

**MNCYN Regional Perinatal & Paediatric
COVID-19 Update
April 28, 2021**

1500-1600
WebEx

Moderator: Leanne McArthur (MNCYN)

Present: Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Anita Bunnie (MNCYN), Sheila Johnston (MNCYN), Alison Stephenson (LHSC), Amanda Williams (LHSC), Caryn Nero (MOH), Colleen Ford (Owen Sound), Donna Phillips-Grande (Goderich), Jackie Mitchell (St. Thomas), Katie Forbes (Thunder Bay), Kevin Coughlin (LHSC-NICU), Kirsten Blaine (Stratford), Leanne Paton (Woodstock), Lynanne Mason (LHSC), Mary Rae (Hanover), Meghan Reid, Michelle Basacco (LHSC), Pam Murray (Stratford), Stacy Laureano (LHSC), Tihana-Antic (MOH), Carolyn Proctor (MOH), Wendy Edwards (Chatham), Henry Roukema (LHSC-NICU), Karina Teterycz (LHSC), Lindsay Rae (Thunder Bay)

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

Welcome to everyone attending today. It's been a month since our last connect and there have been significant changes in terms of numbers since our last meeting with this 3rd wave. Our Covid-19 numbers now include the differences since our last meeting.

Discussion: Update of Current COVID-19 Cases Within the Region (as of April 28, 2021)

LOCATION	Total Cases	RECOVERED	DEATHS	OTHER STATS	Differences Since Last Update Meeting Mar 17, 2021
LONDON-MIDDLESEX	10,202	9,066	197	New Cases in 24H: 140	4,160 New Cases 16 New Deaths
WINDSOR-ESSEX	15,341	14,475	414		1866 New Cases 13 New Deaths
CHATHAM-KENT	1,765	1,716	13		313 New Cases 4 New Deaths
ST. THOMAS-Elgin-Oxford	3,373	3,158	76		724 New Cases 9 New Deaths
LAMBTON	3,217	3,083	56		766 New Cases 9 New Deaths
HURON-PERTH	1,565	1,478	52		176 New Cases 2 New Deaths
GREY-BRUCE	1,172	1,090	5	As of April 26, 2021	439 New Cases 3 New Deaths
MICHIGAN	829,520		17,429	As of April 26, 2021	216,892 New Cases 1,619 New Deaths
*Detroit	46,057		1,990	As of April 26, 2021	15,042 New Cases 135 New Deaths

ONTARIO Last updated Mar.17, 2021	455,606	408,765	7,988	2,281 in hospital 877 ICU 605 Ventilated	133,650 New Cases 801 New Deaths
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PCMCH update: PCMCH is currently reviewing the guidelines for care of the pregnant persons that were shared a few months ago. There have been some changes and tweaks required as a result of newer evidence, not overly significant, but the task group is working diligently to bring the guidelines forward and we will share them with the region when they are available.

Network of Networks: this group continues to work continuously and collaboratively with the Provincial Council. Instead of each network independently hosting our own webinars and education sessions on pertinent topics, the decision has been made that we will work through PCMCH to coordinate standardized information, webinars, learning opportunities, etc. that will be made available to regional participants. Everyone will then be getting the same message. An email will be broadcast today or tomorrow about upcoming webinars.

Public Health update: Public Health region and sub-region work continues to be done to increase awareness of Covid and to decrease the incidence of vaccination hesitancy. An infographic related to the pros and cons of vaccination has been developed regarding who is eligible at this point and information on pregnancy and breastfeeding, that is intended for individuals or lay individuals, especially for the most vulnerable populations. The Medical Officer of Public Health (MLHU) will be delivering 3 key messages regarding pregnancy and vaccination with his daily updates.

There have been reports and recent media attention to the increased number of pregnant women who have tested positive for Covid 19. In context, 20-30% of covid positive people in the ICU in the Toronto area are pregnant persons.

