

**MNCYN Regional Perinatal & Paediatric
COVID -19 Update
February 17, 2021**

1500-1600

WebEx

Facilitators: Kristine Fraser (MNCYN), Leanne McArthur, Gwen Peterek

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

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

LOCATION	Total Cases Feb 17, 2021	RECOVERED Feb 17, 2021	DEATHS Feb 17, 2021	OTHER STATS Feb 17, 2021	Differences Since Last Update Meeting Jan 6, 2021
LONDON- MIDDLESEX	6,042	5,722	181	New Cases in 24H: 9	2,097 New Cases 67 New Deaths
WINDSOR- ESSEX	12,682	11,999	355		3,836 New Cases 168 New Deaths
CHATHAM- KENT	1,333	1,286	9		517 New Cases 6 New Deaths
ST. THOMAS- Elgin-Oxford	2,441	2,292	64		852 New Cases 41 New Deaths
LAMBTON	1,969	1,840	46		884 New Cases 18 New Deaths
HURON- PERTH	1,303	1,224	49		522 New Cases 27 New Deaths
GREY-BRUCE	687	664	1	As @Feb16/21	153 New Cases 1 New Deaths
MICHIGAN	576,264		15,177	As @Feb16/21	71,854 New Cases 2,310 New Deaths
*Detroit	26,239		1,703	As @Feb16/21	3,288 New Cases 122 New Deaths
ONTARIO Last updated Feb. 17, 2021	288,583	270,869	6,729	719 in Hospital 298 ICU 211 Vent	87,957 New Cases 1,962 New Deaths

Update (Leanne McArthur)

Vaccines:

- Agriplex re-opened Feb 8. initiated vaccination of the 1st dosing again in the London Region.
- Please continue to disseminate the information related to the best practice guideline (PCMCH) related to vaccination during pregnancy, posted on our website.

Intimate Partner Violence (IPV) and Child Maltreatment:

- Based on the increase of these situations, we are recommending that you connect your clinicians with the VEGA program or any IPV education and resource to support increased knowledge and awareness of how to assess and support these individuals. VEGA online program is available through our website, free access, does support increased knowledge re: assessing and guiding

intervention during this situation and providing resources to support patients experiencing this situation. MNCYN will be hosting another VEGA workshop in the spring.

Provincial Council of Maternal and Child Health:

- Have developed document with standards, best practice and recommendations from PCMCH related to gaps in service and access specifically related to equality for rural, remote areas, indigenous, and LGBTQ2.
- Address access to reliable and unbiased services, related to this Covid pandemic.
- There are 7 recommendations to consider in this document. Have a look at them and discuss them with the teams in your organizations.
- Early conversations are underway to develop a postpartum task force, develop guidelines and standards related to best practices for postpartum
- There has also been dialogue around swabbing of newborns and children as there has been some variability across public health regions re: what is best approach for when to swab a newborn or child, where the swab is to be done and who may be following up on a child who has been swabbed. We will be pulling the leadership from public health units to open up this dialogue to see if we can get some consistency and standardization in approach.

Action: Leanne will be asking for feedback from partners regarding any issues or challenges related to swabbing of newborn and children.

Item #2: LHSC Women’s Care Updates (Stacey Laureano-Steel)

- COVID outbreak on antenatal unit has been resolved
- **“Staffing Communities” standardization** – a standardized practice of dividing staff into 2 cohorts, 2 separate break rooms, 2 separate work areas in the event of a COVID outbreak among staff, so that it potentially would only affect 1 of the communities, so the other community could still run the unit and provide safe care.
- Have some staff that are not excited about it. There are concerns about staff mental health, burnout, being unable to break with their friends. They understand the rationale, but are having difficulty accepting it.
- We are trying to address this by bringing in resiliency programs with our wellness group here.

MNCYN Perinatal Updates (Gwen Peterek)

Canadian Institute of Health Research (CIHR) CANADIAN SURVEILLANCE OF COVID-19 IN PREGNANCY: EPIDEMIOLOGY, MATERNAL AND INFANT OUTCOMES

- Released their 2nd report January 15, 2021 on Maternal and Infant Outcomes
- Based on data from (March 1 - November 30, 2020) from four provinces (BC, AB, ON, QC)
- Summary and infographic distributed to the region and posted on MNCYN COVID website
- Summary:
 - 1271 positive pregnant cases occurring Mar-Nov 2020 were included
 - Most common symptoms: cough, fever, headache, rhinitis, sore throat (in that order)
 - Most common underlying conditions: obesity & diabetes

Pregnant COVID Pts.

