Maternal Workgroup
SETRAC Phone Call #1

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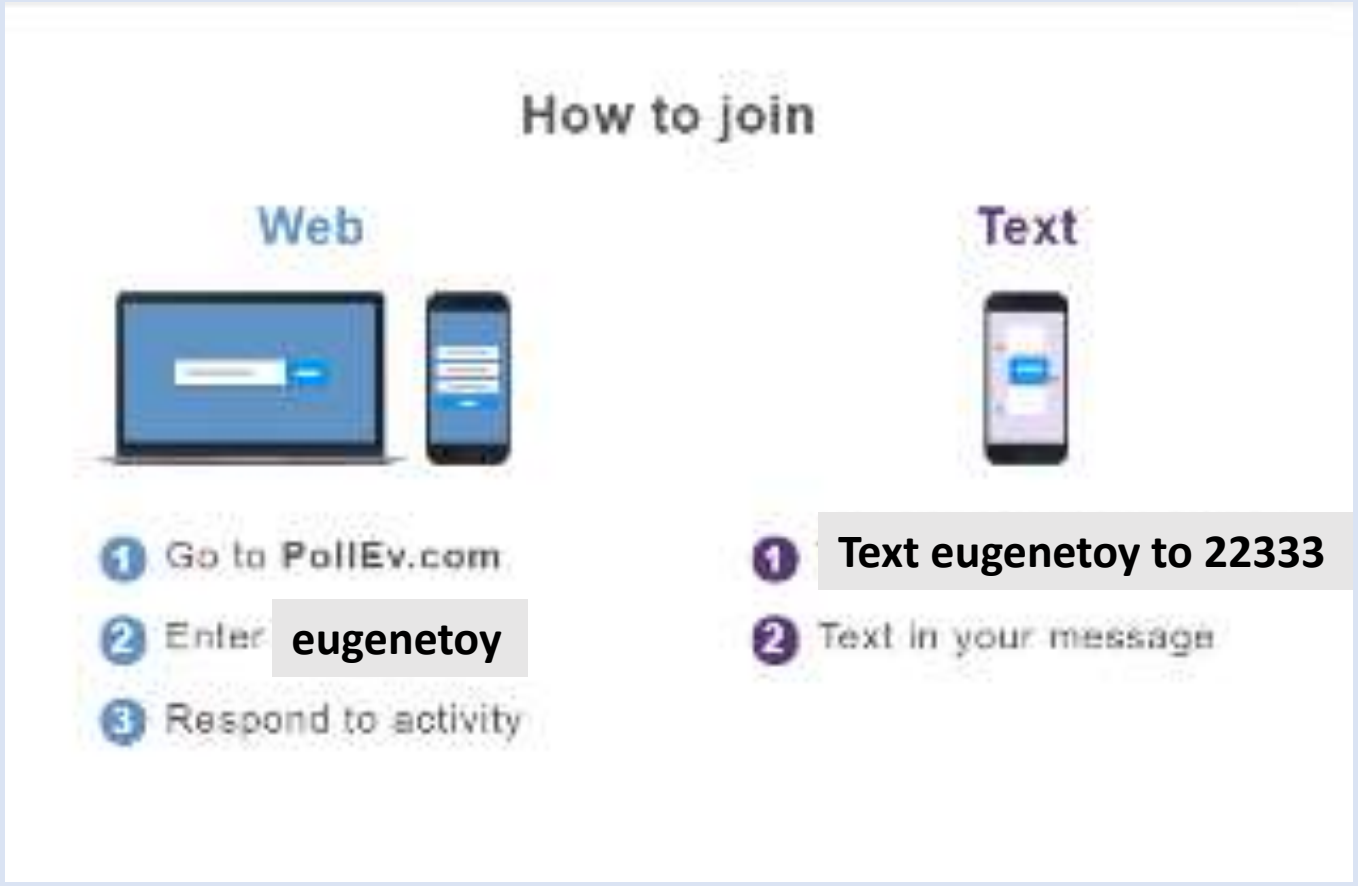
April 6, 2020

Agenda

- Have a forum to share best practices
- Talk about some broad recommendations for clinical and logistics in preparation for expected COVID-19 surge
- Get directions on how to best help hospitals
- Personnel and Logistical advice
- Clinical resources

Respond at **PollEv.com/eugenetoy**

Text **EUGENETOY** to **22333** once to join, then **A, B, or C**



Q1. How many COVID+ patients have you seen on your unit?

