

MNCYN Regional Perinatal & Paediatric COVID-19 Update

January 6, 2021

1500-1600 hrs

WebEx

Moderator: Leanne McArthur (MNCYN)

Present: (23) Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Colleen Ford (Owen Sound), Tihana Antic (MOH), Leanne Paton (Woodstock), Kerri Hannon (Stratford), Dr. Nancy Rashid (LHSC), Penny Lipschik (St. Thomas), Jocelyn Patton-Audette (Thunder Bay), Dr. Kirsten Blaine (Stratford), Melissa Rathwell (Stratford), Mary Rae (Hanover), Meghan Reid (??), Kelly Barzsa (Cambridge), Dr. Henry Roukema (LHSC-NICU), Coteu (??), Katie Forbes (Thunder Bay), Lynanne Mason (LHSC), Dr. Hemavathy Purushotham (Stratford), Dr. Lenna Morgan (Windsor), Anita Bunnie (MNCYN), Sheila Johnston (MNCYN).

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

Welcome to everyone attending today and Happy New Year. We hope that everyone had some downtime to allow an opportunity to regroup to go forward in 2021. We look forward to a vaccine in the days ahead. It's been a month since our last connect and there has been lots happening in that month as our numbers have increased. Our Covid-19 numbers now include the differences since our last meeting.

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

LOCATION	TOTAL CASES	RECOVERED	DEATHS	OTHER STATS	DIFFERENCES SINCE LAST MEETING UPDATE Dec. 16, 2020
LONDON-MIDDLESEX	3,945	2,856	114	New cases in 24H: 2	1,745 New cases 33 New deaths
WINDSOR-ESSEX	8,846	6,195	187		3,834 New cases 96 New deaths
CHATHAM-KENT	816	685	3		259 New cases 0 New deaths
ST. THOMAS ELGIN-OXFORD	1,589	1,159	23		823 New cases 14 New deaths
LAMBTON	1,085	768	28		625 New cases 1 New death
HURON-PERTH	781	659	22		311 New cases 2 New deaths
GREY-BRUCE	534	427		As of Jan 5, 2021	130 New cases 0 New deaths

MICHIGAN	504,410		12,867	As of Jan 5, 2021	61,695 New cases 1,932 new deaths
DETROIT	26,239		1,703	As of Jan 5, 2021	2,585 New cases 58 New deaths
ONTARIO	200,626	169,795	4,767	1,463 in hospital 361 in ICU 246 Vent	54,091 New cases 732 New deaths

We have seen an increase in cases in the mat/newborn population and there continues to be a discussion regarding breastfeeding and vaccinations. The provincial council will provide a recommendation and will distribute the updated guidelines, which we will disseminate to you to share with your care providers.

New funding initiative from Calgary - \$800,000 funds available for case screening and earlier identification of children at risk for Covid. Leanne will reach out to the researchers and find out the current status.

Globe and Mail article – efforts affecting airborne spread. Ventilation systems for schools, restaurants and long-term care for adequate PPE.

Regional Capacity – requesting feedback around the region with regards to whether hospitals are concerned that they may need to divest services to another facility due to capacity issues. Leanne wanted to bring this back to the table to see if there are any concerns in the regions due to increasing numbers. Are there are capacity issues for obstetrical or paediatric care, or has any site initiated a conversation with another organization around capacity.

Lynanne Mason (LHSC) - confident we are managing. Online schooling has helped.

Henry (NICU) - we could become overwhelmed fairly quickly, because we've now had two positive cases on antenatal and this trickles down to contact tracing, babies on ventilators, co-horting rooms, etc. We are monitoring the situation closely. NICU has a lot of double rooms and if they must reconfigure as single use rooms, this will have a significant impact. Just had a meeting a short while ago. Will share any recommendations that come from that.

Regional status

- Katie Forbes (T-bay) - at most 5-6 positive and some presumptive cases, so the numbers have been low, and we are managing.
- Henry reported that, provincially, there have been 5 babies admitted to NICU that have been Covid positive. The biggest risk and concern will be if staff become ill, then who will care for the babies. In general, however, numbers have been low.
- Leanne – raised this because in the GTA region the number of cases has increased significantly and so an initiative is underway for some of the paediatric units in the GTA to move their paediatric in-patients to Sick Kids to allow for space for Covid-positive patient care.

