COVID-19
What Maternity and Neonatal Care Providers Are Learning

April 3, 2020

12 – 1 pm EST

Ohio Perinatal Quality Collaborative

Through collaborative use of improvement science methods, reduce preterm births & improve perinatal and preterm newborn outcomes in Ohio as quickly as possible.

Today's presenters:

Updated April 3, 2020

Mike Marcotte, MD
OPQC OB Faculty Lead/
Tri-Health

Amy Burkett, MD
ACOG Ohio Chair,
Cleveland Clinic Foundation

Kelly Gibson, MD
MetroHealth

Lynda Hoffman,
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Heather Kaplan, MD, MSCE
OPQC neo faculty/CCHMC

Welcome

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- **Goals:**
  - Share practicalities of implementing strategies now
  - Discuss what people are doing in situations where it is unclear and guidance doesn't exist
  - **ALL TEACH ~ ALL LEARN**

- Over 350 registrants with several submitted questions - we prioritized 2 topics and scenarios:
  - Alterations to prenatal care due to COVID19 restrictions
  - Practical applications of breastfeeding for the COVID+ or PUI mom and her infant

- Plans:
  - We will provide resource links on website and update regularly
  - We will send follow-up survey; we will need your feedback to improve

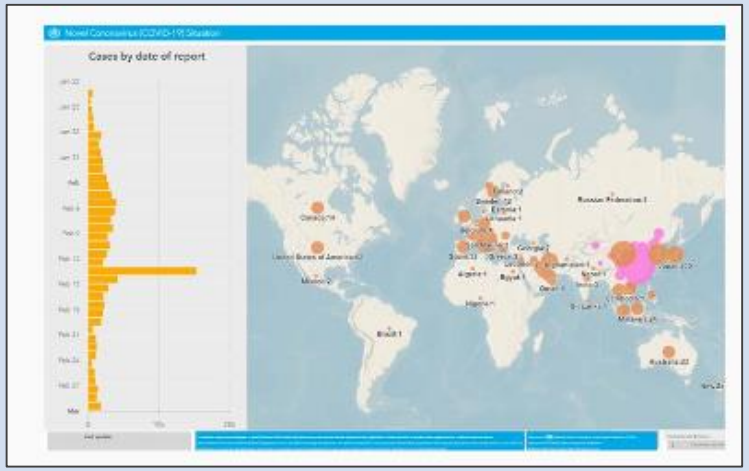
- The case scenarios are from individual institution responses, not OPQC recommendation

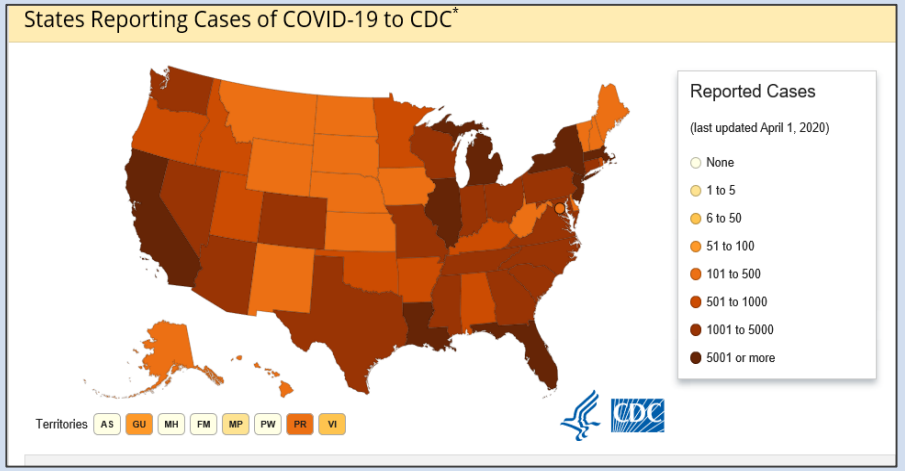
Data Update April 2, 2020

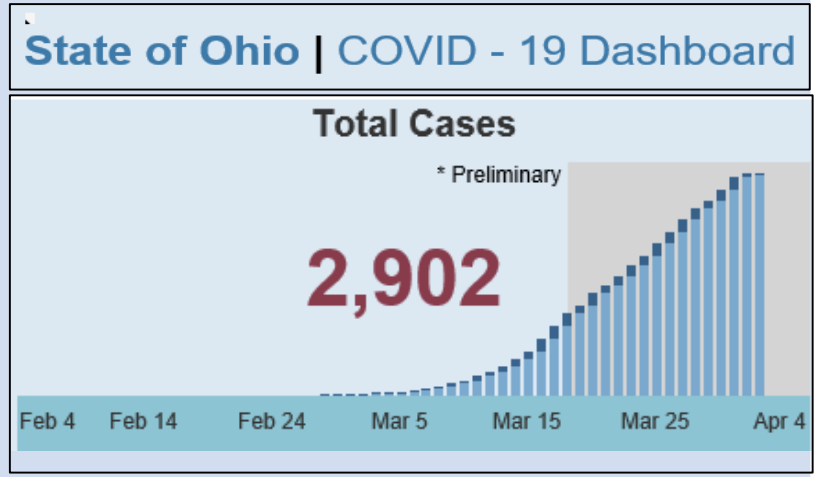
WHO/CDC/ODH: COVID-19 Outbreak

Updated April 3, 2020

WHO https://www.who.int/emergencies/diseases/novel-coronavirus-2019	CDC https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html	ODH https://coronavirus.ohio.gov/wps/portal/gov/covid-19/
Updated : 2 April 2020 Coronavirus (COVID-19) outbreak • **896,450** Confirmed cases • **45,426** Confirmed deaths • **206** Countries, areas or territories with cases	•Total cases: **213,144** •Total deaths: **4,513** •Jurisdictions reporting cases: 55 (50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands)	• **2,902** Confirmed Cases in Ohio • **260** ICU admissions • **802** Hospitalizations in Ohio • **81** Deaths