BORN update: Approximately 84,000 pregnant individuals who are expected to be giving birth in April. 1403 are confirmed positive for covid 19, but of those, 73 required hospitalization and 13 required isolation measures. In addition to that, 792 of them did give birth >20 weeks gestational age; 99.1% of those were live births, and 11.2% of the live births where there was covid infection antenatally were born preterm. So, the incidence of stillbirth is currently 8.8% per 1000 births. Prior to the pandemic the number was 4.7%.

This information will be shared with our regional partners. Leanne recommended to stay calm and keep things in perspective.

SOON Network: In the last network meeting, Dr. Wendy Whittle gave an excellent presentation, which Leanne encouraged leaders to watch with their team members. The presentation focused on caring for pregnant persons and criteria for hospitalization. The link to this information is found under Gwen's report.

Regional Capacity Trigger Tool – Leanne thanked those who have been regularly sending their weekly site data, as this is invaluable information that will help us to closely monitor capacity in the region. Orange right now is stretched, as patients are being moved around the province. Moms, newborns and children are prioritized, however, there may be some delays.

Consumer warning: Leanne shared that she recently became aware of potential counterfeit Covid 19 vaccines that can be purchased on the web. There is no scientific evidence that they are safe or effective. Unapproved drugs are counter-productive to public health efforts. In some instances, people are drawn in to the open attachments, which turn out to be spam and some sites are selling the tests or vaccine. Important to get this information out to the region to be aware.

Action Item:

Circulate various documents and links to the region, as described.

Item #2: LHSC Women's Care & Perinatal Updates (Amanda Williams)

Things have been fairly status quo, with two notables:

- We have noted that some patients are refusing to be swabbed on admission, thinking this would provide them with a private room at no additional cost to them. The program leaders are working to dispel that myth. An algorithm is being developed with IPAC.
- Posters are going up in the clinic encouraging pregnant women to get the vaccine. The leaders have connected with the vaccine team regarding advocating for the antenatal patients who are on bedrest as to whether they could they be included in the next wave of vaccine deployment.

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

SOGC released a statement April 15th calling on the Ontario government and all other provinces to immediately prioritize COVID-19 vaccination for pregnant women. (posted on the MNCYN COVID website under Perinatal Tab) [SOGC statement regarding pregnant women and individuals with COVID-19 in ICUs in Ontario 15.04.2021 \(PDF\)](#)

This comes in the wake of Toronto critical care doctors sounding the alarm on the mounting number of pregnant COVID-19 patients in their intensive care units suggesting that pregnant women appear particularly vulnerable to the variants. Therefore, the MOH has recently moved pregnant women to the "highest risk" category on the province's [COVID-19](#) vaccine priority list and now as of last Fri. pregnant women can book an appointment.

[COVID-19: Pregnant women eligible for vaccine as Ontario moves them to 'highest risk' category Global News 24.02.2021 \(PDF\)](#)

CNN recently stated that the American Journal of Obstetrics and Gynecology has published an article announcing that the Pfizer/BioNTech and Moderna Covid-19 vaccines are effective in pregnant and lactating women, who can pass protective antibodies to newborns. The vaccine-induced antibody levels were equivalent in pregnant and lactating women, compared to non-pregnant women and antibody levels were "strikingly higher" than those resulting from coronavirus infection during pregnancy. The research team also found that women passed protective antibodies to their newborns, measured in breast milk and the placenta. They found no evidence of more side effects or more intense side effects in pregnant and lactating women than in the general population. The team found similar antibody levels in women vaccinated with both vaccines but found higher levels of IgA antibodies in pregnant women who received the Moderna vaccine.

Article entitled “CNN: Study says Covid-19 vaccines provide protection for pregnant and lactating women -- and their newborns (25.03.2021)” is posted on MNCYN COVID – 19 website under “Vaccine Information”

SOGC Statement on Thrombosis associated with COVID-19 Vaccinations

The SOGC has issued a statement supporting the use of all available COVID-19 vaccines approved in Canada in any trimester of pregnancy and during breastfeeding. The four COVID-19 vaccines approved for use in Canada have been demonstrated to be safe and highly effective for preventing serious disease from COVID-19. Although international reports have recently documented the risks of arterial and venous thrombosis associated with low platelets following administration of adenovirus vector vaccines such as AstraZeneca, these events are very rare. Although most cases have occurred in women <55 years of age, it is thought that this may reflect a workforce gender bias reflecting the prioritization of vaccination for front-line health care workers, most of whom are female. There is no known association between this syndrome and pregnancy and no physiologic basis to increase this risk in pregnancy.