- A. 0
- B. 1 to 5
- C. 6 to 10
- D. 10 to 20
- E. More than 20

How many COVID+ patients have you seen on your unit?

A. None

B. 1 to 5

C. 6 to 10

D. 10 to 20

E. More than 20

Q2. I would assess our hospital's current maternal surge plan as:

- A. No maternal surge plan yet
- B. Relying on hospital for plan
- C. Rough plan but not well defined
- D. Moderately well defined
- E. Comprehensive plan; we're ready

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Q3. We have access to COVID testing at our hospital?

- A. Yes with results within 24 hours
- B. Yes with results within 2-3 days
- C. Irregularly available
- D. No, not available

Q3. We have access to COVID testing at our hospital?

A. Yes with results within 24 hours

B. Yes with results within 2-3 days

C. Inconsistently available

D. No, not available

Q4. Currently we are employing the following COVID testing for OB patients:

- A. Only women with symptoms (inpatient or outpatient)
- B. Only women with symptoms who are admitted to the hospital
- C. All women admitted to L&D
- D. All scheduled cesareans
- E. All scheduled labor inductions
- F. All women admitted to antepartum

Q4. Currently we are employing the following COVID testing for OB patients:

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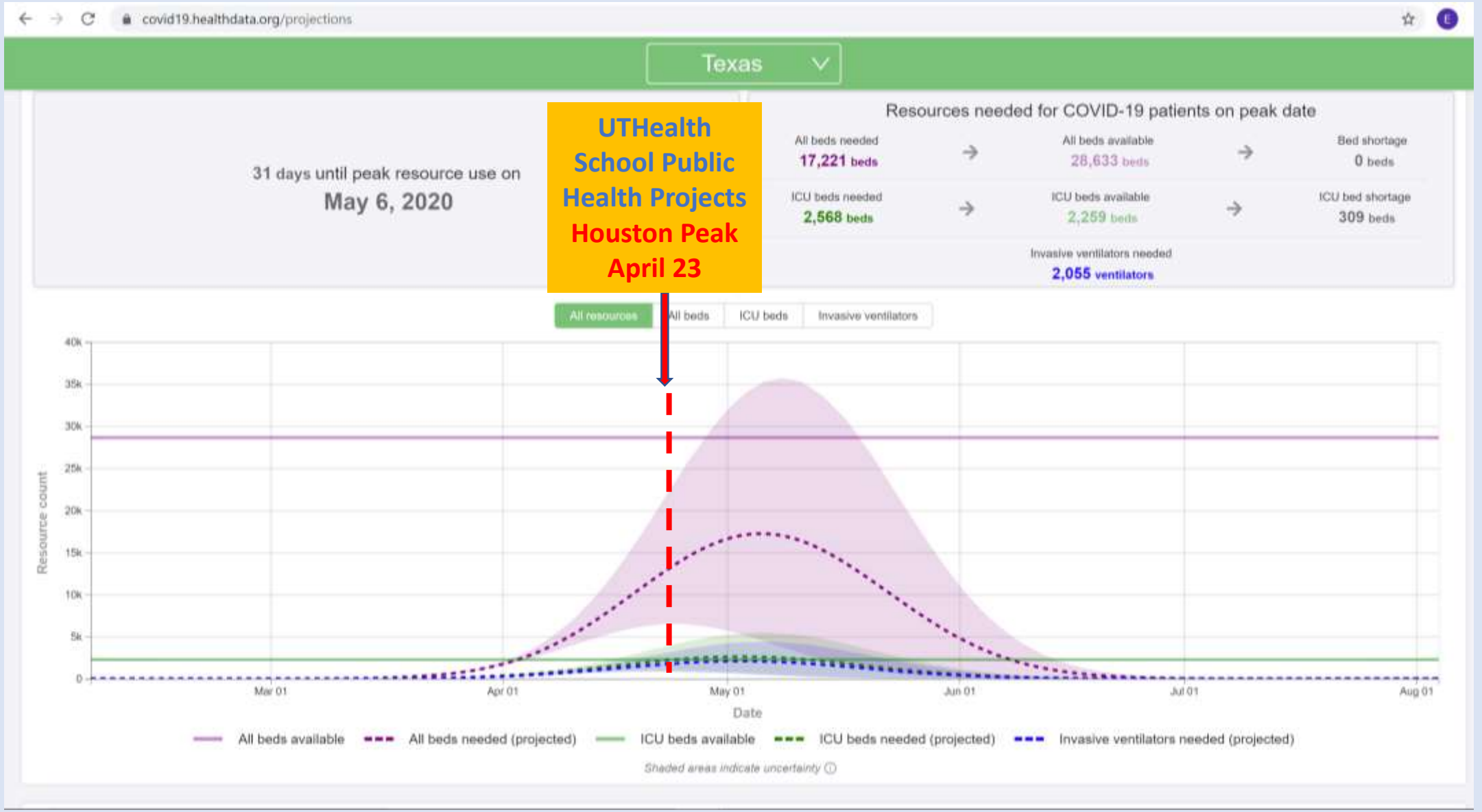
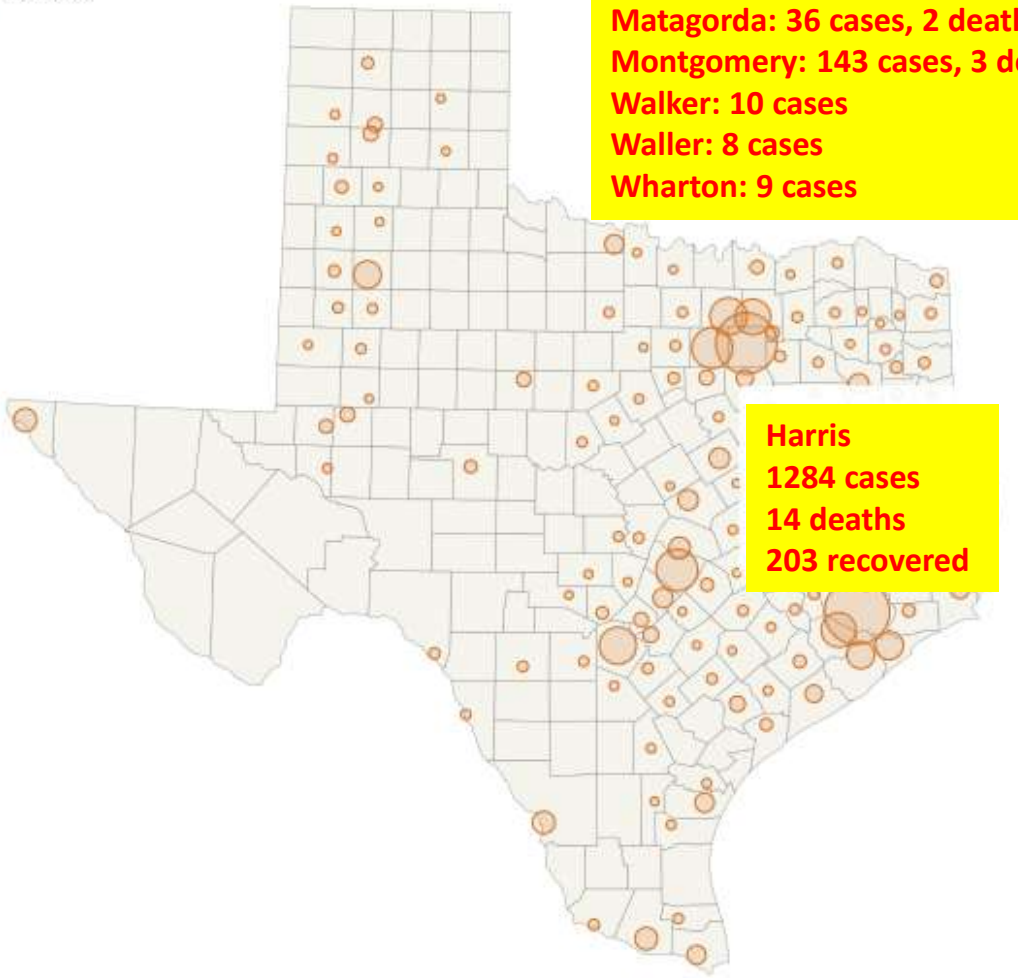
Estimated Timing: Texas (peak = May 6)



6922 confirmed coronavirus cases 127 deaths in Texas.

We are tracking cases of coronavirus disease using data collected from the Centers for Disease Control and Prevention and state and local public health departments and our own reporting.

