

**MNCYN Regional Perinatal & Paediatric  
COVID-19 Update  
October 14, 2020**

1500-1600  
WebEx

**Moderator:** Leanne McArthur (MNCYN)

**Present:** Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Anita Bunnie (MNCYN), Kerri Hannon (Stratford), Leanne Paton (Woodstock), Tihana Antic (MOH), Colleen Ford (Owen Sound), Katie Forbes (Thunder Bay), Stacy Laureano (LHSC), Dr. Kevin Coughlin (LHSC-NICU), Dr. Teresa Bruni (Thunder Bay), Penny Lipschik (St. Thomas), Mary Rae (Hanover), Andrea McPherson (Woodstock), Dr. Hemavathy Purushotham (Stratford), Dr. Wendy Edwards (Chatham), Emily Williams (LHSC), Dr. Anna Gunz (LHSC-PCCU), Umeshaa Parajasingham (MOH)

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

**Discussion: Update of Current COVID-19 Cases Within the Region**

LOCATION	TOTAL CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	1,005	855	57	New Cases: 6
WINDSOR-ESSEX	2,743	2,603	76	
CHATHAM-KENT	371	368	3	
ST. THOMAS ELGIN-OXFORD	279	268	5	
LAMBTON	*350	*323	*25	*Stats from October 13
HURON-PERTH	*140	*130	*5	*Currently following ON Gov. guidelines: reporting only total cases, active cases & number of active long term care home outbreaks (may not be up-to-date)
GREY-BRUCE	*156	*149	*0	*Stats from September 13
MICHIGAN	*13,7702		*6,928	*Stats from October 13
DETROIT	14,791		1,546	
ONTARIO	61,413	52,512	3,017	231 in Hospital, 64 in ICU, 35 Vented

**Update Re: Anticipated Release of Revised COVID-19 Guidelines for Maternal-Newborn Care**

- Guidelines are currently being reviewed & circulated through Ministry
- Focus was on clinical, but other health care system issues have been identified & are being reviewed

**Intrapartum Guidelines**

- Updated and circulated
- Currently task force is reviewing & Leanne will update when guidelines become available

**Intimate Partner Violence (IPV)**

- MNCYN has partnered with McMaster University & Dr. Harriet MacMillan to host a 1.5 hr.

workshop on IPV the beginning of Nov.

- This topic is timely given the affect that COVID-19 pandemic has had on people ie. Isolation, financial pressures, substance use etc.
- Free online learning modules to be completed in conjunction with the workshop will be made available on the MNCYN website. They take approx. 3 hours to complete (not required to complete in one sitting)
- You can find registration information on MNCYN website for online learning & workshop

#### **Update re: Upcoming Educational Rounds:**

- Since MNCYN had to cancel their annual conference this year, arrangements have been made for a number of speakers to provide presentations virtually.
- Sessions will address both perinatal and paediatric topics.
- The first presenter is Dr. Joel Ray, Clinical Scientist at St. Michael's Hospital, Toronto and professor in the Department of Medicine and the Institute of Health Policy, Management and Evaluation at the University of Toronto.
- He will be presenting on **Oct. 21, 2020 from 4:00 – 5:00 p.m.** on the topic of “Novel Angles in approaching Severe Maternal Morbidity”

#### **Action Item:**

1. MNCYN will circulate the link for IPV learning modules and the flyer for the Educational Rounds Oct. 21<sup>st</sup>.

#### **Item #2: LHSC Women’s Care & Perinatal Updates**

##### **Stacey Laureano:**

- Continuing to run simulations on regular basis as a priority

##### **Dr. Kevin Coughlin:**

- Simulations are successful in highlighting response time & issues to consider under COVID-19 (i.e.) procedures, where & how to access room, donning & doffing PPE (has been issue)
- Last simulation had us change location of where resuscitation of the baby happens, recognizing if mom also needs care & resusc., it’s difficult to care for both in same room
- Space difficult to access for all teams involved & to maintain infection control practices
- Donning & doffing is very important part of process; from time of arrival to donning appropriately & starting resuscitation, it takes 3 - 5 minutes to initiate resuscitation
- This is an important factor to consider when doing planning at your own sites

