

## OPQC COVID-19 Webinar Chat Box Themes – 3/27/20

### Maternal care:

- Testing of moms (all? Those that are PUI or symptomatic? If RN who cared for her tests +?)
- Testing of significant other when mom+ or PUI?
- Visitation on L&D/antepartum/postpartum – one the entire stay or can switch in and out
  - (OPQC faculty and chat responses): *One visitor/support entire stay, no switching in and out*
- Lack of PPE- how to keep mom safe? How to keep staff safe? Families?
  - (Chat respondent): *We aren't giving PPE to families of positive patients in the community. I agree, we should, but this is not available to all.*
  - (OPQC faculty response): *We have only been recommending that providers that have possible or confirmed cases use PPE at home. We do not provide it to the overall patient population currently given the shortages*
- Recommendations for PPE with 2<sup>nd</sup> stage of labor
- Delayed cord clamping
- PNC visit recommendations
- Negative pressure isolation for PUI?
- Patient positioning in prone position safely
  - (Chat respondent): *Two partially deflated inner tubes on top of one another might also work to achieve prone positioning. belly lies in the hole.*
- Still allowing doulas in addition to support person?
  - (Chat respondent): *Limiting to one support person (doulas included); No support in OR. One visitor for delivery, must be same for entire admission. Also have relaxed Facetime guidelines. Visitor cannot Facetime actual delivery or delivery personnel.*
  - (OPQC faculty responses): *Yes at UH system hospitals in Cleveland limiting to one person who will stay the same for duration of hospitalization. No visitors if COVID positive. At Summa doulas would count as one visitor allowed. Same at Tri-Health.*
- Is fetus being continuously monitoring via EFM? is an OB RN assigned to the ICU for observation?
- Would you stat csection in the ICU for fetal concern?
  - (OPQC faculty responses): *We have main OR ready to go which is one floor down from ICU; Yes, CEFM and we would stat C/section in ICU for cardiopulmonary arrest. For any other reason, we would go to neg pressure OR in main OR*
- How long to separate infant and mom after birth if necessary?
  - (Chat respondent): *CDC recommendation is to continue separation of mother and baby after discharge if mother positive and baby negative until mother fever free for 72 hours and 7 days from symptom onset. Baby should be cared for by other healthy adult, if possible to prevent spread to baby.*
- Keeping PUI or positive patient in one room entire stay?
  - (OPQC faculty responses): *At UH we had intended to but it didn't work. we needed the triage room for other PUIs. We can deliver in that room if expected in a reasonable time. We have selected one wing of one floor on postpartum for PUI/Covid+ patients.*

### Infant care:

- Separation of mom-baby if mom is + or PUI

- *(OPQC faculty response): The reason for separation is to decrease the risk of horizontal transmission which is thought to be higher than vertical transmission. CDC recommendation is to continue separation of mother and baby after discharge if mother positive and baby negative until mother fever free for 72 hours and 7 days from symptom onset. Baby should be cared for by other healthy adult, if possible to prevent spread to baby. Mom is able and encouraged to provide breast milk during this period.*
- Long term ramifications of separation (morbidity/mortality)
- Mental health resources for birthing people who are traumatized by separating the dyad
- Testing of baby when mom is +
- Breastfeeding when mom+ or PUI
  - *(Chat respondent): We need to make sure we have thorough discussion of risks and benefits for separation/and exclusive pumping/no contact and impact on breastmilk supply. especially out of concern for long term potential decreased access to infant formula on store shelves.*
  - *(Faculty responses): Following up on moms to make sure they are still getting enough expressed milk as an outpatient if they are positive is imperative and why we need the direct hand off; We all strongly support breastfeeding and keeping Mom and baby together whenever possible. However, we need to recognize that we are in unprecedented time where we are dealing with a virus that has a higher mortality than HIV-- the mental harm to a new mother if her infant contracts COVID through horizontal contact and is critically ill, or even dies, is incalculable. Thus, with appropriate monitoring expressed breast milk may minimize harm.*
- How to conduct hearing screen if +
- NB d/C instructions
  - *(OPQC faculty response): Direct handoff, last patient or defined room*

### **Workforce:**

- Advice for rural sites with small staff, limited supplies, no negative pressure rooms and mostly FP delivering
- How many patients should be in a waiting room?
- Universal masking (patients/providers?)
  - *(Chat respondent): Only PUI and positive for masking patients*
- Guidelines for the pregnant healthcare worker
- How to rectify conflicting recommendations (PPE recommendations between SMFM and ACOG guidelines, particularly in regards to SVDs)
- Negative pressure rooms?
- Staff smoking locations – not smoke free campus
- All our residents and med students restricted from taking care of PUI and covid + patients
- Provider testing?
  - *(OPQC faculty response): Yes we can get testing.... but turn around is slower than desirable. ODH lab is by far the fastest. Private labs are prioritizing New York and Washington so are much slower for other states.*

### **Other:**

- When we call for delivery we use "Code Purple" so that everyone knows PUI or positive Covid
- We have Epic and we have been putting PUI or Covid as a column in our patient lists.

- We plan to address substance use disorder in pregnancy and newborn care management in the pandemic on a future webinar with OPQ