Email dialogue related to newborn follow up. Lots of great feedback from our partners regarding making sure that newborn follow up is happening.

Item #2: LHSC Women's Care & Perinatal Updates (Stacy Laureano not available)

Leanne - From OB standpoint, there have been a couple of positive cases just diagnosed, so there was no one available to provide a report today as they are currently in meetings and discussions to ensure protocols and practices are in place.

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

SOGC Updated Committee Opinion No. 400: COVID-19 and Pregnancy 01.12.2020 (PDF)

<https://sogc.org/common/Uploaded%20files/Covid%20Information/Committee%20Opinion%20No.%20400%20COVID-19%20and%20Pregnancy.Dec.17.2020.pdf>

- Now available on SOGC website
- Has been posted under MNCYN COVID 19 Perinatal Tab
- Provides a summary update of obstetrical care re:
 - o What we know about COVID 19 so far
 - o COVID-19 Outcomes in Obstetrical Populations
 - o Vertical and Horizontal Transmission
 - o Antepartum, Intrapartum, Postpartum and Newborn Care
 - o Considerations re: Vaccinations
- Encourage everyone to review it
- A few highlights:
 - o To date, there have been over 1600 pregnant patients in Canada diagnosed with COVID-19. An ongoing case count is updated regularly and can be accessed at: <https://ridprogram.med.ubc.ca/canccovid-preg/>
 - o In general, most pregnant women who acquired COVID-19 in pregnancy experience mild to moderate symptoms and have a good prognosis.
 - o Similar to the general population, comorbidities including advanced maternal age (>35 years), obesity, pre-existing diabetes mellitus and hypertension put pregnant women at increased risk of severe COVID-19 disease.
 - o Data from ON, BC & AB as of Dec. 2020 re: Patient Outcomes re: COVID-19 in Pregnancy: n = 353*
 - 11% Hospitalized
 - 2.3% needed Oxygen Supplementation
 - 2.3% - ICU Admission
 - N/A Mechanical Ventilation, Coagulopathy, Mortality (N=<6)
 - o Spontaneous preterm labour has been the most reported adverse pregnancy outcome - Recent studies estimate ~ 15% incidence (2-fold the background rate in the population).
- At present there are inadequate data to recommend for, or against, induction of labour with a diagnosis of mild COVID-19 at term.
- Initiation of antepartum corticosteroids for fetal maturation is still recommended as per current guideline if preterm delivery is anticipated based on maternal condition.
- Initiation of corticosteroid therapy for maternal benefit should be initiated in cases of severe infection to reduce the risk of COVID-19 associated mortality. (Dexamethasone 6 mg daily for up to 10 days).

SOGC COVID-19 Vaccination Consensus Statement (Dec. 2020)

- will be posted under MNCYN COVID Vaccination Tab
- **Consensus Statement:** For individuals who are at high risk of infection and/or morbidity from COVID-19, it is the SOGC's position that the documented risk of **not** getting the COVID-19 vaccine outweighs the theorized and undescribed risk of being vaccinated during pregnancy or while breastfeeding and vaccination should be offered.
- NACI has advised "COVID-19 vaccine should not be offered to populations excluded from clinical trials until further evidence is available."
 - o However, if a risk assessment deems that the benefits of vaccine outweigh the potential risks and if informed consent includes discussion about the insufficient evidence in this population, then a complete series of authorized COVID-19 vaccines may be offered to pregnant and breastfeeding individuals.
- Therefore, the SOGC recommends that pregnant and breastfeeding individuals who are eligible for the COVID-19 vaccine should be able to make an informed decision.
- Most pregnant women who become infected with SARS-CoV-2 will have mild-to-moderate symptoms and many can be asymptomatic.
- Pregnant and breastfeeding women were excluded from the Phase II and Phase III studies for the Pfizer-BioNTech COVID-19 vaccine. However, there were 23 women (12 in the vaccine arm and 11 in the placebo arm) who reported pregnancies during the trial and are being followed for pregnancy outcomes with no reports of adverse effects to date.
- Currently, there are no other safety or efficacy data available for pregnant or breastfeeding women.
- Individuals who are discovered to be pregnant during their vaccine series or shortly afterward should not be counselled to terminate pregnancy based on having received the vaccine.
- If conception is presumed to predate the first dose, it is recommended to follow the same procedures for active surveillance (as available) as would be activated if the pregnancy was known at the time of vaccination.
- Where pregnancy is detected during the vaccine series (i.e., following the first dose, but ahead of the second dose), the decision of whether to complete the vaccine series during pregnancy should be based on an assessment of the potential risks of not being completely vaccinated during pregnancy vs. the potential risks of receiving the vaccine during pregnancy (as discussed above).
- For an individual planning a pregnancy, it is recommended to complete the entire COVID-19 vaccination series (where possible) to achieve maximal vaccine efficacy ahead of pregnancy.
- It is not known whether an individual should delay pregnancy following receipt of the vaccine and a risk-benefit discussion for those planning pregnancy should occur, similar to the discussion for pregnant and breastfeeding women.