Non-Pregnant COVID Women

- | | |
|--------------------------------|------|
| ○ Hospitalized: 7.1% | 1.7% |
| ○ Admitted to ICU: 1.2% | 0.3% |
| ○ < 6 positive infant NP swabs | |
- 1.2% stillbirth rate (not significantly greater than the background population rate)
 - 12.2% preterm birth rate (higher than the background population rate)

Update re: Pause in Vaccine Distribution: (18-Jan-2021)

- Due to the delay in vaccine production and delivery from Pfizer, Middlesex-London Health Unit had to adjust delivery of second doses of vaccine:
- Have just recently started giving LTC, high-risk retirement home residents and their essential caregivers and staff their second dose
- All other recipients must receive their second dose after 21 days and before 42 days
- In Middlesex-London, Huron Perth and Southwestern Health Unit 2nd dose of vaccine will be given between 35-42 days
- The delay to a maximum of 42 days is supported by the National Advisory Committee on Immunization (NACI)
- It is not believed this change will impact the overall effectiveness of the vaccine.

New documents posted on MNCYN COVID -19 website (Under Vaccination Tab)

- [Ontario Ministry of Health: COVID-19 Vaccination Recommendations for Special Populations](#)
This document contains recommendations based upon the best current available scientific knowledge for COVID-19 vaccination in special populations and expert clinician advice.
- [National Advisory Recommendation on Immunization \(NACI\): Pregnancy and Breastfeeding](#)
NACI recommends that COVID-19 vaccine may be offered to pregnant and breastfeeding women with informed consent regarding the absence of evidence on the use in these women if the benefits outweigh the potential risks for mother and the fetus
- **SOGC Statement on COVID-19 Vaccination in Pregnancy (Updated Feb. 1, 2021)**
 - It reiterates the recommendations of the National Advisory Committee on Immunizations
- **CPS Practice Point: Breastfeeding and COVID-19 (Updated Jan. 19, 2021)**
 - There have been no cases of COVID positivity that occurred through transmission from breast milk.
 - Maternal antibodies to COVID are likely passed to the newborn and may offer protective benefit
 - Primary concern is transmission of virus from mother to infant through respiratory droplets during breastfeeding. Therefore, breastfeeding women should wear a mask and perform hand hygiene before putting the baby to breast.
 - If mother is too ill to breastfeed due to COVID-19 or other causes, she should be encouraged and supported to express breast milk.

Thank you to Penny Lipschik, STEGH for sharing 2 brochures, one in English and one in Low German for the Mennonite / Amish population entitled “**A Guide to Understanding COVID-19**”. They have been posted on our COVID website Under Patient Information

London Children’s Hospital NICU Algorithms and Visitor Guidelines:

- New NICU guidelines and algorithms have been developed by medical and leadership teams in conjunction with IPAC to clarify the appropriate pathway when making decisions about the care of babies with COVID exposure or symptoms
- These have been posted on the MNCYN Covid-19 website under the Perinatal, Visitor Guidelines and Algorithms tabs.

Discrepancy in nasopharyngeal swabbing:

- Article published in *Journal of Otolaryngology – Head & Neck Surgery* by Dr. Leigh Sowerby (Otolaryngologist), Western University and Lawson Health Research Institute: found there are wide discrepancies across Canada regarding the instructions for how deep the nasopharyngeal swabs used to test for COVID-19 are to be inserted
- NP swab should be inserted far enough into the nasal cavity to reach the nasopharynx, the area most sensitive to COVID-19
- Several provinces including Ontario are only recommending that the swab be inserted to a depth of 4 cm, or half the distance from nostril to ear. This depth only reaches the mid-nasal cavity, not the nasopharynx
- It is recommended that the technique should be standardized
- Article posted on MNCYN COVID -19 webpage under General Information

Item #3: Regional Q & A, and Open Discussion – Perinatal

- None brought forward

Item #4: Children’s Hospital (CH) Updates & MNCYN Paediatric Updates (Lynanne Mason)

- **Initiated ‘staffing communities’** on B6-100 & B6-200 - continue to learn and make changes as we move forward. Paediatric population remains low in the hospital.
- **Vaccine and priority list for our staff-** Still in the first group of health care workers when vaccine comes to them. There is talk about it being age-based across the organization. They are ready with their prioritization list
- **Virtual ED** – continuing to move forward, new date for extended hours is March 1.

Questions:

- What are your criteria for paediatric vaccination and how did you establish the criteria? (L.M.)

Answer:

Lynanne Mason: It is based on MOH and MLHU guidelines, but from the leadership perspective of the children's hospital, we have outlined the groups and who should be vaccinated first. Based on those with the most time at the patient's bedside, those in the high-risk situations, vulnerable populations etc.

