

OPQC COVID-19 Webinar Chat Box Themes – 4/10/20

Changes to Practice:

- Discharge Process
 - Has anyone developed a successful discharge follow-up process, phone calls, or other?

- Visitation PPE
 - PPE for significant other/father for COVID+ mother? Full PPE (gowns, gloves, goggles, mask) or just mask? or something else?
 - *(Chat Respondents): 1) For positive moms, we are using full gear. Otherwise, anyone coming in gets a mask. We are signing into pt. room and is timed to track who and when exposed to every pt. 2) We are masking mom and support person and rooming in, couplet care.*

- Separation and Shared Decision Making
 - CDC revised Feb guidance on 4/4 and no longer recommends separation, emphasizes shared decision making and recognizes benefits of skin to skin and breastfeeding. CDC now also recommends a support person during L&D.
 - *(OPQC Faculty/Presenter): The CDC guide conflicts with AAP. Everyone wonder which one peds in your area are following?*
 - *(Chat Respondents): 1) Separation; 2) Currently at UCMC, the plan is for temporary separation, the duration and structure of separation is based on shared decision making*
 - *(Chat Respondent): AAP is reviewing the CDC changes (per email I received after questioning them yesterday)*
 - Patient (parent) should be at center of decision-making regarding separation. Those concerns are driving some people's interest in homebirth, particularly among pregnant people already vulnerable to poor outcomes and who may not feel empowered to question medical team recommendations. Helpful to addressing disproportionate impact on Black and Latino communities. Shared decision making can allow implicit bias unfairly inform decisions.
 - *(OPQC Faculty/Presenter): Yes, when we think about shared decision-making, we mean to include the mother/partner/family. I absolutely agree vulnerable individuals feel even more threatened under these circumstances.*
 - NYC, in delivery/postpartum - How is family response to shared decision making? Do families chose to separate or to stay together. Any outcomes to share that can help now the CDC has reversed their separation and until AAP rethink their guidance. Any outcomes with those assumed to be negative?

- Derosa Shield (Dr. Derosa is a provider in Toledo)
 - Shield appears to be plastic covering placed over the vaginal delivery kit prior to the provider opening it - what a great way to recycle and provide a solution to lack of PPE!
 - Used in the second stage of Labor or just the delivery?
 - *(Chat Respondent): Dr. DeRosa is using our clear table cover as a barrier in deliveries...extra protection for the provider. It can be used anytime when pushing.*

- Nursing staff sign out / change of shift
 - (Chat Respondents): 1) Nurses used to record pt. summaries and left the facility. Oncoming staff would then listen to the verbal sign out. Social distancing back in low tech days; 2) We have changed our twice daily safety huddle at Toledo hospital to a virtual meeting

Testing:

- Anyone universally testing every mother entering the labor unit to see if asymptomatic are positive?
 - (Chat Respondents): 1) Some of our area hospitals are (NJ). Otherwise all patients and significant other are masked; 2) UC Health is universally testing; 3) We are not universal testing in Holmes Co. - too small and not enough tests. Universal precautions instead. Testing very sick only; 4) We are not testing all-still strict on who gets tested
 - (OPQC Faculty/Presenter): University of Washington in Seattle and Columbia in NYC is doing universal testing in OB patients. In Cincinnati at TriHealth we are testing currently any OB patient that is admitted for suspected COVID 19 infection.
- If universal testing, do you have a POC test available at your facility or how fast are you getting results? What is your test turnaround time?
 - (Chat Respondents): 1) 24-hour testing at UC Health, working on rapid testing; 2) 24hrs for results at UCMC
 - (OPQC Faculty/Presenter) We hope to have point of care testing in 1-2 weeks with 30-60-minute turn around.
- Do you test newborns at 24 and 48 hours per AAP recommendations?

Transfer/Surge:

- Are there transfer agreements for area hospitals from basic/intermediate/intensive to Regional Perinatal Centers?
 - (Chat Respondent): In NJ, 3 obstetrical care centers have transferred their OB care services to an area hospital (Regional Perinatal Care Center) as their facilities need these beds for general service/COVID + patients. 2 of the 3 had a volume of over 100 per month. Hopefully the receiving hospital will be able to accommodate.

Data Tracking:

- Are you tracking Obstetrical specific morbidity and mortality with COVID?
 - (Chat Respondent): With regards to specific maternal morbidity and mortality, nationwide UCSF and SMFMU have registries for COVID positive pregnant patients
 - (OPQC Faculty): Our last webinar slides include information on some of the registries for outcomes for women and infants with COVID.