



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



Date: July 20, 2020
1500-1530 hrs.

Moderators: Leanne McArthur

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Sheila Johnston (MNCYN), Melissa Rathwell (HPHA), Tihana Antic (MOH), Kevin Coughlin (LHSC-NICU), Mary Rae (Hanover), Stacy Laureano (LHSC), Kerri Hannon (HPHA), Alissa Howe-Poisson (CKHA), Wendy Edwards (CKHA).

Item #1: Welcome/ (Leanne McArthur)

Regional Updates, COVID-19 Cases (Updated July 20, 2020):

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	646	576	57	No new case
WINDSOR-ESSEX	1982	1303	69	
CHATHAM-KENT	173	159	1	
ST. THOMAS	91	80	5	
LAMBTON	290	260	25	
HURON-PERTH	59	53	5	
GREY-BRUCE	115	115	0	
THUNDER BAY				
MICHIGAN	73,663		6,119	
• DETROIT	12,201		1,471	
ONTARIO	37,739	33,513	2,752	115 in hospital 37 ICU 24 Vent
CANADA				

Leanne:

- Interesting coverage of emerging evidence of what we early on considered as the vertical transmission from mother to baby. Most recently there was a CTV article (July 12) of a mother in Texas who was Covid-19 positive. She had a baby girl born who also tested positive within 24 hrs. and 12 hrs. later developed symptoms, requiring a short period of ventilation and treatment for fever. A placental swab was also found to be positive for Covid-19.

<https://www.ctvnews.ca/health/coronavirus/a-mother-with-covid-19-gave-birth-to-a-baby-girl-who-also-tested-positive-1.5020994>



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- NYTimes posted an article of a case in Paris, which was similar to the case in Texas. When they tested the placenta they identified receptor proteins that allow the virus to propagate. Researchers are continuing to look at this data and build the level of evidence. They do not understand why some COVID-positive mothers have positive placental swabs and others do not. This is, perhaps, due to receptor proteins and the numbers that are circulating. We continue to see this research evolve.

<https://www.nytimes.com/2020/07/14/health/coronavirus-pregnancy-covid-19.html>

There have been no changes in current recommendations for care related to these cases.

- Lastly, an article published online by CTV News on the weekend regarding a baby that tested positive for COVID-19 in NICU at St. Paul's Hospital, Vancouver. They were not sure at that time if the parents had tested positive for the coronavirus as they were awaiting results and more data by today. Fewer than 10 people have been exposed to COVID-19 virus but there was a suggestion that there were more infections than just the infant but did not provide the numbers. The baby had no symptoms of the virus the other cases were thought to be mild. They are now conducting contact tracing. The NICU did not require visitors to wear masks. It is an older open concept style unit with 6 feet spacing between isolletes. A backup, separate NICU has been set up. They are still waiting for further details as to the outcome of this case

<https://bc.ctvnews.ca/baby-tests-positive-for-covid-19-in-vancouver-newborn-icu-outbreak-1.5028867>

In other news (MNCYN):

- MNCYN is focusing on continued participation on the prenatal task force for the Provincial Council (PCMCH) regarding guidelines and recommendations for prenatal care. They cover a broad spectrum from clinical care to diagnostics, staffing education, communication, discrimination and violence toward health care professionals regarding Covid-19, and families who are challenged by relationship issues due to the stresses of COVID. It is anticipated that the guidelines will be done in the next month.
- Circulated about 10 days ago was the bulletin from the Ministry regarding the discontinuation of birthing alerts being shared by CAS to hospitals/organizations. A thorough review was done and the new standard is that CAS is not to circulate the alerts, however mandatory reporting and evaluation of child abuse will still be required as a duty of care. We will be further exploring this and engaging our regional partners in this work.



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- In keeping with Covid-19, isolation, increased substance use, financial stressors and challenges all create a higher risk of intimate partner violence (IPV) and violent and aggressive behaviours generally. Therefore, we will continue to move forward with our work with McMaster University (Dr. Harriet McMillan) in anticipation of a possible second wave of COVID in the fall in order to skill up clinicians to assess and / or initiate treatment or resources for families that may be experiencing violence or IPV. This also includes exposure to children and child maltreatment. There will be free online modules re: Intimate Partner Violence available. We will also be looking at how we would host virtual workshops to embed theoretical knowledge into practice. We will be relaunching the Period of Purple Crying program as the rise of violence impacts not only adults, but also babies and children. We will be targeting those in the childbearing years, in order to get the resources and information out there to mitigate suboptimal outcomes. This work is very much in keeping with the pandemic work we are doing and getting resources for our partners and staff that will provide knowledge and skills to address these issues.

Action Items:

- **Post links to news articles on website.**

Item #2: LHSC Women's Care Updates

Discussion:

- Stacy Laureano – We are continuing to update our visitor policy. Antenatal patients who are in hospital longer than 7 days can have one visitor recurring every 7 days and includes now an overnight visit with their partner. We are working through this process and everyone has been respectful of it. It has been working well.
- Kevin Coughlin – no real policy or procedure changes in the NICU. There was recently a study published by Rogers Hixon Donor Breast Milk Bank in Toronto suggesting that the sterilization process used to process the breast milk does get rid of Covid-19 virus. The study is reassuring for those who use donor milk in the NICUs.
<https://www.cmaj.ca/content/early/2020/07/09/cmaj.201309.1>

NICU birth volumes have not declined during COVID and continue to be above normal, with 56 babies in our 46 bed NICU last week. Thanks to our regional partners for accepting patients in repatriation in a timely manner.

Action Items:

- **Will post documents on the website.**

Item #3: MNCYN Updates (Gwen)



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Discussion:

- Reminder that the SOGC is providing weekly touchpoints via online Zoom meetings, in order to facilitate sharing expert advice, as well as to create a space to convene their members for rapid question and answer sessions and to share experiences and challenges.

These sessions are available for SOGC members only but any useful materials that are shared in the forum are made available on the SOGC COVID-19 Resources page.

<https://sogc.org/en/-COVID-19/en/content/COVID-19/COVID-19.aspx>

Action Items:

- None

Item #4: Regional Q&A, Open Discussion

Questions:

1. No questions or comments from attendees.

Discussion:

Leanne: We will check in with you again in a couple of weeks. If have any comments or questions don't hesitate to reach out to us and we will try to get the answers for you as soon as possible.

Adjournment: 1514 hrs.