Poll #1: Question for OB providers

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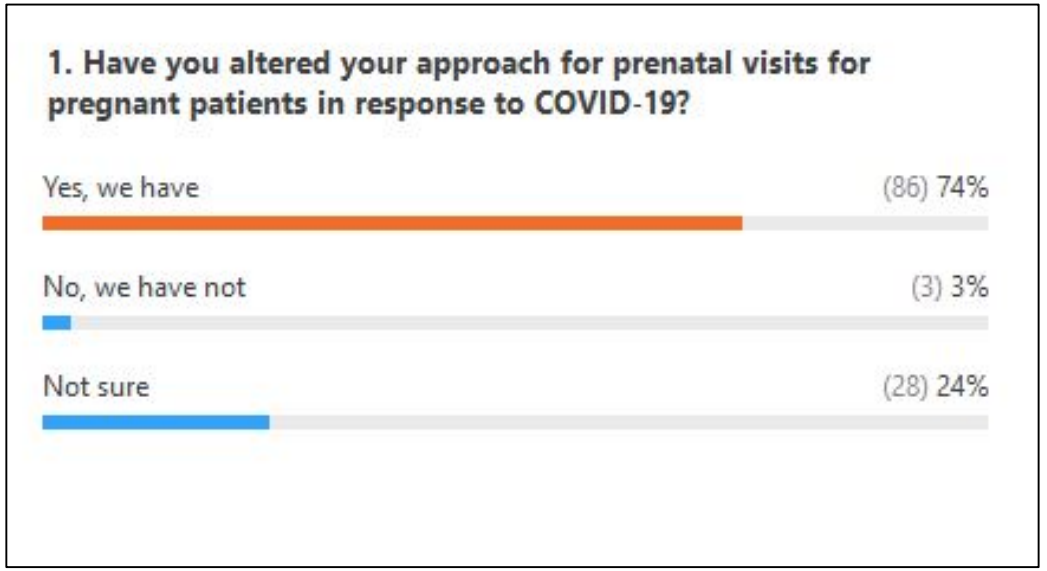
Have you altered your approach for prenatal visits for pregnant patients in response to COVID19?

- ❑ Yes, we have
- ❑ No, we have not
- ❑ Not sure



**If you answered yes, please provide "how" (spacing appts, telehealth visits, etc) in the chat box*

Modifications to in-person prenatal care

Updated April 3, 2020

ACOG - Prenatal Care and Postpartum Visits:

- Supports spacing/modifying visit schedule

- Telehealth via HIPPA compliant methods
  - Great option for consults when a physical exam is not needed
  - Bill using appropriate codes
  - BP cuffs and dopplers

- Continued in-person visits when desired by patient/practitioner
  - Combining in person visits for vaccines/glucola
  - COVID screen prior to arrival

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Modifications to in-person prenatal care

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Case study:

Patient brings up concerns at PNV about exposure to herself and baby when delivering at the hospital and is inquiring about a home birth

- ACOG DOES NOT support home birth during the Covid-19 Pandemic
- Hospitals and accredited birth centers are still safest place to deliver
- Given the pandemic response times by EMS and other first responders may be delayed if any emergency occurs
- Consider ways for families to connect (FaceTime etc)

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An Example of modifications to in-person postpartum care

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POSTPARTUM CARE RECOMMENDATIONS:

Visit type:	Timing	In-person vs. virtual	Notes:
Vaginal delivery	4-8w	Virtual	
Cesarean delivery	4-8w	Virtual, video preferred	Incision check can be done through photo if video not available
Higher-order perineal laceration	2w 4-8w	In-person Virtual	
Depression	2w 4-8w	Virtual Virtual	
gHTN, PEC, cHTN, no meds	1-2w 4-8w	Call Virtual	Patient encouraged to check BP at newborn visit
gHTN, PEC, cHTN, on meds	**1w** **2w** **4-8w**	**Call** **Call** **Virtual**	**Meds to be titrated w/ on-call virtual MFM**
Desires PP LARC **Received PP IUD**	4-8w **4-8w**	In-person **In-person**	Per provider discretion **Per provider discretion**
Others	4-8w	Virtual preferred	Provider discretion

Providers should follow usual postpartum visit template.
EPDS should be completed verbally with patient until available to be pushed through portal
OB Actions→ Screenings→ EPDS

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Modifications to in-person obstetrical care - ACOG Resources

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Resources

- www.acog.org/topics/covid-19
- Modified prenatal and postpartum care: https://www.acog.org/clinical-information/physician-faqs/-/media/287cefdb936e4cda99a683d3cd56dca1.ashx
- Billing for telehealth: https://www.acog.org/clinical-information/physician-faqs/~/link.aspx?_id=3803296EAAD940C69525D4DD2679A00E&_z=z

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Modifications to in-person prenatal care and use of telehealth in OB setting in high risk pregnancy settings

Updated April 3, 2020

Social distanced visits

- March 15th, moved to only essential visits
  - Rest via telehealth or video visits
- Changes to outpatient clinics
  - Symptom and temperature scanning
  - Only patient in the office
- Grouping care
  - Vitals, labs, vaccines with each ultrasound visit

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EGA[1]	Low Risk[2]	LR FDC	High Risk	HR FDC	Other
4-10w	Phone	Viability IF bleeding	Phone	Viability IF bleeding	DME for BP cuff MyChart signup New OB labs Flu shot
12-13w	Visit	NT/Dating	Visit	NT/Dating	Genetics PRN
16w	Phone		Phone		RN for progesterone start
20w	Visit	Anatomy	Visit	Anatomy/ CL screening	msAFP
24w	Phone		Phone	*Screening echo*[3]	
26w	Phone		Phone		
28w	Visit		Visit	*Growth*[4]	Glucola *Rhogam* TDaP
30w	Phone		Phone		
32w	Visit	Growth[4]	Visit	*Growth/ Surveillance*[5]	
33w				*Surveillance*	
34w	Phone		Visit if surveillance	*Surveillance*	
35w				*Growth/ Surveillance*	
36w	Visit		Visit	*Surveillance*	GBS
37w	Phone		Visit	*Surveillance*	
38w	Visit		Visit	*Growth/ Surveillance*	
39w	Visit		Visit	*Surveillance*	
40w	Visit		Visit	*Surveillance*	

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SMFM Coding White Paper: Interim Coding Guidance
Coding for Telemedicine and Remote Patient Monitoring Services during the COVID-19 Pandemic

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- CMS (then states) emergently broadened access and liberalized telemedicine rules on March 17
  - Ability to use conferencing software that doesn't meet HIPAA requirements
  - Can use for new patient as well as established
  - Originating site waived - can be patient home, rather than clinic
  - Patients do not need to be located in a rural area
  - Services are not limited by patient diagnosis

- Telemedicine consultations require the same elements as those required in regular face-to-face consultations:
  - (1) Request for consultation
  - (2) Opinion
  - (3) Written Report

