

MNCYN Regional Perinatal & Paediatric COVID-19 Update

May 26, 2021

1500-1600

WebEx

Moderator: Leanne McArthur (MNCYN)

Present: Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Alison Stevenson (LHSC), Andrea McPherson (?), Marie Greer-King (Goderich), Tasha Hamel (?), Stacy Laureano (LHSC), Tihana Antic (MOH), Dr. Teresa Bruni (Thunder Bay), Tina Klassen (?), Tina Sakr (MOH), Karyn Colwell (LHSC), Kerri Hannon (Stratford), Dr. Ian Johnston (Chatham), Alissa Howe-Poisson (Chatham), Dr. Kevin Coughlin (LHSC-NICU), Anita Bunnie (MNCYN), Sheila Johnston.

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

Welcome to everyone attending today. It's welcome to see that Covid case numbers are declining and we are starting to see the light at the end of the tunnel, through adherence to Public Health protocols and increased numbers of people being vaccinated. Rather than go through the usual numbers, I will provide a high-level summary of changes since our last meeting. In comparing this weeks' statistics of new cases vs two weeks ago, there have been significant differences, particularly in Michigan and Ontario, where in Michigan they have seen a 59% drop in total cases, and in Ontario we have seen a 30% drop, which is great. Detroit's number of new cases has stayed relatively the same compared to 2 weeks ago, however their death toll has doubled in that same period. The majority of our region's deaths have dropped by approximately 50%. For new cases compared to 2 weeks ago there has been a drop of approximately 15-40%, depending on the sub-region. Numbers for Ontario, as a whole, are listed below.

Discussion: Update of Current COVID-19 Cases Within the Region (as of May 26, 2021)

LOCATION	Total Cases May 26, 2021	RECOVERED May 26, 2021	DEATHS May 26, 2021	OTHER STATS May 26, 2021	Differences Since Last Update Meeting May 12, 2021
LONDON- MIDDLESEX	12,076	11,420	217	New Cases in 24H: 46	730 New Cases 7 New Deaths
WINDSOR- ESSEX	16,436	15,713	426		525 New Cases 7 New Deaths
CHATHAM- KENT	1,850	1,816	14		34 New Cases 1 New Death
ST. THOMAS- Elgin-Oxford	3,751	3,590	80		159 New Cases 3 New Deaths
LAMBTON	3,462	3,354	60		112 New Cases 4 New Deaths
HURON- PERTH	1,776	1,682	57		105 New Cases 3 New Deaths
GREY-BRUCE	1,336	1,300	7	As of May 24, 2021	82 New Cases 1 New Deaths

MICHIGAN	886,118		19,031		16,606 New Cases 676 New Deaths
*Detroit	50,744		2,183	As of May 26, 2021	4,687 New Cases 193 New Deaths
ONTARIO Last updated May.26, 2021	526,045	499,640	8,678	1,073 in hospital 672 ICU 469 Vent	26,633 New Cases 304 New Deaths

This is all good news and as vaccinations increase, not only for higher risk, where the system has been fully opened, including the population between 12-18 years, which has been identified for the Pfizer vaccine and is currently available for this age group. Moderna has also just issued a statement that their vaccine is 100% effective for that age group, though it is yet unknown when that vaccine will become available for roll-out to our region and sub-regions.

Regional and Provincial Updates (Leanne McArthur):

PCMCH Webinar: In the 3rd Wave (7-8:30 pm) – maternal newborn population promoting seamless postnatal care. The webinar format will be a panel discussion that will include Jennifer Proulx from Middlesex London Health Unit (Healthy Babies, Healthy Children).

Paediatric Webinar – May 27th – Children’s mental health concerns related to Covid 19.

The focus of this first paediatric webinar will be lessons learned in addressing the needs of paediatric patients with eating disorders during the pandemic. We are all aware that children’s mental health has been significantly affected and impacted through this pandemic and eating disorders has been identified as a significant concern and challenge. It will also be a panel discussion.

MNCYN continues to work collaboratively with our Public Health Unit in the media campaigns to get information and evidence into the hands of pregnant women, so that they can make an informed decision regarding vaccinations. We collaborated with OMAMA to develop and distribute a one-page infographic with key information related to vaccination efficacy and safety. This was widely distributed within our region, with specific efforts to target childcare facilities, family centres, schools, shelters, pharmacies, grocery stores and family health teams. The Information has been quite welcomed to facilitate conversations with pregnant women. We will be continuing similar discussions with the paediatric side, as there is hesitancy in this population of families with children in relation to vaccination. We will continue to explore this and determine an approach.