#### **Item #3: MNCYN Perinatal Updates (Gwen Peterek):**

##### **Update re: Ontario COVID-19 Modelling for Second Wave**

- This News Release was circulated to the region on Sept. 30<sup>th</sup> so that leaders could share with their teams.
- Key highlights from the modelling update include:
  - o Ontario is currently on an upward trajectory of case counts - Cases are currently doubling approximately every 10 to 12 days.
  - o The growth in cases was initially in the 20 to 39 age group but now cases are climbing in all age groups.
  - o Intensive Care Unit (ICU) occupancy is currently steady, but it is predicted that

admissions will likely rise with an increase in COVID-19 patients being hospitalized.

- o Ontario may see between 200 and 300 patients with COVID-19 in ICU beds per day if cases continue to grow.

### **SOGC Statement on the Trial of Labour after Caesarean Birth During the COVID Pandemic**

(Posted under 'Perinatal' on MNYCN COVID website website)

- Since the onset of COVID-19, some HCP and institutions have recommended that pregnant women, who had planned a trial of labour after cesarean (TOLAC) birth should seriously consider a planned elective repeat cesarean section (ERCS).
- The main reason for this recommendation is the strain on health care personnel and resources, such as shortages of personal protective equipment (PPE).
- Also, added risk of COVID-19 transmission to staff is thought to be a cause for delayed access to emergency cesarean delivery in the event of a uterine rupture leading to life threatening consequences for the pregnant woman and fetus.
- Therefore, Elective Repeat CS have (ERCS) been promoted by (some) HCP despite the evidence that a successful trial of Labour offers many benefits to the pregnant woman,
- The SOGC recognizes that safety and protection of HCP, provision of adequate PPE and the responsible use of resources are top priorities; however, not at the expense of best practice.
- COVID-19 is not an indication for ERCS in the absence of obstetrical indications for repeat CS and HCP should continue to offer a trial of labour.
- While SOGC recognizes safety & protection of our health care providers & provision of adequate PPE is essential, it really is top priority, but shouldn't be done at expense of best practice

### **Updated MOH Guidelines for Infant Transport, September 24, 2020**

(Posted under 'Perinatal' on MNYCN COVID website website)

- Suggest infants less than 48-hours old at time of transfer & born to asymptomatic mothers who have screened negative, should be considered exempt from COVID testing on admission to the destination facility

### **Leanne: COVID Resources**

- Reminder all resources can be found on MNCYN website

### **Regional Service Delivery Model:**

- Leanne has re-circulated the Regional Service Delivery Model for Care During COVID along with the regional Trigger Tool.
- We need to determine when to initiate trigger tool to determine when capacity is being challenged
- If there are any questions or thoughts regarding the proposed model or trigger tool please let Leanne know
- We will continue to discuss on our calls over the next wave

### **Action Item:**

- Add Service Delivery Model / Trigger tool to the agenda for the next meeting

#### **Item #4: Regional Perinatal Q & A and Open Discussion**

**Leanne McArthur:** Have any members experienced a perinatal COVID positive patient in labour & birthing unit?

**Kerri Hannon (Stratford):** Yes, we had one

**Leanne McArthur:** How did process & protocols work for staff? Were they helpful?

**Kerri Hannon:** Yes, care & process worked well

- Identified 1 potential risk: if mother can't tolerate mask, staff would need to use eye protection
- Did not happen in this event, therefore staff isolated for 14 days
- Mom's fever related to Chorio & not COVID - tested & identified as asymptomatic COVID carrier

**Leanne Paton (Woodstock):** Yes, we have had 2 COVID positive mothers

- Team well prepared & everything went well
- One pt. was a booked C-section
- Woodstock has negative pressure room and had previously done mock scenarios which helped prepare us

**Kevin Coughlin (LHSC):** Kerri & Leanne, what was the experience with the parents of the newborn like?

- To his knowledge, London has not had a positive Mother-Newborn yet so unsure the best way for separating mother & baby by 6-feet - curtains & risk to baby in first year (higher than for older children)

**Leanne Paton:**

- Woodstock kept them together, however partner not allowed in hospital
- Baby in isolette in room, Mom practised good hygiene & was comfortable with plan

**Kerri Hannon:**

- In Stratford, baby required resuscitation in negative pressure room & was separated from mom immediately

**Kevin Coughlin:** How did family feel & how was it managed?

**Kerri Hannon:**

- The baby didn't require a long duration of CPAP & went back to mom quickly. This was part of a cluster of cases identified in community - dad & baby both tested negative twice & mom tested positive twice - they had all been together the entire time. English a second language as well, adding to the challenge.

