

OPQC COVID-19 Webinar Chat Box Themes – 4/3/20

Changes to Practice:

- Telehealth / Challenges
 - Reducing face to face visits
 - OB nurses are able to see patients at home to prevent hospitalization/urgent care visits whenever possible.
 - Did you use telehealth for perinatal care prior to COVID-19?
 - Important to remember that Tribes across the nation may not be set up for this type of healthcare services for it's members. It's equally important to include American Indian Reservations and the type of healthcare that is provided such as IHS. It would be nice if in the dialogue and conversations that American Indian Tribes and Agencies are also included under this umbrella. So often, we are not included with the data
 - *(OPQC Faculty/Presenter): Telehealth may work well for patients who have internet and smart phone access BUT can be a struggle for those with limited resources. That is why is SO important to look at your patient population needs*
- Location
 - Have moved our prenatal visits to a different building and have designated 4 providers to be "clean" providers that will do all deliveries
 - Drive up visits?
 - *(OPQC Faculty/Presenter): I have seen a few practices going to the car with laptops, blood draw supplies, BP cuff, and doppler which may be a way to get a regular visit done but the USN does propose a problem that we have not addressed*
- Visitation
 - No visitors
 - As far as restricting visitors, do you make any exceptions for a mom with a young child without any options for childcare? I'm just wondering about those moms and if it's more risky to have her come in for a visit with a young child or miss prenatal visits. Maybe depends on risk factors?
 - *(OPQC Faculty/Presenter): We are seeing many of our patients without a lot of family support are not able to make their prenatal visits and ultrasound appointments and are going without essential visits. very concerning. anyone have a plan in their center?*
 - *(OPQC Faculty/Presenter): We are not making exceptions. This is why telehealth can be so useful now and in the future. One of my partners does visits as earlier as 7am so kids are still sleeping OR encourages them to schedule at nap time.*
 - Those that limit L&D to one visitor, can that person come and go as they please? Or if they leave, can they not come back in?
 - *All Chat Respondents indicate this is the same person who must stay for L&D. On antepartum person either must stay or can come and go but must be screened daily upon reentry.*
 - *(OPQC Faculty/Presenters): We have one visitor on L&D. we encourage them to stay the entire time (they can order room service for food; At Summa If the pt is not suspected COVID or PUI, the one visitor can leave the premises once in a 24 hour period but must be rescreened to enter and if they fail, obviously they cannot come in. with + or PUI, the one visitor cannot leave the pt room at all.*
- Provider rotation

- We are doing the clean providers vs dirty providers. We have 1 OBGYN, 1 CNM, and 5 family practice MD's. We are SMALL. 130 deliveries annually. The clean providers in the healthy OB clinic are doing all the deliveries. There are only 8-25 a month.
- How to manage one provider handling all call time?
 - *(Chat respondent): Our Family practice MD's and our CNM do about 98% of our deliveries. The OBGYN took call for most of the days- he only does the deliveries if they do not have a primary provider already, so there aren't many of those. We usually have a locum come in but we have cancelled all the locums coming in because they come from 2+ hours away and we don't want to spread COVID from other communities.*

Maternal care:

- **(OPQC Faculty)** Here is a youtube PSA from cradle Cincinnati about the safety of delivery in the hospital during COVID-19: <https://www.youtube.com/watch?v=HNELmKmVLRA>
- Anyone providing childcare so patients can come in for essential in person visits?
 - **(OPQC Faculty/Presenter):** *We do see many patients with limited resources. we have been using our social work and pre-established agreements with ride share to get patients to the clinic. we are not providing childcare. With the stay at home orders, most patients have been able to find childcare. we have only had to make two exceptions*
- Moms be sent home with PPE (masks) or advised to use face cover until cleared?

Infant care:

- NAS protocols?
 - **(OPQC Faculty/Presenter):** *Regarding infants at risk for NAS; we did have a mom in a hospital in our region who was a PUI in the ICU. She was in a methadone treatment program. After delivery, the baby was separated, and she pumped her milk and infant was fed expressed breast milk + formula. Infant eventually transferred to the NICU for pharmacologic treatment for NAS. We would recommend the same process for NAS infants. We would recommend precautions and testing for babies which would be droplet precautions so no direct skin to skin. Non pharmacologic care can be provided by a healthy caregiver.*

Home Health:

- **(Optum Women's Health):** *OB RN availability is still servicing the entire state of Ohio for all of our OB Homecare services.*

Other:

- A website Hub has been created at Summa Akron (<https://dab43210.wixsite.com/summawhscovidwebsite>) which offers guidance for various touchpoints commonly encountered within Women's Services. This website and resources therein are not meant to replace existing guidelines and Summa policies and procedures, but to provide additional education regarding practice changes during the COVID-19 crisis for COVID-19 positive patients, PUI, and general patients at Summa. Due to the fluidity of recommendations and evolution as more evidence is shared and published, website resources will be updated regularly. Please take time to review the HUB and the valuable resources available.