Item #2: LHSC Women’s Care & Perinatal Updates (Stacy Laureano)

The Visitor policy remains unchanged, but we are looking at possibly changing that once Ontario re-opens for Phase 1. We are continuing our code simulations, which are going well and are well received by the staff. The traveling clinic for vaccinations on the antenatal unit continues, but there has not been a great deal of uptake. In response to the question about the cause for the hesitancy, Stacy reported that the traveling clinic is offered by the Physician group. When asked to delve deeper into potential barriers, or reasons for hesitancy or poor uptake, there seemed to be little interest on their part in pursuing that further. Stacy suggested that they might get the

CNS to go around and maybe have more intimate conversations with patients to see if more information on the concerns or reasons for the hesitancy can be determined, or if it's an information gap. Then we can provide them with information from various sources.

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

Dr. Wendy Whittle (OBS) Mt. Sinai Hospital has shared Management Guidelines for the Care of COVID19 Positive Obstetrical Patients: moderate to critical illness

These were distributed out to the region last week and also include the recommended frequency of vital sign and SpO2 assessments for COVID pos. antenatal and postpartum pts. who may or may be on HFNC and when to escalate monitoring

We have also posted a couple of videos from the Obstetrics & Gynecology Green Journal regarding how to prone the critically ill COVID pos. pregnant pt. on the MNCYN COVID website under the Perinatal tab

[Obstetrics & Gynecology, Green Journal: Prone Positioning for Pregnant Women With Hypoxemia Due to Coronavirus Disease 2019 \(COVID-19\) V136, 2020 08, Issue 2 \(Web Journal\)](#)

PCMCH Webinars:

Webinar Title: COVID-19 in the Third Wave and the Maternal-Neonatal Population: Promoting Seamless Postnatal Care

Today: Wednesday, May 26, 2021

Time: 7:00pm – 8:30pm

Webinar Objectives:

- Identify facilitators and barriers to seamless postnatal care across the province
- Discuss strategies to support mothers in navigating the postnatal period during COVID-19
- Explore topics of postnatal assessment, breastfeeding initiation and support, perinatal mental health and more

Title: COVID-19 in the Third Wave and the Maternal-Neonatal Population: Neonatal Care and Considerations

Date: Monday, May 31, 2021

Time: 7:00pm – 8:30pm

Webinar Objectives:

- Review pathophysiology, clinical presentation and transmission rates in newborns
- Discuss practical considerations in caring for neonates born to mothers who had COVID-19 during pregnancy; and impact on family integration in neonatal units
- Review BORN data on the impact of COVID-19 on neonatal outcomes

SOGC Statement on COVID-19 Vaccination in Pregnancy

Original date: December 18, 2020

Revised and **reaffirmed** date: May 25, 2021

- Posted on the MNCYN COVID web page under Vaccination tab

SOGC: Summary: Choosing Wisely Recommendations

- COVID pandemic has created the opportunity to use time and resources wisely in ways that should improve the delivery of obstetrical and gynaecological care going forward.
- Considering the positive and negative impacts of the changes made to practice during the pandemic, the SOGC is recommending that post pandemic, physicians continue some of the positive revisions made to practice such as:
 - Continued adoption of virtual care when appropriate to promote patient-centred care
 - Emphasis on medical management of gynaecological conditions, especially in those who have not tried reasonable medical options first.
 - Promotion of Enhanced Recovery After Surgery (ERAS) protocols for improved recovery and limited length of stay with decreased complications and costs.
 - Judicious use of resources including limiting unnecessary investigations that can lead to further investigations and potentially unnecessary treatment.

[SOGC Statement on Choosing Wisely in Obstetrics & Gynaecology During & After the COVID-19 Pandemic 05.05.2021 \(PDF\)](#)

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

- Dr. Teresa Bruni (Thunder Bay) provided an update for the northern region, stating that numbers have come down and they are now at 17 active cases. The hospital is slowly reopening the visitor policy, which was changed to allow more essential care partners to be present. Because Manitoba is struggling with capacity due to Covid-19, Thunder Bay has been assisting Manitoba by accepting inter-provincial patient transfers to their ICUs, which may be impacting the numbers of Covid patients that have been reported for Thunder Bay. Dr. Bruni stated that, though their region had initially been feeling like they were operating 2-3 weeks behind other areas of the province, she now feels more “in sync” with the rest of the province.

Kerri Hannon (Stratford) asked Dr. Bruni if there many pregnant women with Covid and Dr. Bruni noted that she believes there have been some pregnant women and possibly 1 death of a pregnant woman back in the second Wave. Thunder Bay hospital services the northern communities, not only northern Manitoba, but many rural and isolated northern Indigenous areas, as well as the urban communities.