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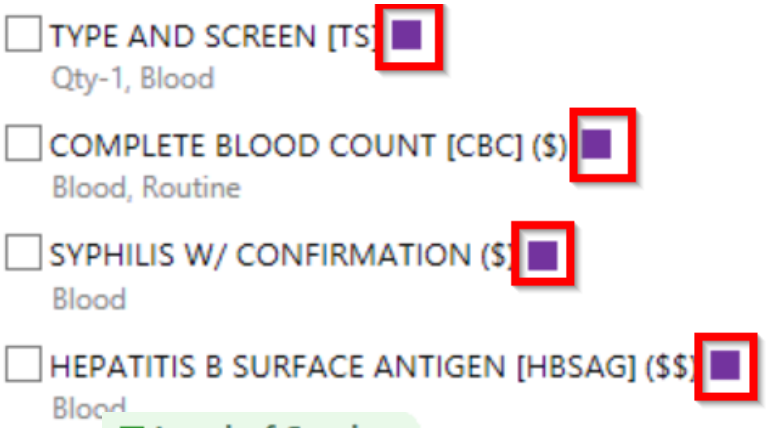

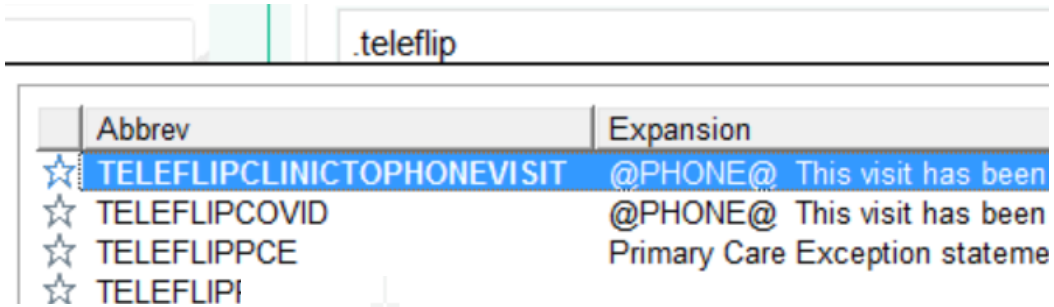

This visit has been performed as a phone visit to comply with patient safety concerns in accordance with CDC recommendations.

Total Time Spent with Patient: *** minutes, of which greater than 50% was spent on counseling or coordinating care.

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COVID-19 OUTPATIENT ASSESSMENT AND MANAGEMENT

Licking Memorial Hospital

Lynda Hoffman, MSN, RN
Licking Memorial Hospital – Director of Maternity Services

Updated April 3, 2020

Screen all patients
- When scheduling appointment via phone
- When making appointment reminder calls
- When a patient calls in with COVID-19 concern
- When patient presents to the office

Screening Questions
- Fever ≥100.4° or subjective
- Cough
- Difficulty breathing or shortness of breath
- Sore throat
- Body aches
- Fatigue
- Diarrhea
- Recent travel to high risk area or close contact with suspected or confirmed COVID-19 case

NO → **Routine Care**

Cold Symptoms Only → **Provide mask and notify provider to determine if patient will be seen or rescheduled**

YES

If on the phone
- If pregnant, transfer to RN for further assessment
- If not pregnant, advise patient to call her PCP or (220) 564-4014 if no PCP
- Reschedule appointment, if applicable

If in the office
- Give patient a mask
- Maintain distance of 6 ft. apart
- Mask any visitor with the patient or ask them to wait in their vehicle
- Place in designated private room with door closed (or ask to return to vehicle)
- Apply Droplet/Contact Precautions sign to door
- Notify physician and office manager
- MA or RN to check patient's temperature and pulse ox and document in EMR

Assess Epidemiologic Risk Factors*
- Extent of COVID-19 community spread
- Close contact with suspect or laboratory-confirmed COVID-19 patient within 14 days of symptom onset
- History of travel from affected geographic area (US or abroad) within 14 days of symptom onset
- Healthcare worker
- Public safety occupation (eg, police, fire, EMS)

Visitor Policy
- No non-essential visitors
- Limit 1 **essential** visitor per patient (interpreter, caregiver, minor child, etc.)
- Patients asked NOT to bring children
- All patients and visitors entering will receive temperature screening and possible additional screening and instructions as needed
- If you are a nonessential visitor, we kindly ask you remain in your vehicle/outside until the patient's visit is complete

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Licking Memorial Hospital

Updated April 3, 2020

ED/OB triage 41
ED and OB RN assessment
Staff PPE (+N95 or half mask)
VS, SaO2, fetal surveillance

Comorbidities* may include hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, class III obesity, and people on immunosuppressive medications

OR 11 C-SECTION
- Spinal preferred
- Staff PPE (+N95 or half mask)
- Newborn transfer to separate room via isolette after stabilization
- OB physician to determine postpartum care location (eg, transfer, medical bed, PP 341)

OB problem?

NO → **ED physician lead evaluation then discuss with OB physician**

YES → **OB physician lead evaluation**

Delivery indicated? (eg, labor, ROM)

NO → Does patient need admission?

YES → **Care plan per ED and OB physicians**
- Stabilize and transfer to Ohio Health MFM if anticipate need for respiratory support
OR
- Admit to available PUI/COVID-19+ medical bed (AIIR preferred)
- COVID-19 testing, consider influenza testing
- Notify and/or consult MFM, ID, ICU, anesthesia, peds
- Follow LMH protocols for PUI/COVID-19+ patient

YES → **Admit** (AIIR preferred)
- Labor: consider OPS 27 or 28, PP 341
  - Early epidural advised
- C-section: OR 11 (OR 7 neutral air flow)
- COVID-19 testing, consider influenza testing
- Notify and/or consult MFM, ID, ICU, anesthesia, peds
- Follow LMH protocols for PUI/COVID-19+ patient

NO →
- COVID-19 testing if
  - Symptomatic *AND* HCW, public safety occupation, medical comorbidities*, ≥37 weeks
- Consider influenza testing
- Discharge to home

→ **Patient Instructions**
- Symptomatic: self-isolate
- Asymptomatic with exposure risk: self-quarantine x14 d
- Telehealth follow up 7-14 d

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Modifications to in-person prenatal care

Updated April 3, 2020

University Hospitals

For Obstetric Patients:

Reassure that we are still open for business and taking precautions to protect the health of our patients and staff.

Please refer to the table below to determine when the patient should come in for a face-to-face visit versus a remote visit.