[SOGC Statement on the COVID-19 vaccines and rare adverse outcomes of thrombosis associated with low platelets \(April 20, 2021\)](#)

SOGC Position Statement re: COVID-19 vaccine and fertility

SOGC has posted a position statement to respond to online rumours suggesting that COVID-19 can be detrimental to future fertility. There is absolutely no evidence, and no theoretic reason to suspect that the COVID-19 vaccine could impair male or female fertility.

[SOGC Statement on COVID-19 Vaccination and Fertility 18.03.2021 \(PDF\)](#)

SOGC is offering an online course that provides a review of up-to-date information on the COVID-19 vaccination and pregnancy.

[Society of Obstetricians and Gynaecologists of Canada \(SOGC\), COVID-19 Vaccination and Pregnancy Online Course](#)

BORN Ontario has also posted recent updates.

[BORN Ontario COVID-19 Data Update \(April 27, 2021\)](#)

[BORN Ontario: Should Pregnant People get the COVID-19 Vaccine?](#)

Prenatal Screening Ontario (PSO) updated their website with [resources and videos](#) for pregnant individuals. They have collected short video messages from prenatal care providers in 11 languages (and growing) about the importance of vaccination for pregnant people.

A number of physicians and nurses from our region participated in the **Southern Ontario Obstetrical Network (SOON) Webinar** hosted from Toronto last week at which time Dr. Wendy Whittle gave an excellent presentation. For those who could not join the call, Dr. Whittle provided a very comprehensive presentation* that discussed:

- What we can expect with the 3rd wave of COVID based on experience from the UK/Europe
 - The assessment, prognostic indicators and outcomes for pregnant women with COVID
 - COVID pneumonia and pharmaceutical therapies
 - Oxygen therapy
 - Maternal warning signs: when to call ICU
 - ICU considerations:
 - hemodynamic parameters
 - fetal monitoring
 - ECMO and gestational age considerations
 - Timing of delivery
 - COVID recovered: fetal surveillance
 - COVID vaccination: mRNA, AZ
 - Considerations for transfer
- There was also a brief discussion on equity/advocacy considerations in the third wave as they relate to the pregnant population

**We are not permitted to post this webinar on a public-facing website so we will be sending the link via email to those on our distribution list and would encourage everyone to watch it.*

PCMCH has just released an Infographic re: Vaccines for Pregnant and Breastfeeding People

This Infographic presents easy to understand information regarding:

- Options for taking the vaccine
- Benefits / Risks
- Side Effects
- Expert Opinions
- Steps in Making a Decision
- Vaccine Information for Breastfeeding Women
- What if you get pregnant after getting vaccine?
- What if you are planning a pregnancy?

It is posted on the PCMCH website and on the MNCYN COVID website under “Vaccine Information” tab.

PCMCH COVID-19 in the Third Wave and the Maternal-Neonatal Population: A PCMCH WEBINAR SERIES

PCMCH is hosting a series of webinars to support Maternal-Neonatal care providers during the third wave of the COVID-19 pandemic. The webinars will be led by clinical experts. Each webinar will focus on specific topics such as vaccine hesitancy, care management for COVID-19 positive patients etc. The series will be held on Mon. evenings. Registration is required. First webinar will be **Monday, May 3rd, 7pm-8:30pm** Go to the PCMCH website to register [PCMCH COVID-19 webpage](#). Future webinar registration will be shared on the [PCMCH Latest News Webpage](#),

CAPWHN is also hosting a webinar next Wed. May 5th from 12- 1 pm [COVID-19 Vaccination during Pregnancy](#)

Given the recent information regarding airborne transmission of COVID, **ONA has applied for a judicial review of PPE standards.** ONA is asking the province to officially acknowledge that the COVID virus can be transmitted through the air, that asymptomatic transmission occurs and that nurses need the highest level of protection available.