- Tina Klassen asked for a clarification on the roving vaccination clinic and whether it was for parents and children, or staff. Stacy confirmed that the traveling clinic is for patients on the antenatal inpatient unit.
- Leanne commented that there seems to be concerns related to potential impacts of the vaccine on the fetus and longer-term outcomes, although current studies suggest there is transfer of antibodies, however, there have been no published studies of untoward outcomes related to a pregnant person delivering who has received the Covid vaccine. There is still a great deal of fear with this particular population, so ultimately, we need to try to get as much information out there as possible and also to support them in their informed decision-making process.

Action Item:

Item #5: Children’s Hospital Updates (Alison Stevenson)

Leanne McArthur– noted that there has been an increase in the number of cases in children becoming Covid positive, although the severity is not nearly to that of the adult population. Kristine will speak more to this in her update. What is very positive is that the vaccination is now rolled out and accessible for children age 12-18. Moderna has submitted their updated study indicating that it is 100% effective for this population, but Pfizer has been the provider of the vaccine so far.

Alison Stevenson reported in her update that there are currently no Covid patients in the Children’s paediatric population and there has been one reported in Ontario West, but not at Children’s Hospital. Children’s is looking at advocating for a change to the visitor guidelines to include two essential care partners at the bedside at one time. It is hoped that this change will come sooner than later and conversations are happening at the incident management table and IPAC.

We continue with vaccinations and the traveling clinic for “end-of-day” doses, working collaboratively with that team and looking forward to the 12-year and older age group with an essential care partner allowed if they are hospitalized.

For clarification, the traveling clinic, in this case, is identifying the higher risk children that are coming through the outpatient clinic (PMDU). There is a recognition that this patient would be high risk at our end and/or eligible for a vaccine, as they are hospitalized and they would be eligible for a vaccine along with 1 essential care partner, that would be administered in hospital. If parents are able, they are being asked to go to the Agriplex vs. hospital. This effort is being done in collaboration with the Agriplex traveling team. Children’s Hospital is working towards getting our own internal process and our own internal system, hopefully, by the middle of June.

Kerri Hannon (Stratford) reported that they are also doing spot vaccination clinics for antenatals and outpatient programs. OBs are finding that the majority of women who want the vaccine have been able to book their appointments quite timely in the community, so they (spot clinics) haven’t had to come in to hospital, but they are able to come in if needed.

Item #6: MNCYN Paediatric Updates (Kristine Fraser)

1. CPS releases position statement recommending COVID-19 vaccine for children:

<https://www.cps.ca/en/documents/position/covid-19-vaccine-for-children>

As we know, the Pfizer vaccine is available now for children 12 years of age and older in Ontario – some places require the child to already be 12 as of the date of the vaccination, while others require the child to turn 12 within 2021 – depends on each health unit.

Recommendations

- Recommend Pfizer-BioNTech COVID-19 vaccine be offered to all children 12 years of age & older as soon as vaccine supply permits

- Prioritizing children at increased risk for more severe disease because of underlying conditions (chronic lung disease, congenital heart disease, neurological disorders, etc.) may be considered, depending on anticipated wait times before 12-15 years age group become eligible for immunization
 - Children should receive two doses at same intervals as adults
 - Prophylactic oral analgesics or antipyretics, such as acetaminophen or ibuprofen, should not be routinely used before or at the time of vaccination, but may be considered for the management of pain or fever after vaccination
 - Paediatricians & other health professionals caring for children should advocate for & promote COVID-19 vaccination for children 12 years and older in their jurisdictions
 - Paediatricians & other health professionals caring for children should be prepared to address concerns & fears of parents, adolescents, & children regarding this vaccine
2. **Do children 12-15 years of age require parental consent to get the COVID-19 vaccine?**
<https://www.thestar.com/news/gta/2021/05/21/do-ontario-children-12-15-need-parental-consent-to-get-covid-19-vaccines-it-depends-where-you-live.html>
- ON Health Care Consent Act states there is no minimum age to provide consent for vaccination & a child does not need external permission to receive a vaccine
 - Though tweens & teens are legally able to make health decisions & technically do not require parental permission to get the COVID-19 vaccine, household will play a role in decision making – it is essential families have most up-to-date information
 - It does depend where you live – in York for example, 13 years and younger do require a parent/guardian to attend to give verbal consent, but they do not sign a consent form
 - Peel no longer requires parent/guardian to provide “informed consent” & Toronto Public Health said it will not be asking for parental approval citing the Health Care Consent Act.
3. **Will children return to school before the school year ends?**
<https://toronto.ctvnews.ca/ontario-s-top-doctor-wants-schools-reopen-before-step-one-and-says-decision-is-coming-soon-1.5442570>
<https://ottawa.ctvnews.ca/announcement-on-ontario-schools-imminent-medical-officers-of-health-chair-says-1.5442150>
- Dr. David Williams, Ontario’s top doctor is supportive of children returning to in-person learning, so it is up to Ford Government
 - Last week, all Ontario children's hospitals & child health advocates launched a campaign to raise awareness about what they called [a mental health emergency among kids](#) who have been out of school since the April break
 - Ford should be making a decision this week
4. **Epidemiological Summary of COVID Positivity Rates in ON as of May 21, 2021:**
<https://health-infobase.canada.ca/covid-19/epidemiological-summary-covid-19-cases.html#a5>
- <19 years of age: 18.8%
 - 20-29 years of age: 19%
 - 30-39 years of age: 16.3%
 - 54.1% of cases under 40 years of age