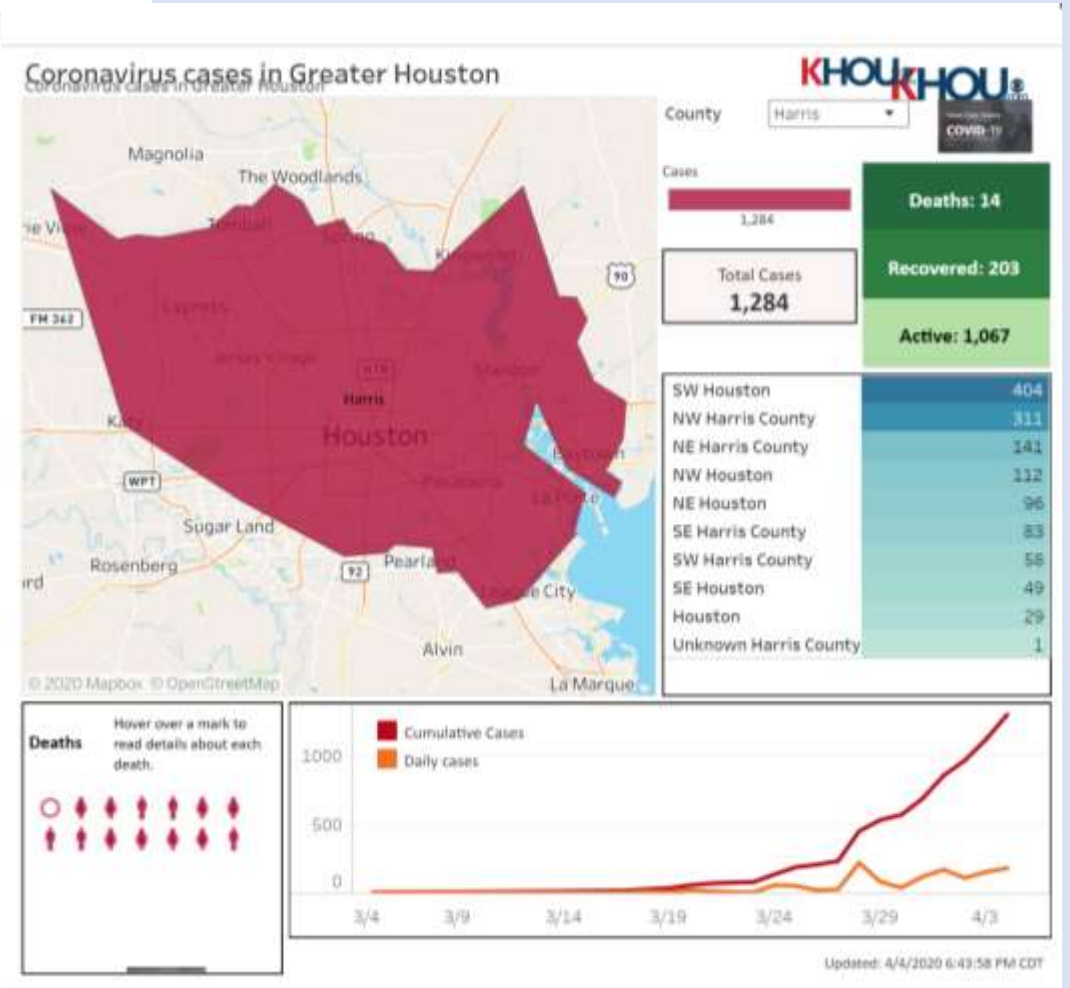
Largest circle represents 847 cases



Austin Cnty: 4 cases
Colorado Cnty: 2 cases
Fort Bend: 268 cases, 2 deaths
Matagorda: 36 cases, 2 deaths
Montgomery: 143 cases, 3 deaths
Walker: 10 cases
Waller: 8 cases
Wharton: 9 cases

Harris
1284 cases
14 deaths
203 recovered

SOURCE: TX: Texas Department of State Health and Hearst Newspapers reporting



https://www.houstonchronicle.com/coronavirus/

and Khou.com, updated 4/5/2020 at 6pm

COVID-19 Planning

Service Delivery Model

Outpatient Care

- Optimizing prenatal care during the pandemic
- Telemedicine
- Care for our high risk
- Telephone triage versus

Inpatient Care

- PUI triage and management
- Care during Delivery
- Transport
- Infant Care

Workforce

- Work exposures/PPE
- Communications
- Changing the workforce based on risks
- Wellness

Strategic planning

- Surge Capacity - workforce
- Surge Capacity- physical
- Supply shortages
- Recovery

Wave 1

Wave 2

Wave 3

How to Prepare

- Communication
- Drills
- Resources, guidelines, and plans
- Prepare for enough PEOPLE and Equipment (PPE’s)

People*

- Remember that your people are YOUR MOST IMPORTANT RESOURCE
- Very stressful time for everyone
- Every person has their own family/community
  - Parents, grandparents, children, etc
- Need to think beyond Doctors and Nurses
  - OR techs
  - Ward clerks
  - Ancillary staff
  - Housekeeping/cleaning staff

Appreciate advice from Sean Blackwell, Chris Zahn, Obs in NYC

What to Do Today Re: People?

