

OPQC COVID-19 Webinar Chat Box Themes – 4/17/20

Changes to Practice:

- Pregnancy - How do you prone a pregnant mother?
 - (OPQC Faculty/Presenter): *[William Schnettler]: For images and explanation of how to prone a pregnant patient, you can see our article (www.ajog.org/covidresources). There are specific pillows made for proning in pregnancy as well available on Amazon, mentioned a few weeks ago on this call.*
 - (Chat Respondents): *1) We have had to do that with H1N1 pts several yrs ago- we used pillows and blankets to prop- and I have recently read case studies about using inner tube(s) in which the gravid belly is in the middle of the round tube- and again, using pillows and blankets to prop/support; 2) Our OR team has bariatric and various positioners for proning in surgery and they have offered to us to use in the event that we need to do this.*

Case Study Positive Pregnant Mother:

- Testing
 - Did you retest mother to see if she was negative prior to trach?
 - (OPQC Faculty/Presenter): *Yes, we retested her nasopharyngeal swab for PCR prior to tracheotomy and she was still POSITIVE (4/13/2020)*
- Infant Care
 - It is my understanding that the infant remains a PUI for 14 days. Should contact and droplet precautions be maintained because of this?
 - (OPQC Faculty/Presenter): *We consider the infant a PUI initially after birth. The infant was initially on aerosolized and contact precautions due to being intubated, and then transitioned to droplet and contact precautions once no longer an aerosolized risk on RA. Once we had 2 negative COVID tests from 24 and 48 hours we no longer consider the infant a PUI and can come off droplet precautions. If testing was unable to be completed, then we would continue precautions for 14 days; Resource: Below is a link to the AAP recommendations where we took our testing/end of droplet PPE information from. It speaks more to inpatient NICU, not so much well infants who are being sent home. <https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf>*
 - Timing of Bathing
 - (OPQC Faculty/Presenter): *1) In our process we are bathing the infant immediately upon admission to the NICU provided the infant is in stable condition; 2) Our decision to bathe immediately was based on theory (not great evidence as it is so limited) and desire to limit exposure to COVID+ mom's bodily fluids. What are others doing regarding bathing? Bathing immediately? Or waiting per usual unit practice?*
- Prenatal Care
 - Mom's preexisting condition (myotonic dystrophy) put her at increased risk of severe disease--What prenatal precautions are you recommending for 1. all pregnant patients and 2. patients at higher risk of severe disease?
 - (OPQC Faculty/Presenter): *We have been recommending mask use, frequent hand washing, and allowance for patients with underlying health risks (cardiac, etc) to receive letters stating that they should work from home (esp if they work in healthcare).*