5. **Why some children may experience more severe COVID-19 symptoms:**

<https://www.ctvnews.ca/health/new-study-shows-why-some-children-may-be-experiencing-more-severe-covid-19-symptoms-1.5440889>

- Yale-led study released last week showed children with MIS-C had immune system signatures distinct from other groups
- Immune responses were more aggressive to the virus and rather than creating protection, the virus would cause immune system to attack tissues in the body

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

No questions or concerns raised.

Leanne McArthur – noted that the Champlain region has reported challenges in the postpartum population related to newborn follow up, etc. We had done some really focused work during Phase I here in London-Middlesex area to address this, so I'm not sure if this is an issue still.

Kerri Hannon (Stratford) received feedback just recently that breastfeeding support has seen a gap in her geographic area. HPHA is the only service providing a breastfeeding clinic and this is only provided for a short duration during the week. All the other service providers that were doing breastfeeding clinics the area had stopped at the beginning and this was not immediately known, so there were significant gaps, such that people from Kincardine and Goderich were driving to Stratford for breastfeeding support, which created a situation for HPHA.

Kevin Coughlin (NICU) reported that one of the issues that was identified in the Developmental Follow up Clinic re service gaps is with the transition of services from the Home Visiting Program to a virtual format. Staff are seeing a lot of children come in at their 4 and 8 month check, who are significantly delayed in their gross and fine motor skills. It was, in part, because the lack of actual hands-on home visiting infant stimulation failed to either detect the subtle differences and tones, or whether it was a failure in the parents to understand what exercises needed to be done, or the motivation to do them. That was a significant challenge. The clinic staff have started to see some slight improvement with them prioritizing in-home visits, but there are still a lot of parents who either get the same benefit out of the virtual visits, or don't see the importance of the virtual visits and, so, don't connect, so some of that service is difficult to deliver virtually, despite the best effort to try.

Action: Leanne – I will explore this further to see if there is a similar situation across the province.

Kevin Coughlin (NICU) – (Reporting as Chair of the Provincial NRP committee). NRP has been designated as an essential service – this came as a request from Ontario College of Midwives with a request for the provincial committee to comment on the status of teaching within the province because some midwives and new hires were having difficulty finding an NRP course that was open to them. The position was that midwives shouldn't be teaching. In the community, I think what we decided, as a committee, was to come forth with a statement that said that NRP was an essential educational program for the population that are taking care of pregnant women and newborns – so, the perinatal population – and that courses were an essential learning component for those people who needed that skill set and that there were ways to get around teaching it

safely and then certainly midwives could be capable of teaching it in their community practice setting. So, we didn't want them going out and teaching it at a school open to anybody, but within their community practice, or their midwifery group, it was certainly reasonable for them to teach it in their clinical setting to their practice bubble, etc.

Gwen Peterek (MNCYN) – We have had similar challenges with Fetal Health Surveillance across the region and the approach was, ultimately, similar in that it is an essential component to service provision and safe quality patient care. There was a lot of dialogue back and forth with infection prevention and control and other areas of the province to identify how we would move forward.

Leanne McArthur (MNCYN) - There are ways, certainly, of doing it and MNCYN continue down that path in collaboration with our partner organizations and their team to provide it safely. Because, without these core fundamentals of education, quality of care can be significantly impacted, as we all know. But, interestingly, we didn't have any statements or guidelines necessarily reflecting that from some of our bodies. What is needed are governing / regulatory bodies to issue statements. It is a great lesson learned in terms of identifying what is and isn't a central issue.

We will be returning to monthly calls, now that this 3rd wave is stabilizing and hospitals will be looking to put their efforts towards returning to mobilizing, unless there is a need to meet sooner in order to disseminate updates based on new updates.

Adjourned: 1541 hrs.