



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



Date: Aug. 17 2020
1500-1530 hrs.

Moderator: Gwen Peterek (MNCYN)

Participants: Gwen Peterek (MNCYN), Anita Bunnie (MNCYN), Kristine Fraser (MNCYN), Kerri Hannon, Melissa Rathwell (HPHA – Stratford), Leanne Paton (Woodstock), Stacy Laureano (LHSC), Colleen Ford (Owen Sound), Tihana Antic (MOH)

Welcome: Gwen Peterek (MNCYN)

- Leanne McArthur sends her regrets as she is on vacation this week so Gwen facilitated the meeting

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

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	709	625	57	2 new case
WINDSOR-ESSEX	2424	2251	71	
CHATHAM-KENT	352	267	2	
ST. THOMAS	228	191	5	
LAMBTON	336	295	25	
HURON-PERTH	87	77*	5*	*Currently following Gov. ON guidelines and reporting only total cases, active cases and number of active long term care home outbreaks. Numbers may not be up-to-date. These numbers may not be an accurate reflection of recovered cases and deaths.
GREY-BRUCE	127	121	0	
THUNDER BAY				
MICHIGAN	84,050		6,219	
• DETROIT	13,198		1,497	
ONTARIO	40,745	37,036	2,789	32 in hospital 16 ICU 10 Vent
CANADA				



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MNCYN Update: (Gwen Peterek)

- Although there are not many changes to report regarding perinatal care in the context of COVID we recently learned of a new article published in the Lancet July 23rd
[The Lancet: Neonatal management and outcomes during the COVID-19 pandemic: an observation cohort study 23.07.2020 \(PDF\)](#)
- This was an observational cohort study in three New York Hospitals of infants born to COVID pos. mothers. The mothers were permitted to practice skin-to-skin care and breastfeed in the delivery room, but had to wear a surgical mask when near their baby and practice proper hand hygiene before skin-to-skin contact, breastfeeding, and routine care. Following this the infants were kept in a closed Giraffe isolette in the same room as their mothers. The babies were tested for COVID by use of real-time PCR on nasopharyngeal swabs taken at 24 h, 5–7 days, and 14 days of life, and were clinically evaluated by telemedicine at 1 month of age.
- Findings: Of 1481 deliveries:
 - 116 (8%) mothers tested positive for COVID
 - 120 neonates were identified.
 - All neonates were tested at 24 h of life and none were positive for COVID
 - 82 (68%) neonates completed follow-up at day 5–7 of life.
 - Of the 82 neonates, 68 (83%) roomed in with the mothers. All mothers were allowed to breastfeed;
 - At 5–7 days of life, 64 (78%) were still breastfeeding.
 - 79 (96%) of the babies had a repeat PCR at 5–7 days of life, which was negative
 - 72 (88%) neonates were also tested at 14 days of life and again were neg.
 - None of the neonates had symptoms of COVID-19.
- This data suggests that perinatal transmission of COVID-19 is unlikely to occur if correct hygiene precautions are undertaken, and that allowing infants to room in with their mothers and to breastfeed is safe when we also provide effective parental education of strategies to protect the baby
- Reassuring as it supports the practice outlined in our current provincial guidelines
- The link to this article has been posted on the MNCYN COVID website under the Perinatal section and has also been added to our Resource page

From SOON Network Meeting last week:

- Last week Gwen participated in a meeting of the Southern Ontario Obstetrical Network (SOON) out of the GTA
- As Leanne has mentioned before, Dr. Jon Barrett announced that PCMCH will soon be releasing an extensive list of recommendations regarding maternal / newborn care during COVID This will be a much more comprehensive guideline than the guidelines that were quickly pulled together and published in the midst of COVID earlier this Spring They anticipate approx. 64 recommendations
 - PCMCH will be asked to provide a webinar for further discussion about the guidelines
 - **Tihana Antic (MOH):** Have not heard of a release date yet.
 - **Gwen:** We will keep you posted when we find out the guidelines have been published.



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- Also, SOON conducted a survey of hospitals in the GTA looking at how many hospitals were following the current PCMCH guideline that COVID-19 should be suspected in all women manifesting a persistent (on two occasions, 30 minutes apart) fever of 37.8°C or greater in labour
 - Most hospitals in the GTA were following this recommendation. They found that there were no pts. in labour who had been classified as suspect solely for temp ≥ 37.8 who in turn tested pos. for COVID
 - It was suggest that this guideline might be causing unnecessary work if it is not detecting COVID in pregnancy. They discussed the need to go back to IPAC to look at re-wording the guideline recognizing that fever can be a sign of COVID if there are no other contributing factors for fever but suggested that the pt. should be evaluated by a physician for any other possible causes before using elevation of temp. as a criterion to classify a pt. as suspect for COVID
- **Gwen: Has anyone on the line had a case where a woman proved to be COVID positive when her only contributing symptom was elevated temp?**
 - Kerri Hannon (Stratford) confirmed that they had a case last week of a pt. who had a temp. in labour but no other COVID symptoms. She was found to have an E. Coli infection but was swabbed also for COVID and found to be positive. On repeat swab to assess for a false positive, she proved to be positive again.
 - Interesting case, so we will let the PCMCH know about this to consider if they are consider revising this guideline
- We have also posted a Webinar entitled **Choosing Wisely Canada: Pandemic Pregnancy: Interim Schedule and Safety Considerations for Prenatal Visits During COVID-19**
 - Webinar is presented by Dr. Tali Bogler, St. Michael's Hospital, Toronto (recorded 29.07.2020) and is about 1 hr. long.
 - We invite you to watch this and share with your physicians and midwifery colleagues if you are interested in getting more information about these guidelines.