[PPE must guard against airborne transmission of COVID-19, nurses' union demands CBC News 20.04.2021 \(PDF\)](#)

Recently we have seen several emails on the provincial WCHEN ListServ among Ontario hospitals regarding what PPE hospitals are now using for routine care of COVID patients.

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

Discussion: Leanne asked if regional sites are seeing increased cases of covid positive patients, or increased admissions to hospital. In general, the numbers appear to be stable, with no reported increases in Woodstock, Owen Sound, St. Thomas, Stratford or Chatham. Stacy Laureano (LHSC) reported that since the practice of routine screening, this has turned up quite a few asymptomatic women, who then test positive on swabbing, so a lot of contact tracing has to be done. One person is currently in ICU.

From an NICU perspective, Henry Roukema noted that, since last March there have been only 5 newborns requiring NICU care for covid positive status. (CCSO stats).

Pam Murray (Stratford) reported that the Health Unit has allowed the hospital to have some vaccine for their antepartum patients. Similar coordination efforts have been initiated in Thunder Bay to get those patients vaccinated.

Katie Forbes (Thunder Bay) remarked that their part of the province has been approximately 4-6 weeks behind all of southern Ontario in terms of stats. They had 3 positive patients in L&D department and have, therefore, been doing more aggressive testing. She wondered what are other sites doing in terms of testing.

- Michelle Basacco (LHSC) – we encourage them to go to a testing centre for swabbing, but if they come in emergently, they would be swabbed on arrival. Emerg has gone to rapid testing and it is not yet known if this practice will be used for labour/delivery patients.
- Stratford is only testing symptomatic patients. Thunder Bay was doing that as well, but with language barriers they were concerned that patients might not be answering the screening questions accurately, so they decided to proactively swab more frequently.
- For Woodstock, Owen Sound and St. Thomas, testing is done for C-sections and for anyone who is symptomatic. St. Thomas also requests testing to be done for inductions.

Leanne remarked on the news reports of the 13-year-old girl from Brampton who died (the youngest patient to date). While tragic, concerns have been expressed that the news reports don't provide sufficient details to understand the context of the situation; comorbidities are not provided in news reports, so we need to keep this information in perspective. Both Sick Kids and CHEO have opened up space in their ICU's (8-9 cases at HSC) (CHEO has 1-2, all adult cases).

Hamilton and London Children's Hospital are ready and prepared to take patients from other areas, ideally, non-covid patients are preferred, but this will be determined as required. It was noted that, although there have been many asymptomatic children, many do not require hospitalization or intervention. The inflammatory response has occurred more specifically with children. In response to LHSC, we did get an update from Emerg that 3-4 children daily have had positive covid tests.

Item #5: Children's Hospital Updates (Lynanne Mason was unavailable due to a meeting conflict, but provided this report (read by K. Fraser))

Currently no positive patients in our critical care beds. 1 positive patient on inpatient unit.

Paediatric Critical Care Unit (PCCU) at Children's Hospital included in Adult Critical Care Bed

Planning: Based on Ministry direction and the need to expand the number of Adult Critical Care beds, the LHSC Pandemic planning has expanded to include 3 beds within the PCCU to accommodate 3 non-COVID Adult patients. This planning includes a Model of Care review and a shared model of nursing with both Adult Critical Care Trauma Centre (CCTC) nurses partnered with PCCU nurses to provide care to these three patients. Currently, there has not been a need to fill these three beds however, the planning and education is complete and PCCU will accept as soon as they are needed.