- 1. Sit down with your staff and write out key roles needed to run your service
  - From triage to admission to delivery to PP to discharge
- 2. Figure out where you have vulnerabilities
- 3. Have a back-up plan for every person, and second back-up plan in case (even a third back-up)
- 4. What happens if half your doctors become COVID+ ?
  - Do you have emergency privileges provision – where to get your doctors?
- 5. What happens if half your nurses become COVID+?
  - If your system can't spare nurses, where else to get nurses?

What to Do Today Re: People (cont)?

- 6. If your doctors become COVID+, how to get prenatal Records?
- 7. What is your hospital process to get your staff tested for COVID quickly if needed (for their peace of mind and also your workforce)
- 8. Proactive: In crisis, people are scared and may do irrational things
  - Take time to be reassuring
  - Listen to concerns (STOP, even when super busy, and listen to your people)
  - Call personally if they have been in contact with PUI or COVID+ (write out script ahead of time to be clear, empathetic, caring)

What to Do Today Re: People (cont)

- 9. Do drills so everyone knows what to do
  - Example: emergency c-section needing gen anesthesia
  - N95 for second stage of labor
  - Minimize exams/exposure
- 10. Don’t belittle staff who want extra protection
  - Discuss in private
  - Beware of “behind the scenes passive mutiny”
  - Be proactive!

Lessons from NYC

- Most COVID infected are asymptomatic or have very few symptoms
  - May be the most infectious time
- Community spread is surging in Harris County & surrounding areas
- Effect: Healthcare personnel easily become infected
  - Not enough personnel to care for patients
  - High burn-out rate
  - Physicians and/or nurses and/or staff calling in sick due to feeling unsafe (or really are sick)

OB Area

- Remember that most hospitals “forget” about the OB area and tend to focus on the ED and ICU
- Our maternal patients are complex, and can have co-morbidities and also we need to be conscious of the neonate
- As MMD and MPM, you may consider formally meet with your hospital admin to ensure you have what you need
- Meet with pedi/neo team to plan for newborn care in COVID+
- Feel free to reference guidance from SETRAC, ACOG or designation

Equipment

- Take an inventory of key equipment you need
- In most hospitals, it appears that the N95 masks are most lacking
- Due to fear, many staff/physicians “stocking up” for their own
- Locking up? (But please make sure it is not by general hospital staff – must be available to L&D immediately)

Clinical

- In-patient care
- Out-patient care
- Surge planning
- SETRAC building a Listserv for us

TexasAIM Safe Care for Every Mother

Coronavirus Disease 2019 (COVID-19)

Readiness

Every Hospital [1]

- ☐ Assess Preparedness and ensure staff are trained, equipped and capable of practices needed to:
  - Prevent the spread of respiratory diseases including COVID-19 within the facility
  - Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities
  - Care for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations
  - Potentially care for a larger number of patients in the context of an escalating outbreak
  - Monitor and manage any healthcare personnel that might be exposed to COVID-19
  - Communicate effectively within the facility and plan for appropriate external communication related to COVID-19
  - Obtain the appropriate PPE for possible triage, vaginal delivery and cesarean delivery scenarios

Every Unit [2]

- ☐ Establish systems for prehospital notification of confirmed COVID-19 patients or Persons Under Investigation (PUIs)
  - Coordination with admitting providers
  - Review of local or regional transport protocols include notification for patients arriving via EMS transport (refer to Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States)
- ☐ Create communication channels to disseminate information and changes in clinical management/protocols
- ☐ Develop unit surge capacity models to potentially cohort COVID-19 patients or identify triggers for when to transfer out of the facility
- ☐ Develop strategies for outpatient prenatal care during the pandemic including telemedicine, monitoring of those at highest risk, and telephone triage
- ☐ Align unit staffing models to minimize employee exposure and balance workforce fatigue
- ☐ Unit education on recommendations for COVID-19 infection prevention and control in health care settings and on protocols
- ☐ Unit based drills (with post-drill debriefs)