Prenatal care schedule

Gestational Age	Visit Type
NOB	Remote, as early as possible, send of labs
12 weeks	Ultrasound (only for those desiring genetic testing)
19-20 weeks	In Person + anatomy scan
24-26 weeks	In Person + labs
28 weeks	Only the people that need Rhogam
30 weeks	Remote
32 weeks	In Person
34 weeks	Remote
36 weeks	In Person
37 weeks	In Person
38 weeks	In Person, consider schedule for 39 week induction of labor
39 weeks	In Person
40 weeks	In Person
1 week Postpartum	Remote with Nurse
6 weeks Postpartum	In Person

Even though these are GUIDELINES, please do not let patients slip through the cracks. For example, if a patient is seen @18 weeks and does not come back to care until 30 weeks, she should be seen in person.

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Pregnancy and COVID-19

Is it safe for me to go to my prenatal appointments?

The safety of our patients and staff is our top priority. At this time, we are implementing multiple measures to keep you and your baby safe while providing excellent prenatal care.

We are following national guidelines to streamline your prenatal visits to provide adequate care with minimal risk. All visits are being screened to determine if your appointment can be conducted via phone or video call. Prior to office visits, patients undergo a COVID-19 screening to prevent exposed or infected individuals from entering our office. To further protect you and our clinical staff, we are prohibiting visitors at office appointments to limit exposure risk.

Our providers and staff are practicing good hand hygiene, implementing social distancing and complying with CDC recommendations for cleaning rooms and equipment between patient encounters. With these measures in place, it is safe and recommended that you continue to receive prenatal care to ensure the best outcome for you and your baby.

Poll #2 – Breastfeeding

Updated April 3, 2020

Regarding your lactation consultants on the post-partum floor and NICU during COVID, lactation consultants are…

- ❑ fully available in the hospital
- ❑ available at a reduced number in the hospital
- ❑ available but only via phone/telehealth
- ❑ no longer available
- ❑ uncertain

Guidance from the AAP

https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf

Updated April 3, 2020

Management of Infants Born to Mothers with COVID-19

Rooming-in for mothers and well newborns:

- While difficult, **separation minimizes the risk of postnatal infant infection from maternal respiratory secretions**.
- If the center cannot place the infant in a separate area — or the mother chooses rooming-in despite recommendations — **ensure the infant is at least 6 feet from the mother.** A curtain or an isolette can help facilitate separation.

Breastfeeding:

- Because studies to date have not detected the virus in breast milk, **mothers may express breast milk after appropriate breast and hand hygiene**.
- Caregivers who are not infected may feed the breast milk to the infant. Mothers who request direct breastfeeding should **adhere to strict preventive precautions** that include use of a mask and meticulous breast and hand hygiene.

As of 4/2/20

Breast Feeding with a COVID-19 Positive mom or PUI

Updated April 3, 2020

- Mothers should be encouraged to provide breast milk for her infant utilizing SHARED DECISION MAKING with family and health care team

- Temporary separation-
  - encouraged to express breast milk
  - a dedicated breast pump should be provided
  - consider having someone else feed the expressed breast milk to infant

- Elects to room in
  - Mom uses a face mask, washes breast and hand hygiene before each feeding

Jennifer McAllister, MD, IBCLC
Medical Director, University of Cincinnati Newborn Nursery

Breastfeeding Practical Applications

Updated April 3, 2020

Case study:

A full-term mother comes to your hospital in labor. She states she just moved here from New York City last week to be closer to family.

For the last 2 days she had cough and low-grade fevers.

She is admitted to your negative pressure room and placed on droplet precautions.

She is swabbed for COVID-19 but tests in your system is send out with turn around time of 2-3 days.

She delivers a vigorous baby and is planning on breastfeeding

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Breastfeeding Practical Applications

Updated April 3, 2020

Per your hospital's policy, would you allow direct breastfeeding? Is there a role for ***shared decision making***?

Risks: decrease bonding, becoming pump dependent (not able to establish latch), compromise to milk supply

Benefits: decrease risk of transmission of COVID-19 to baby (children less affected than adults, but reported risk is highest in <1 year)

What would you do to protect her milk supply if she is exclusively pumping her milk?

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Adapted from UC Davis Children's Hospital

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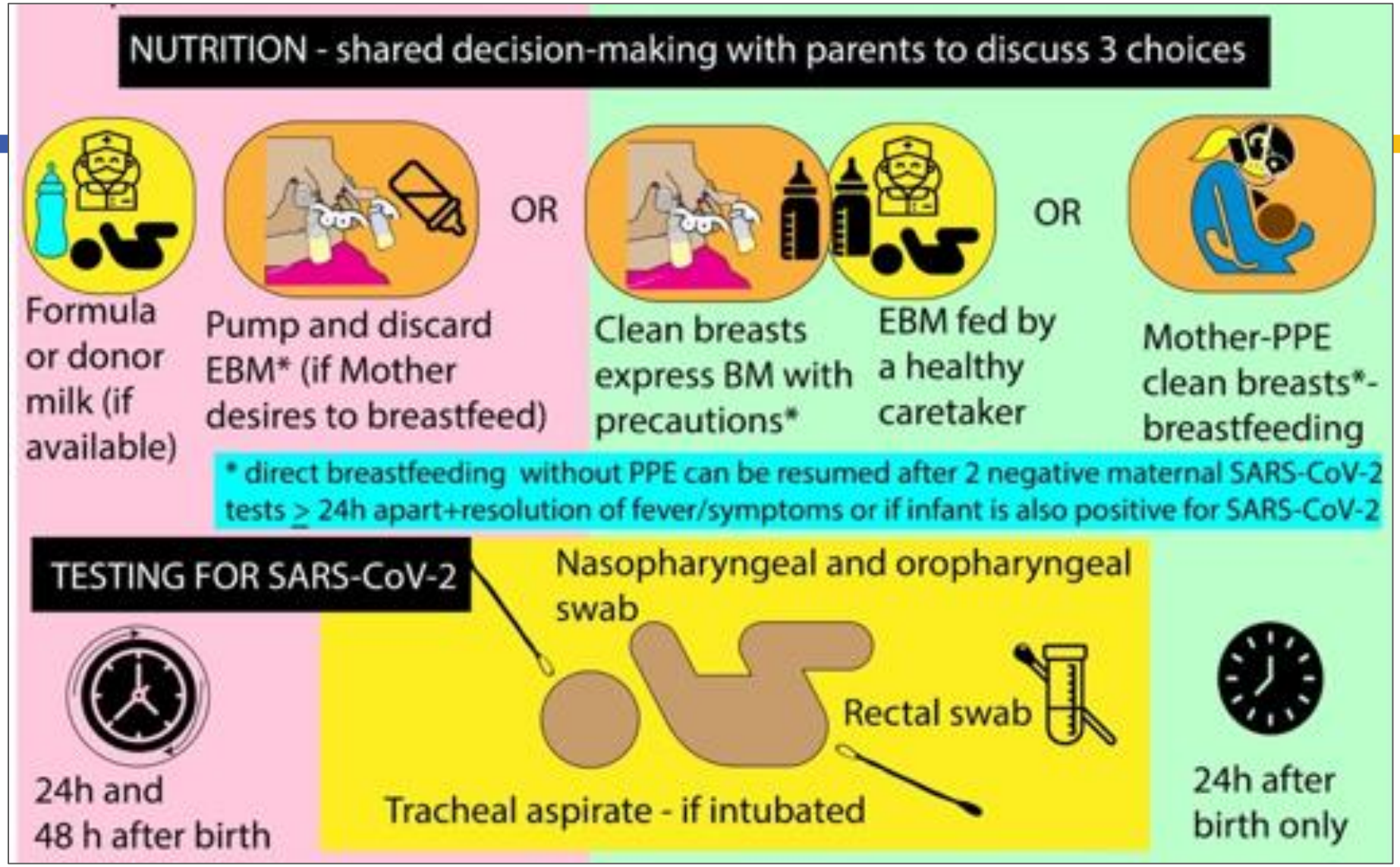