MNCYN Paediatric Updates K. Fraser**CPS Module: Overcoming Vaccine Hesitancy in 2021**

<https://pedagogy.cps.ca/#/online-courses/2dcbed20-a8f3-4471-9d78-70a11043bbf1>

- Module provides health care professionals with tools & skills they need to discuss new COVID vaccines with people they see in practice & to address concerns about safety, efficacy & access. Register by April 30 to receive complimentary access to the module [Moving to Acceptance: How to address vaccine hesitancy in your busy practice](#).

Increasing reports of Child Maltreatment Example:

<https://www.ctvnews.ca/health/coronavirus/hospital-sees-more-babies-with-head-trauma-fractures-amid-covid-19-lockdown-1.5288799>

- More babies are being brought into hospitals with serious head trauma & fractures in recent months, according to figures compiled by the Children’s Hospital of Eastern Ontario (CHEO), an alarming trend doctors believe is associated with challenges parents & caregivers face without additional support under lockdown.

- Since September, CHEO has seen more than twice as many babies arriving with serious injuries, confirming fears the ongoing COVID-19 pandemic is taking a heavy toll on the most vulnerable members of society and the families who care for them.

Children's Hospital Paediatric Emergency Virtual Clinic

Kristine Fraser: Yesterday, Dr. Rod Lim told me the virtual paediatric emergency clinic was expanding its hours as of February 22nd

Lynanne Mason: Feb 22 was the original date but they may have to move it to Mar. 1st

The virtual clinic will be expanding hours to 12pm-8pm 7 days a week. Can be assessed via 1-844-CARE-844 during clinic hours or off hours via website at [Urgentcareontario.ca](https://www.urgentcareontario.ca) where an appt can be booked for the following day

Virtual Paediatric Trauma QI Rounds which is a review of Paediatric Head Trauma by Dr. Sandrine DeRibeaupierre, one of the paediatric neurosurgeons at Children's. The event is Wednesday Feb 24th from 1-2PM.

Item #5: Regional Q & A, and Open Discussion – Paediatric

Discussion: (L.M.) Would like to ask the physicians on the call today, (W.E., K.B, T.B) with all of this discussion about the violence, both intimate partner and child maltreatment, if you are personally seeing an increase in this situation in the ED or requiring admission?

Answer: (W.E.) Has not seen an increase but wonders if she is not getting called down to ED, may not be identified.

(T.B) not necessarily an increase in child maltreatment, but a lot families having difficulty just coping in general.

- Open to the floor:

Andrea (Woodstock ED): seeing an increase of parents not coping and bringing children in. Woodstock is looking at developing a screening tool to flag the nurse to think there may be need for some help and call CS. They are starting at ground zero and asking if anyone else on the call might have any sort of screening tool or development to help flag a nurse or healthcare provider to call or to see them as high risk.

Leanne McArthur: Is there anyone else around in the region in the region that has been considering, or has something in place that they're utilizing to support assessment?

Megan from Children's Hospital ED asked to respond. Screening tool if a nurse suspects child is involved in domestic violence, there is a checkbox and this will bring up a screen where you ask questions; Do they feel they are in danger; Can we contact a social worker for them; and the nurse would then speak to physician. There is nothing about child maltreatment directly.

Alex (Woodstock, labor and delivery): since no more birth alerts, trying to do our due diligence in terms of reporting when it's appropriate. Not sure what to do if they are suspicious of maltreatment?

Leanne McArthur: important for healthcare providers to have the skills in their toolbox and some work in education around this topic is important. (See Action below)

Kelly Barzsa: Having the same issues working through some of the process with Waterloo Region, Staff burnout and staff looking after Covid positive patients an issue – if her partner chooses to be in with her and is Covid positive but not asymptomatic (within guidelines), Staff feel it should be a Covid negative person coming in with the mother. Have every safeguard in place. Keeping staff safe just not sure how to handle their concerns.

Leanne McArthur: Any comments suggestions or recommendations? Anyone seeing similar challenges?

Lynanne Mason: seeing similar challenges at children's hospital. Going back to the evidence we have and our infectious diseases partners continue doing those kinds of things. Important for staff to complete their

point of care risk assessment and important they know your support from that assessment is going to come, if N95 is justified. A lot of the unknowns around parents that may be positive accompanying their children here. Education also part of it. Agrees everyone is tired and fearful.

Lynanne Mason: from a CMHA perspective, seeing a lot of parents not being able to cope with being at home with their children. They are in mental health crisis. Decipher how to evaluate and assess the child for harm and how to move forward

Action: Leanne will contact CMNRP, CMHA and other network partners to ask if they are seeing similar challenges and how they approach and or do they have any suggestions or tools for assessing child maltreatment, that may be shared with our region.