#### **Item #5: Children's Hospital Updates (Emily Williams)**

**Leanne McArthur:** Not too many paediatric updates - kids are back in school, so there is lots of anxiety surrounding that & case counts are on the rise, in all populations

**Emily Williams:**

- Starting to see increase in ED volumes & have expanded into Paediatric Medical Day Unit (PMDU) for evening hours 6PM to midnight, to allow for increased capacity & social distancing
- Back log in paediatric surgeries which have not recovered yet, similar to adults
- Have submitted proposal to MOH asking for funding for additional OR capacity
- Have reviewed all COVID policies & procedures - very few changes made though

- Simulation being used to test processes
- Regionally directive for screening for children released in media was confusing, therefore MLHU in process of updating decision trees

**Leanne McArthur:** Can you identify areas of simulation that were important for review & refresh?

**Emily Williams:**

- Paeds ED & responding to trauma - made infrastructure changes by putting in temporary barrier, minimize number of providers going in, as well as AGMP pause prior to any procedure

### **Item #6: & MNCYN Paediatric Updates (Kristine Fraser)**

#### **Ontario Government revised COVID-19 Screening Guidance for Schools & Child Care**

- Updates Reflect Latest Public Health Advice from October 1, 2020
- In consultation with Chief Medical Officer of Health, the ON government updated its COVID-19 school & child care screening guidance, in order to help parents determine when get a child or family member tested for COVID-19
- The first set of questions asks about symptoms such as fever or cough – children with any of these symptoms will still be advised to stay home until they are able to consult with HCP & receive alternative diagnosis or negative COVID-19 test - second set of questions asks about other symptoms commonly associated with other illnesses (i.e.) runny nose or headache
- Children with only 1 symptom will be advised to stay home x24 hours, after which they can return to school or child care if symptoms improving
- Children with 2+ symptoms will be advised to stay home until they are able to consult with HCP & receive alternative diagnosis or negative COVID-19 test

#### **Ontario Ministry of Education**

- Summary of how many cases are related to schools & child care centres including closures – Information from October 14<sup>th</sup> at 1030.
- Currently there are 1,040 cumulative cases in ON schools, with 645 reported cases in past 14 days & 96 cases in last 24H
- 421 cases in ON schools have reported cases which is 8.72% & 5 schools are closed
- Currently there are 261 cumulative cases in child care centres, with 154 reported cases in past 14 days & 15 cases in last 24H
- 119 cases in ON child care centres have reported cases which is 2.28% & 29 child care centres are closed

#### **Nebulized Medication Administration Update**

- Original Aerosol Generating Medical Procedures (AGMP) guidelines for Ontario had nebulized medication administration on as a precautionary measure, however revisions in consultation with IPAC have removed nebulized medications from AGMP

**Guidance Document for Health Care Providers on Children & Youth with COVID-19** – posted on the MNCYN Website in paediatric section

#### **Ronald MacDonald House Update**

- Update on Admission criteria
- No longer requiring COVID-19 testing to be able to be referred due to limited testing

availability in community

- COVID-19 screening still happening for all referrals
- Current cap on how many families can stay in the house is at 20 families

**Item #7: Paediatric Regional Q & A and Open Discussion**

**Kevin Coughlin:** In terms of Halloween & proper protocol, how many families really know the protocols?

- Discussion around gatherings outside of schools, not social distancing or wearing masks, are schools aware of these groups?
- Difficult as kids don't understand their impact if they carry disease
- Difficult to get messages through to kids
- Paediatric & youth (adolescents) are difficult group to get messages through to – for example, it is like getting them to wear helmets

**Leanne McArthur:** What has been the partners experience in terms of testing, assessing, treating, presumptive or positive COVID children? Has anyone had one in our region?

No response assume no one has.

**Adjourned: 1540 hrs.**