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Breastfeeding Practical Applications

Updated April 3, 2020

Case study: discharge to home

Who would you recommend to care for the baby at home?

If it is the parent, what type of precautions would you advise parents use when caring for the baby? For how long?

When would you recommend mother direct breastfeeding if she had been exclusively expressing milk?

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Breastfeeding Practical Applications

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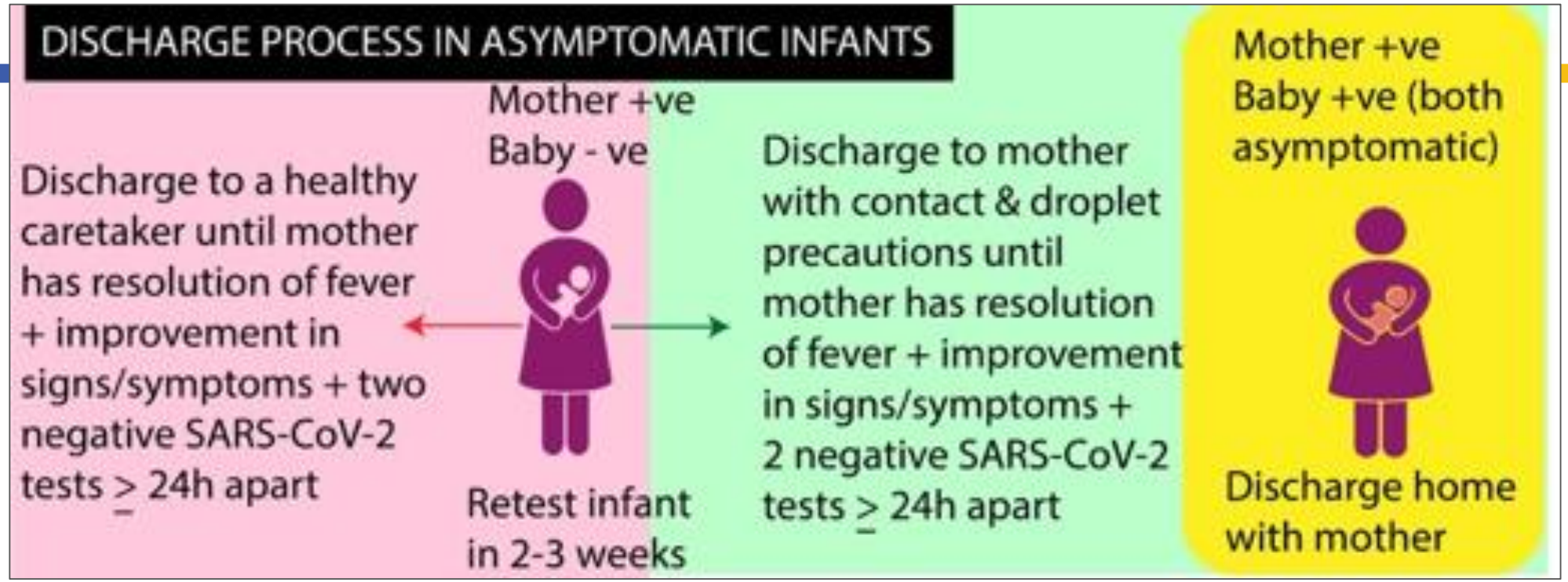

Adapted from UC Davis Children's Hospital

<u>CDC guidelines for discontinuation of isolation procedures</u>:

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
- improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**
- At least 7 days have passed *since symptoms first appeared*.

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Resources

Updated April 3, 2020

- Hand expression: https://med.stanford.edu/newborns/professional-education/breastfeeding/hand-expressing-milk.html
- Hands-on Pumping: https://med.stanford.edu/newborns/professional-education/breastfeeding/maximizing-milk-production.html

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References

Updated April 3, 2020

- Morton J *et al.* Combining hand techniques with electric pumping increases milk production in mothers of preterm infants. *J Perinatol* 2009; 29: 757-764.
- Meier PP *et al.* Breast pump suction patterns that mimic the human infant during breastfeeding: greater milk output in less time spent pumping for breast-pump dependent mothers with premature infants. *J Perinatol* 2012; 32: 103-110.
- Parker LA *et al.* Association of Timing of Initiation of Breastmilk Expression on Milk Volume and Timing of Lactogenesis Stage II Among Mothers of Very Low-Birthweight Infants. *Breastfeed Med* 2015; 10 (2) 84-91.
- Parker LA *et al.* Effect of early breast milk expression on milk volume and timing of lactogenesis stage II among mothers of very low birthweight infants: a pilot study. *J Perinatol* 2013; 32: 205-209.