Children's Hospital Welcomes our New Vice-President: We would like to welcome Jatinder Bains (BSc PT, MHSc, CHE) as our new Vice-President of Clinical Programs, effective April 1, 2021. In this role, Jatinder will provide oversight and direction to the Women's Care Program and Children's Hospital. Additionally, he will transition oversight for our Primary Care & Corporate Capacity Optimization portfolios. As a member of the LHSC Senior Leadership Team, Jatinder's accountabilities include leadership to deliver on regional and external initiatives within his portfolio, as well as supporting the successful delivery of all strategic initiatives and annual operating plan deliverables of LHSC.

Children's Hospital Sleep Lab: In Ontario, pediatric patients requiring assessment in a sleep lab have only 2 referral options, CHEO in Ottawa and SickKids in Toronto. Both have extensive waitlists creating significant access concerns for patients and their families. On March 1, 2021, the Pediatric Sleep Lab at Children's Hospital, LHSC had its soft launch, welcoming the first pediatric patients to access this type of care in their local region. A unique component of the Pediatric Sleep Lab compared to an adult sleep lab, is the presence of a Register Respiratory Therapist which allows us the ability to manage complex respiratory patients such as those who are invasively ventilated via tracheostomy or those on non-invasive ventilation. Our hospital will address the needs of the more than 350 patients per year in our catchment area who need these assessments. The Sleep Lab had a Virtual Media Launch in collaboration with our funding partners at Children's Health Foundation on April 7, 2021, at which point the lab has been open at full capacity. As of Tuesday, April 20th the sleep lab has completed 16 studies. We have received approximately 150 referrals to date. This week we have increased to 4 patients a week and begin to increase our capacity to potentially accommodate up to 16 studies a week, which is above our forecasted goal of 8 per week.

Children's Virtual Urgent Care Clinic through Paeds ED: Our team has already exceeded March's

record for the highest number of Paediatric visits in one month and patient satisfaction continues to exceed expectations! Of particular interest is the growing number of visits from outside of the south west region.

Ambulatory Planning: While there is still no direction in decreasing of services we know the next few weeks will strain our Adult Inpatient and Critical care services even further. Due to this projection, we have begun planning to see what ambulatory services may look like from a Human Resources perspective, and how we could continue to deliver care with decreased staff so that we can send help to our Adult partners. This is still just currently in the planning stage-no direction to move yet. The criteria of 60% In-person visits and 40% virtual remains of critical importance and is being monitored closely with planning needed from those above this 60% on how that will change.

CAMH Crisis: While we are in the midst of Wave 3 from a COVID lens, we are simultaneously reaching the crest of the Child and Adolescent Mental Health Wave that we anticipated would follow this pandemic. We have very long ambulatory care waitlist, waiting up to 1 year to see a psychiatrist and then another 1 year waiting on treatment. Much work underway to provide different intake streams, communicate this delay to our community partners and provide other community resources as appropriate. The inpatient population is increasing in acuity, and psychiatry needs. Staffing is also at a critical level within the inpatient, so working to correct this and provide the care as needed.

While there has been no reduction to Paediatric services during this acute stage of the Pandemic, we have been directed to slow down all other non-essential or new work from the teams, therefore making most of the work Pandemic related. Activities in May remain a COVID focus with a lens in addressing backlogs and optimizing alternate care where able.

Critical Care perspective (Alison Stevenson)

In view of increasing capacity issues related to increased admissions and transfers from other hospitals, a request was made to reserve space for 3 adult critically ill patients. Have requested younger and smaller patients. Need to make sure there is space for the children, who are the priority.

