148	140	1	
ST. THOMAS	74	60	4	
LAMBTON	270	226	25	
HURON-PERTH	55	46	5	
GREY-BRUCE	99	88	0	
MICHIGAN	58,870		5,656	
• DETROIT	11,224		1,399	
ONTARIO	30,860	24,492	2,450	603 in hospital 118 ICU 81 Vent
CANADA				

Item #2: MNCYN Updates (Gwen)

Discussion:

- The Ontario government is investing \$20 million through the Ontario COVID-19 Rapid Research Fund to support COVID-19 research and has appointed Dr. Jane Philpott as the special advisor to support the design and implementation of the new Ontario Health Data Platform (formerly known as PANTHR).



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- The Ontario Health Data Platform is being developed in consultation with the Ontario Privacy Commissioner. The information gathered will allow researchers to help with:
 - Increasing detection of COVID-19;
 - Discovering risk factors for vulnerable populations;
 - Predicting when and where outbreaks may happen;
 - Evaluating how preventative and treatment measures are working; and
 - Identifying where to allocate equipment and other resources

BORN Update: (Carolina Lavin Venegas (MOH))

- Reported that **BORN has just released its first PREGNANCY AND COVID-19 IN ONTARIO Surveillance Report** This reflects data from submitted case reports for pregnant individuals admitted to hospital or in midwifery care between March 1, 2020 and May 29, 2020.
 - 54 of 94 hospitals (57.4%) and 29 of 92 midwifery practice groups (31.5%) in Ontario are currently participating in this COVID-19 data collection.
 - Of the confirmed or suspected cases to-date, there has only been:
 - 1 reported from the South West
 - 8 from Central-West,
 - 26 from the Greater Toronto Area, and
 - 1 from the Eastern-Southeastern region.
- This report is not a complete ascertainment of cases for participating providers as of May 29th, 2020. Some submissions are delayed and therefore not included here. The Report includes data on:
 - Reported Cases
 - Maternal COVID-19 Complications
 - Gestational Age at Time of COVID-19 Confirmed Infection
 - Maternal COVID-19 Symptoms
 - Type of Birth
 - Birth Weight
 - Whether Infant SARS-CoV-2 Testing was done and the result
 - NICU Admissions
 - Care of Infants from Birth to Discharge – separated from mother or not
 - Infant Feeding
- The next report will also include information on maternal medical comorbidities, mode of delivery, size for gestational age, and more



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- These surveillance reports will be posted on the BORN website and also on the MNCYN COVID -19 website under the Data tab.

<https://www.bornontario.ca/en/data/resources/Documents/2020-06-05-BORN-Ontario---COVID-19-in-Pregnancy-in-Ontario-Report--Final---Revised.pdf>

- Just a reminder that If any of our partner hospitals are not yet contributing their COVID data to BORN we would urge you to do so, so that we can get a more comprehensive understanding of its effect on mothers and babies particularly as we anticipate a 2nd wave of the pandemic

Update on Resources:

- **On the MNCYN Website under the General Tab we have added a recent update from the Ministry of Health: COVID-19 Operational Requirements: Health Sector Restart Version 1.0 (May 26, 2020)**

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/operational_requirements_health_sector.pdf

- An email was sent out to region last week re: an updated version of the COVID-19 Provincial Testing Guidance Update V. 5.0, May 28, 2020. As the COVID-19 pandemic continues to evolve and laboratory testing capacity has increased, Ontario's provincial testing guidance is also being updated. It is expected that this guidance will be consistently applied across all regions in Ontario to help guide decision making regarding COVID-19 testing of further priority population groups. This update can be found at:

http://www.health.gov.on.ca/en/pro/programs/publichealth/coronavirus/docs/2019_covid_testing_guidance.pdf

There are several updates to this document including:

a. Guidance on asymptomatic close contact testing (Page 4)