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Breastfeeding Practical Applications

Updated April 3, 2020

Case study:

- 5 mos former 27 week gestation with multiple respiratory and GI issues
- Father was a person under investigation (PUI) exposed in the community and was tested with a 6 day wait until final results
- Mother and father quarantined until tests results returned
- LC support of the mother in quarantine with possible exposure

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Breastfeeding Practical Applications – Lactation Support

Updated April 3, 2020

Approach to Lactation Consultations and Lactation Support

- Ante-partum
  - Visits ordered by MFM or CNP
  - 1:1 only with mother per SMFM, PPE with visit
  - Can provide 1:1 or telehealth Breastfeeding classes
  - Open discussion on COVID 19 and Breastfeeding and the use of human milk
- Post-partum
  - 1:1 visits with mother only
  - PPE with visit

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Breastfeeding Practical Applications – NICU Considerations

Updated April 3, 2020

Plans for supporting breastmilk use in the NICU must address:

- Where to store milk being pumped from COVID-19 positive/PUI mom
- How to support transportation of expressed breastmilk with COVID-19 positive/PUI mom (and support person) isolated at home?
- Unit policies on kangaroo care

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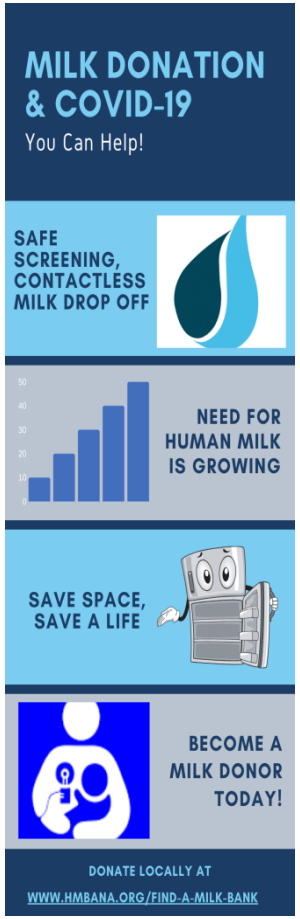
Breastfeeding Practical Applications – NICU Considerations

Updated April 3, 2020

Human Milk Banking Association

- If the maternal donor has been exposed, the mother is asked to hold her milk for 28 days. If she is still negative, she can donate that milk

- If a donor mother is positive, she is asked not to donate her expressed breast milk 7 days before testing to 21 days after



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Resources for parents

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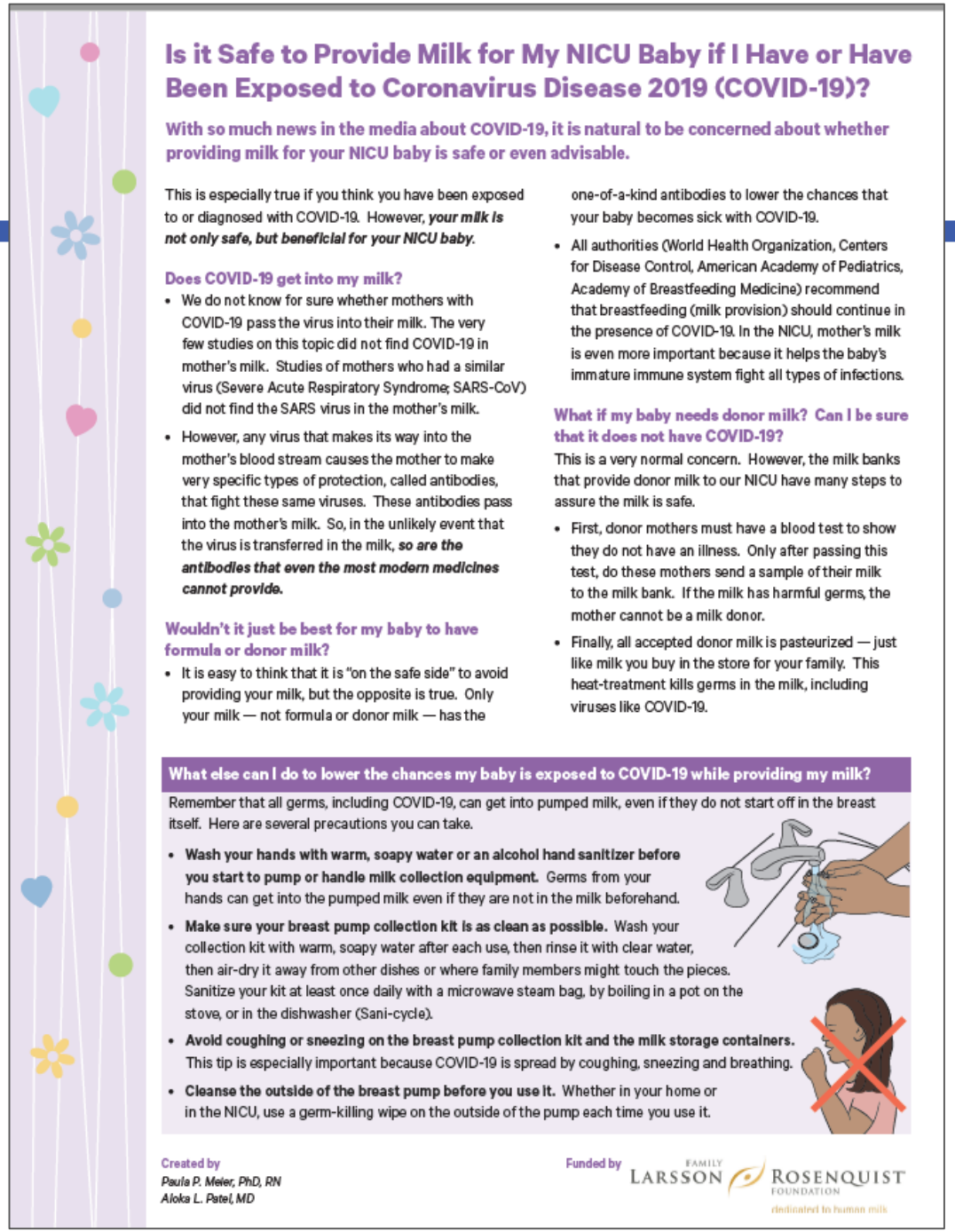


Is it Safe to Provide Milk for My NICU Baby if I Have or Have Been Exposed to Coronavirus Disease 2019 (COVID-19)?

With so much news in the media about COVID-19, it is natural to be concerned about whether providing milk for your NICU baby is safe or even advisable.

This is especially true if you think you have been exposed to or diagnosed with COVID-19. However, ***your milk is not only safe, but beneficial for your NICU baby.***

Does COVID-19 get into my milk?

