



SOON-ObGyn COVID-19 Meeting

Thursday, March 12th, 2020, 6:00 – 7:00 pm
Virtual Meeting via ZOOM

Attending: CritiCall, Champlain Maternal Newborn Regional Program, Humber, Lakeridge, Mackenzie Health, North York, Provincial Council of Maternal and Child Health, Southlake, St Mikes, Sunnybrook, Trillium

AGENDA

Meeting begins at 6:08PM

Group discusses goal to have a communications method to translate protocols to all sites. The following goals were discussed:

1. Develop protocol or standards on how to handle patients with COVID-19
2. Start a dialogue on how to send patients around the sites (are there any guidelines?)
3. Give each site guidelines to work with

Group discussed the protocol flow diagram created by Mount Sinai's group. The aim of the diagram is to assist everyone and their sites to develop something for their specific hospital. The diagram is hospital focused, but it is one that can be adapted to each site.

Provincial direction for screening to be announced on Monday. The SOON-ObGyn Network will be a tool to feed information to each site about guidelines.

St. Mikes and London have gone through the flow diagram at their hospitals. Both will be conducting their own simulations for COVID-19, including their simulation experts, to make adjustments if needed. St. Mikes will be running the simulation this week, and London will be conducting their simulation in April. Lakeridge and Trillium will consider simulating at their sites.

ACTION: All simulating sites have agreed to share their results with the Network. Also considering sending the protocol and results to share with journals.

Mount Sinai group will be updating their flow diagram to remove Sinai details. Sinai group has already had patients who have gone through this pathway, and it did work for their site.

ACTION: Wendy will send updated flow diagram to Jon and Nicole, removing droplet issue.

Question: what to do with a positive parent whose baby is in the nursery? Decided that parents who are infected with or displaying symptoms of COVID-19 must be excluded from the NICU. It is encouraged that sites develop alternative ways for parents to connect with baby (via Skype etc.). Centers are also encouraged to provide pumps for breast feeding mothers.

Question: How should sites work with one parent who is positive for COVID and the other who is not? Group agrees that both parents would be under investigation, as they are chronically at risk. And so both parents would be excluded from visiting baby. Group members encouraged to support front line workers who will bear the brunt of working with parents on this issue.

Question: Should community midwives bring mother and baby in to check on their health if they are at risk? Midwife perspective agrees that if mother and/or child became unwell then midwives would send them to the hospital. However, if both are doing well, they can be at home. Birthing centres for midwives need to come up with their own protocol for handling COVID-19 cases. Any issues with mother and/or child should be brought to the hospital. Routine baby checks and assessments not recommended to come to the hospital, as these can be completed with public health.

ACTION: North York has screening tool for paediatrics and postpartum. Abheha can forward this to be sent out to the group.

Question: Do midwives have cleaning procedures for birthing centres? Midwives have the same PPE as the hospitals, as the Ministry provides them with their equipment.

Group discusses the issue of transporting COVID-19 positive mothers and/or babies to different sites.

It is recommended that in-utero transfers follow same guidelines according to gestational age. Process of the transfer: do not bring extra people in CritiCall transfers (ex. Patient relatives etc.). Criticall asks what the recommendation is if a pregnant mother comes to emergency and they are healthy, but they want to be tested for COVID. CritiCall usually contacts infectious disease. It is decided that any network hospital in Ontario should have a protocol for this type of situation.

There is a protocol for H1N1 about maternal transfers that maybe be useful for this type of situation. Sunnybrook, St Mikes and Mount Sinai will look at this protocol. It may be useful to bring ICU professionals into this discussion. Ideally, the mother should stay in the ICU at the centre she is currently in instead of transferring her to another site. Good idea to communicate with local teams to make them more comfortable to care for the mother with COVID. Could be useful for sites to get the ICU and MFM teams together to discuss a protocol. Could be useful to create a GTA wide protocol, as there is currently not one. SOGC has a group looking at this right now.

Meeting ended at 6:56PM