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

Anti-Masking:

- Kerri Hannon (Stratford) - we've been running into a lot of resistance with people who are anti-maskers, etc. Wondering how others are handling this.
- Leanne – any feedback from other partners?
- Penny Lipschik (STEGH) - we also have a large group of anti-vaxers, as well as anti-maskers

in our catchment area. The hospital decided to engage the community to assist in getting the message across and to share the reasoning behind the need for masking, which has been beneficial.

- Kerri Hannon – do you continue to isolate?
- Penny – Yes, we keep them in isolation.
- Leanne – regarding requests to wear personal masks - at LHSC they are required to wear a hospital grade mask over their personal mask. If they continue to refuse, they are escorted to the clinic area and kept separate.
- Kelly Barza (Cambridge) - we have allowed people to wear cloth masks within the hospital units. They are 3-layer hospital-supplied cloth masks, but this has encouraged good compliance. Leanne inquired about the vendor and was informed that the masks are supplied by one community vendor that has supplied all their cloth masks.

Action Item:

Penny will share the pamphlets that were developed as there was some success noted after these were made available to the community.

Item #5: Children’s Hospital Updates (Lynanne Mason)

- Visitor Restriction Update: Going back to 1 caregiver at a time, started this morning (Jan 6)
- Parents anticipated this would be coming soon, so there has been good reception
- Biggest risk is potential staff shortage & not being able to provide care
- Having some challenges with vaccine in terms of (CH staff) should have been included in first group vaccinated, but our time (CH) will come & we will do our best following IPAC guidelines diligently
- CH capacity increasing, steady stream more recently in terms of numbers of suspect cases
- Few bumps in road over Christmas due to reduced hours at assessment centre
- Will be monitoring numbers now that hours have returned to pre-holiday hours
- ED Virtual Clinic

Leanne – good news. Service has been well received. Have heard testimonials from parents that they are very pleased with the service and this has reduced the fears of attending a clinic visit in person.

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

Children’s Hospital Paediatric Emergency Virtual Clinic

- Anticipated changes to hours as of February 15th to 1200-2000 & the ability of using a web-based booking platform, current hours are 1600-1900

Schools & Child Care

- Elementary schools due to reopen January 11th
- Secondary schools closed with planned return to in-person learning on January 25th
- Childcare remains open for duration of shutdown, but prohibits serving school-aged children, also all before & after school programs closed during this period
- To support parents, Ministry of Education implemented targeted emergency childcare program for school-aged children at no cost to eligible parents, fortunately both regulated

& unregulated health care workers working in health care are eligible for this service.

Paediatric Cases in Ontario Schools as of January 6th @1030

[https://www.ontario.ca/page/covid-19-cases-schools-and-child-care-centres:](https://www.ontario.ca/page/covid-19-cases-schools-and-child-care-centres)

- **Total # of Cases in Child Care Centres in Past 14 Days: 371 (57 reported today)**
- **Total # of Day Care Centres with Reported Case(s): 225**
- **Total # of Day Care Closures: 41**

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

No comments or questions. Leanne noted that people are obviously feeling confident about being able to manage.

Nancy Nashid (LHSC) posted the link in the chat regarding the SOGC statement on vaccination and pregnancy.

Next Meeting: Will meet in February and that appointment will be sent out soon, unless there is a need to meet sooner in order to disseminate updates based on new updates.

Adjourned: 1538 hrs.