- Asymptomatic contacts of a confirmed case should be considered for testing for COVID-19 as soon as possible after identification of the case and within 14 days from their last exposure.
- If they test negative and the contact becomes symptomatic, they should be re-tested.
- If the test result is negative, asymptomatic contacts must remain in self-isolation for 14 days from their last exposure to the case.

b. Clarified facility transfer guidance (Page 4)



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- Any patient transferred between facilities (i.e. leaving one facility and entering another, even within same multi-site organization, regardless of symptomology), should be tested upon admission to the destination facility.
- c. Added testing guidance prior to surgical procedures (Page 5)**
- A regional approach to testing prior to scheduled surgery should be adopted after review of local epidemiology and risk assessment by COVID-19 Regional Steering Committee/Response Table.
 - For areas with low community transmission of COVID-19, testing prior to a scheduled surgical procedure is not required.
 - In areas where community transmission of COVID-19 is not low, any patient with a scheduled surgical procedure requiring a general anaesthetic, should be tested 24-48 hours prior to procedure date.
 - Patients should self-isolate for a period of at least 14 days prior to a scheduled procedure.
 - In the event of a positive test result, the scheduled non-urgent/emergent procedure should be delayed for a period of at least 14 days.
- d. Added information on contact-based testing in hospitals (Page 6)**

The following information was added to the previous version disseminated on May 14th which reflects the information provided in the expert panel guideline for mat/newborn care.

Specific Priority Populations (*No further amendments were made to this section*) (Page 10)

Definition: Patients requiring frequent contact with the healthcare system due to the nature of their current course of treatment for an underlying condition (e.g. patients undergoing chemotherapy/cancer treatment, dialysis, pre-/post-transplant, pregnant persons, neonates).

Any persons with the following, should be tested as soon as possible:

- Any persons in line with the provincial case definition, who are experiencing any symptom or sign compatible with COVID-19.

Newborn testing:

- Newborns born to mothers with confirmed COVID-19 at the time of birth should be tested for COVID-19 within 24 hours of delivery, regardless of symptoms.
- If maternal testing is pending at the time of mother-baby dyad discharge, then follow-up must be ensured such that if maternal testing is positive the baby is tested in a timely manner. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.



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- Newborns currently in the NICU/SCN born to mothers with confirmed COVID-19 at the time of birth should be tested within the first 24 hours of life and, if the initial test is negative, again at 48 hours of life, regardless of symptoms.

Item #3: LHSC Updates

Stacy Laureano (OBCU):

- Anesthesia Leadership, Obstetrics Physician Leadership and Hospital leadership have now agreed to resume the practice of allowing dad/ support person to be in attendance for a C-section, providing appropriate PPE is worn.
- The LHSC [Patient Placement Flowmap](#) was recently developed to maximize the use of available beds and appropriately place suspect and confirmed COVID-19 patients (Posted under Algorithms) (June 5, 2020)

Michelle Basacco (MBCU): No recent changes for mother baby unit to report.

Kevin Coughlin (NICU): No recent practice changes in NICU.

Item #4: Regional Q&A, Open Discussion

Questions:

Q: Stacy Laureano (OBCU) – We have several long stay antenatal patients and were just wondering what other hospitals are offering for these patients to help them pass the time.

Q Stacy Laureano: We have also been experiencing considerable difficulty with inputting our BORN data in that it is slow and keeps timing out. I wondered if anyone else has had similar issues.

A: Kelly Barzsa (Cambridge): We have provided IPADS to patients to allow them to FaceTime with their families. We are also offering them free TV service. We have also had issues today inputting BORN data. The system seems very slow.

A: Monica Poole (BORN): BORN has been having technical issues today. Monica took the names of those having issues and will connect them with the BORN technician to assist them with portal issues.

No further questions.



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Discussion:

- **No discussion**

Action Items:

- **No action items**

Adjournment: 1516 hrs. Next paediatric meeting will be this Wednesday from 4:00-4:30 pm.