- We do not know for sure whether mothers with COVID-19 pass the virus into their milk. The very few studies on this topic did not find COVID-19 in mother's milk. Studies of mothers who had a similar virus (Severe Acute Respiratory Syndrome; SARS-CoV) did not find the SARS virus in the mother's milk.
- However, any virus that makes its way into the mother's blood stream causes the mother to make very specific types of protection, called antibodies, that fight these same viruses. These antibodies pass into the mother's milk. So, in the unlikely event that the virus is transferred in the milk, ***so are the antibodies that even the most modern medicines cannot provide.***

Wouldn't it just be best for my baby to have formula or donor milk?

- It is easy to think that it is "on the safe side" to avoid providing your milk, but the opposite is true. Only your milk — not formula or donor milk — has the one-of-a-kind antibodies to lower the chances that your baby becomes sick with COVID-19.
- All authorities (World Health Organization, Centers for Disease Control, American Academy of Pediatrics, Academy of Breastfeeding Medicine) recommend that breastfeeding (milk provision) should continue in the presence of COVID-19. In the NICU, mother's milk is even more important because it helps the baby's immature immune system fight all types of infections.

What if my baby needs donor milk? Can I be sure that it does not have COVID-19?

This is a very normal concern. However, the milk banks that provide donor milk to our NICU have many steps to assure the milk is safe.

- First, donor mothers must have a blood test to show they do not have an illness. Only after passing this test, do these mothers send a sample of their milk to the milk bank. If the milk has harmful germs, the mother cannot be a milk donor.
- Finally, all accepted donor milk is pasteurized — just like milk you buy in the store for your family. This heat-treatment kills germs in the milk, including viruses like COVID-19.

What else can I do to lower the chances my baby is exposed to COVID-19 while providing my milk?

Remember that all germs, including COVID-19, can get into pumped milk, even if they do not start off in the breast itself. Here are several precautions you can take.

- **Wash your hands with warm, soapy water or an alcohol hand sanitizer before you start to pump or handle milk collection equipment.** Germs from your hands can get into the pumped milk even if they are not in the milk beforehand.
- **Make sure your breast pump collection kit is as clean as possible.** Wash your collection kit with warm, soapy water after each use, then rinse it with clear water, then air-dry it away from other dishes or where family members might touch the pieces. Sanitize your kit at least once daily with a microwave steam bag, by boiling in a pot on the stove, or in the dishwasher (Sani-cycle).
- **Avoid coughing or sneezing on the breast pump collection kit and the milk storage containers.** This tip is especially important because COVID-19 is spread by coughing, sneezing and breathing.
- **Cleanse the outside of the breast pump before you use it.** Whether in your home or in the NICU, use a germ-killing wipe on the outside of the pump each time you use it.

- Information sheet for families regarding the provision of breastmilk by mothers who have COVID-19 or have been exposed to the virus
- Available in English and Spanish
- Posted on the OPQC website

Created by Paula Meier, PhD, RN and Aloka Patel, MD

OPQC Ohio Perinatal Quality Collaborative

Options for Participating in COVID-19 Neonatal Registries

Updated April 3, 2020

- **Vermont Oxford Network (VON) Audit**
  - Monthly Audit (starting in April), sites choose the day of the week the wish to audit
  - Track your unit data over time + potential to look at our aggregate data in Ohio
  - VON member hospitals should have received information on participation by email, if not reach out to your VON site administrator

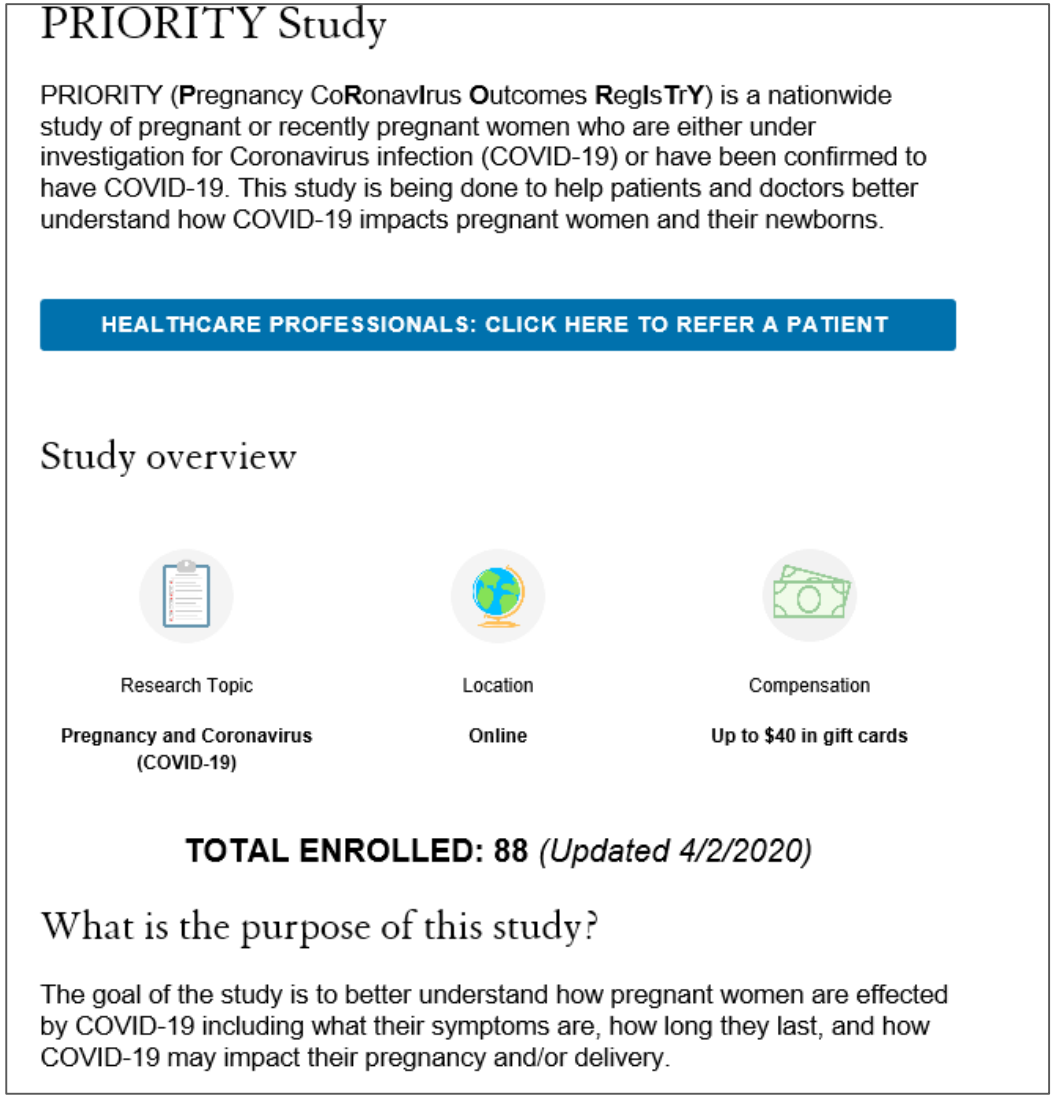
- **AAP Section on Neonatal Perinatal Medicine (SONPM) Registry**
  - *National Registry for Surveillance and Epidemiology of Perinatal COVID-19 Infection*
  - Approved by the University of Florida IRB—collects only de-identified information with no PHI
  - Data **only** for maternal/infant dyads for which the mother has **confirmed** COVID-19 disease on the basis of a virological test obtained between 14 days prior to delivery to 3 days after delivery
  - For more information and the link to sign up: https://services.aap.org/en/community/aap-sections/sonpm/