[Choosing Wisely Canada: Pandemic Pregnancy: Interim Schedule and Safety Considerations for Prenatal Visits During COVID-19 Webinar \(recorded 29.07.2020\)](#)

- Lastly, another article was published Aug. 4th in the journal Science entitled:

[AAAS: Science- Why pregnant women face special risks for COVID-19 04.08.2020 \(WEBSITE\)](#)

- According to a study done by the CDC in the U.S. late in June that looked at 91,412 women of reproductive age with coronavirus infections. The 8,207 who were pregnant were 50% more likely to end up in intensive care units (ICUs) than their non-pregnant



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peers. Pregnant women were also 70% more likely to need ventilators, although their mortality rate was **not** higher.

- The article also cites another study by the Public Health Agency of Sweden that used data for all of Sweden during 4 weeks in March and April, looking at the rate of ICU admission for COVID infected pregnant women compared with that of infected, nonpregnant women of reproductive age.
- Findings:
 - Pregnant or immediately postpartum women with COVID-19 were nearly **six times** as likely to be admitted to an ICU as their nonpregnant, COVID-19–infected peers.
 - Suggested this might be linked to the compromised immune system of women during pregnancy and fact that the pulmonary and cardiovascular function is already strained together with an increased tendency toward coagulopathy during pregnancy, which can be also be another symptom of COVID.
- Experts all say better data is desperately needed to understand and address the risks to pregnant, coronavirus-infected women. Hopefully, the data we are collecting through BORN will help us to learn more in preparation for a likely 2nd wave of COVID
- We will also post this article under the Perinatal section of our COVID website.

Action Items:

- **Post links to journal articles on website**
- **Gwen to send an email to Tihana Antic (MOH) regarding the COVID case in Stratford discovered with elevated temperature.**

Item #2: LHSC Updates:

Stacy Laureano: No practice changes to report. LHSC is planning another simulation exercise in Sept. to reinforce procedures and keep everyone's skills up to date.

Henry Roukema / Kevin Coughlin: Not present to provide a NICU update

Action Items:

- **Stacy Laureano to forward a copy of the Simulation report when completed to post on the MNCYN website**

Regional Q & A:

Kerri Hannon (Stratford): Question re: the use of intrapartum Nitrous Oxide during COVID. (Similar question was also sent to us from Goderich)



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- Kerri Hannon has reached out to other hospitals in the region and received the following responses:
 - Sarnia (BWH) does not consider nitrous oxide use an AGMP because they have a breathing filter on their masks, called inter-guard breathing filter, that goes between the hose and the mask. (from Jessica Simankowicz RN, BScN, CIC, Infection Control Practitioner)
 - LHSC is not currently using Nitrous Oxide (N2O) for OB patients. Dr. Michael Payne, Medical Microbiology, LHSC states that he is not aware of any documents listing N2O as an AGMP but noted that many centers did stop offering it during COVID as per provincial guidelines. He suggested this was more related to issues of cleaning of all components of the circuit, versus the AGMP risk.
 - His opinion is that there is not likely any risk to HCW with the use of N2O, for labouring patients but at LHSC, the cleaning of circuits does pose challenges that need to be addressed before offering it for use during labour.
 - Woodstock Hospital had just installed the N2O equipment before the COVID pandemic and have received many questions as to when they can start to offer it.
 - Owen Sound has elected not to use it as per the guidelines despite the fact that they do have the filter. It has been a subject of debate among physicians and midwives. Midwives would like to start using it.
 - There is extensive information on this topic in the COVID Q & A section of the Ontario Midwives website (<https://www.ontariomidwives.ca/covid-19-clinical-faq>)
- Other Questions? None

Action Items:

- Gwen to send email to Tihana Antic (MOH) regarding the use of intrapartum N2O to forward to the PCMCH for consideration when they are revising the provincial guidelines

Next Perinatal WebEx meeting: Aug. 31st from 1500 – 1530 hr.

- *Reminder for those that also participate in our Paediatric calls that the Paeds. calls have been changed to monthly so the next one will be **September 2nd from 1600 – 1630 hr.***
- If you 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.

Adjourned: 1515 Hrs