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

1. COVID-19 Vaccination for Children

- On March 31, Pfizer [revealed its COVID-19 vaccine had demonstrated](#) “100% efficacy and robust antibody responses” among adolescents aged 12-15 in its Phase 3 trial
 - In addition, Pfizer reported it had started giving doses to younger children in its global Phase 1/2/3 trial, which is broken into three age groups: 6-months to 2-years; 2-5-years & 5-11 years of age. It offered no guidance on when those trials may be finished.
 - In mid-March, [Moderna announced that the first young participants between 6-months to 11-years of age in its Phase 2/3 trials](#) had received their first doses of vaccine. Moderna’s trials include testing some lower doses because they expect the efficacy to be as high as those doses given to adults
- <https://www.ctvnews.ca/health/coronavirus/children-and-covid-19-vaccines-what-you-need-to-know-1.5378668>
- <https://www.macleans.ca/news/when-are-covid-vaccines-for-kids-coming-to-canada/>

2. Epidemiological Summary of COVID Positivity Rates in ON as of April 23, 2021:

- <19 years of age: 19.1%
- 20-29 years of age: 19.9%
- 30-39 years of age: 17%
- 56% of cases are under 40 years of age

<https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a5>

3. Number of youth in hospital after suicide attempt tripled in 4-month period under COVID-19

<https://www.cbc.ca/news/canada/hamilton/pandemic-safety-measures-children-teen-health-impact-1.5953326>

- MAC says hospitalizations have tripled for suicide attempts in past 4-months compared to last year
- Length of stay is longer due to seriousness of attempts
- Main contributors as reported by youth: social isolation, increased conflict at home & inability to rely on friends as main contributors
- Referrals to eating disorder programs have increased by 90% in past 4-month period, compared to last year
- Reasons for increase are unclear, combination of factors:
 - o Isolation
 - o Risk of over exercising, limited or no school, limited access to family physicians in earlier part of the pandemic, as well activities where teachers and coaches would notice changes in health.
- Youth admitted with substance use disorders have doubled in same time period, in particular use of deadly opioids has increased
- Number of cases with predominant symptoms of psychosis have doubled, mainly related to substance use

4. Ronald McDonald House/Family Room Update

- Public Health has granted permission for vaccines. Need to connect with their own public health units to make sure can get second vaccine at home

Current RMHL Admission Criteria

- Family must live 40+ kms away – distance based on Google Maps from RMHL address to family's address
- Patient must be under the age of 19
- Any person wanting to stay at RMHL must perform a COVID test and provide a negative test result to the Family services staff within 3 day/72 hours of receiving test results prior to check-in date at RMHL
 - o RMHL has an agreement with Middlesex-London Public Health that any asymptomatic individual can **drop into** the Oakridge Testing Center to secure a test
- Current focus with guests staying at RMHL is primary caregivers of patient (parents or legal guardians)
- Siblings are permitted to stay at RMHL
 - o Any children under the age of 18, must be supervised while in the House – cannot be left unattended while caregivers are at the hospital
 - o We do require children to get COVID tests
 - We base these requirements off of what Public Health sets as the minimum

age to perform a COVID test

- Family members cannot travel to/from home communities during their stay at RMHL (ex. One parent going to work traveling to/from home community on a weekly basis)
- Support people cannot swap out throughout the family's stay

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

Q: Leanne Paton (Woodstock) – what is everyone doing re visitor guidelines and support persons (eg. Doulas).

A:

- St Thomas (Jackie Mitchell) for Paeds patients, we alternate between 1 caregiver in 24 hrs. If having a baby they are allowed 1 parent. Surrogacy discussions are still being worked through. Support person does not include Doula in addition to parent.
- Thunder Bay (Katie Forbes) -one support person in labour, but anyone in the health care team can request an exception. If there are significant medical, mental health or social concerns, any exception could be requested, keeping cognizant of their low population that the ability to request exceptions might be misused. Doulas are not allowed. If the patient is under 18 they get a guardian and 1 support person.
- Chatham and Stratford essentially the same. Paediatric patients can have 2 support persons. Owen Sound can have 2 parents, but they have to switch out – only 1 at the bedside at a time.
- LHSC NICU (Kevin Coughlin) – parent perspective, the NICU follows Children's guidelines, 2 caregivers switching out in 24 hours. With twins, one parent can be with each child. Some exceptions for critical conditions.

Leanne informed the attendees that we will meet every 2 weeks for the next while for support, as we anticipate increased cases. This will not be sustained, but it is just for the short-term to ensure we remain on top of things.

Adjourned: 1602hrs.