OPQC Ohio Perinatal Quality Collaborative

Participating in COVID-19 Obstetrical Registry

Updated April 3, 2020

- **https://priority.ucsf.edu/**



Future Discussion/Webinars

Updated April 3, 2020

- **Ohio Maternal Opiate Medical Support+ (MOMS+) Response to COVID-19**
  - Tuesday, April 7th 12N-1pm
  - **Goal:** address care for women with opioid use disorder (OUD) during pregnancy and delivery during the COVID pandemic

- **Surge planning for OB-neonatal units**
  - Friday, April 10th 12N-1pm
  - Interest in sharing your site plan

April 2020

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

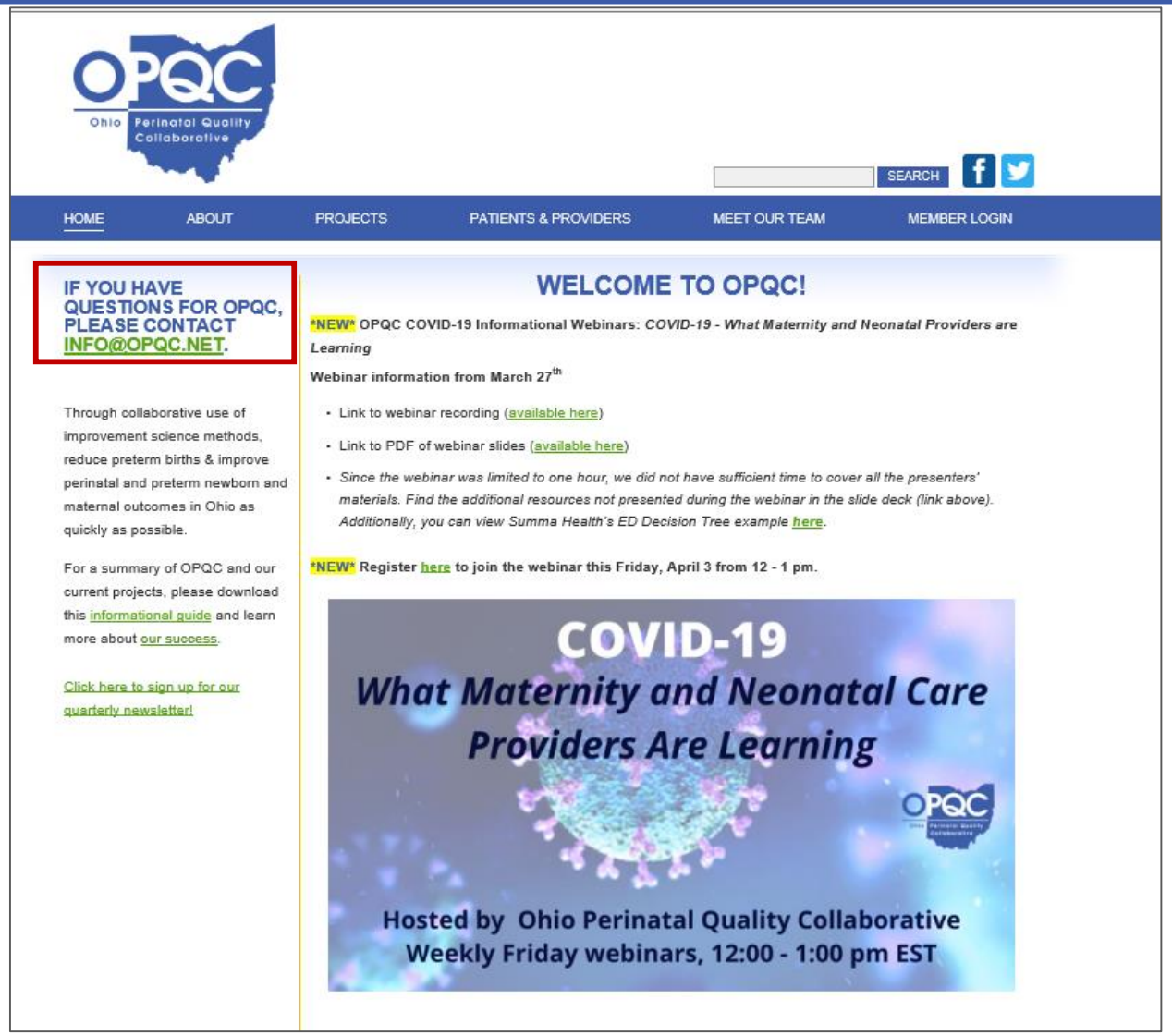
Contact information for today's presenters

Updated April 3, 2020

- Dr. Mike Marcotte: michael_marcotte@trihealth.com
- Dr. Amy Burkett: amburket@neomed.edu
- Dr. Kelly Gibson: kgibson@metrohealth.org
- Lynda Hoffman: lhoffman@lmhealth.org
- Dr. Jenny McAllister: Jennifer.McAllister@cchmc.org
- Liz Maseth: emaseth@akronchildrens.org
- Dr. Heather Kaplan: Heather.Kaplan@cchmc.org
- Susan Ford: susan.ford@UHhospitals.org
- info@opqc.net

Updated Resources on OPQC Website

Updated April 3, 2020



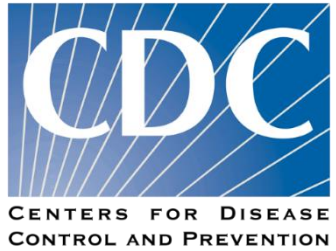
The OPQC website has a list of information and resources that will be updated regularly: https://opqc.net/

Contact us: info@opqc.net

Take care out there

It takes a village…

Updated April 3, 2020



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