TexasAIM Safe Care for Every Mother

Recognition

Every Patient [3]

- Assess all patients for signs and symptoms of COVID-19
- Be aware of your geographic region and facilities testing guidelines
- Assess illness severity in symptomatic patients
- Assess clinical and social risks

Response

Every patient with suspected or confirmed COVID-19

- Activate COVID-19 Infection Prevention and Control precautions using unit-standard protocols that include/address:
  - Process for rapidly identifying and isolating patients with confirmed or suspected COVID-19
  - Patient placement
  - Transmission-Based Precautions
  - Movement of patients within the facility
  - Hand hygiene
  - Environmental cleaning
  - Monitoring and managing health care personnel
  - Visitor access and movement within the facility
  - Regular situation monitoring
- Perform triage and testing per unit specific guidelines
- Isolate infants according to the Infection Prevention and Control Guidance for PUIs until the mother's and infant's transmission-based precautions are discontinued.
- Support and facilitate establishment of lactation, breastmilk feeding of the newborn, and post-illness support of breastfeeding for mothers who wish to breastfeed in accordance with CDC's Interim Guidance on Breastfeeding for a Mother Confirmed or Under Investigation for COVID-19
- Prepare for discharge postpartum women according to recommendations described in the Interim Considerations for Disposition of Hospitalized Patients with COVID-19.
- Support patient, families and staff[4] experiencing exposure to COVID-19[5].

Reporting/Systems Learning

Every Unit

- Establish a culture of briefs, huddles, and post-event debriefs to identify successes and opportunities
- Multidisciplinary review of COVID-19 associated severe maternal morbidities for systems issues
- Monitor outcomes and process metrics in perinatal quality improvement committee

Q5. What is your one top priority for COVID preparation this week for your unit?

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Q6. What are key resources you need?

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Q7. What is ideal time for recurring calls?

- A. 7-8am
- B. 8-9am
- C. Noon hour
- D. 4-5pm
- E. 5-6pm

Q7. What is ideal time for recurring calls?

A. 7 to 8 am	**A**
B. 8 to 9 am	**B**
C. Noon hour	**C**
4 to 5 pm	**D**
5 to 6 pm	**E**

Q8. Questions?

Questions?

Contacts

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Resource List (courtesy of Carey Eppes)

Guidance from organizations:

- https://www.cdc.gov/coronavirus/2019-ncov/index.html
- https://www.acog.org/topics/covid-19
- https://www.smfm.org/covid19
- https://soap.org/education/provider-education/expert-summaries/interim-considerations-for-obstetric-anesthesia-care-related-to-covid19/

Other reference:

- https://www.pregnancycovid19.com/?fbclid=IwAR2NIDY1XKS4i0Z2tYo5N05Miu29ZDQIyi5XeyA_0QS8GAHChUxJqRAB74M

Simulation:

- https://www.acog.org/education-and-events/simulations/covid-19-obstetric-preparedness-manual

Epidemiology:

- https://www.dshs.state.tx.us/coronavirus/
- https://coronavirus.jhu.edu/map.html
- https://ncov2019.live

Resource List

Literature updates:

- https://www.nejm.org/coronavirus
- https://www.ajog.org/coronavirus_guidance_ajog_mfm
- https://www.ajog.org/coronavirus_guidance
- https://jamanetwork.com/journals/jama/pages/coronavirus-alert

Articles specific to pregnancy

- Rasmussen SA, Smulian JC, Lednicky JA, Wen TS, Jamieson DJ, Coronavirus Disease 2019 (COVID-19) and Pregnancy: What obstetricians need to know, American Journal of Obstetrics and Gynecology (2020)
- Dashraath P, Jing Lin Jeslyn W, Mei Xian Karen L, Li Min L, Sarah L, Biswas A, Arjandas Choolani M, Mattar C, Lin SL. **Coronavirus** Disease 2019 (COVID-19) Pandemic and Pregnancy.**Am J Obstet Gynecol**. 2020 Mar 23
- Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. The Lancet 2020; 396: 809-815
- Yangli Liu , Haihong Chen , Kejing Tang , Yubiao Guo , Clinical manifestations and outcome of SARS-CoV-2 infection during pregnancy, Journal of Infection (2020)Bhatraju PK, Ghassemieh BJ, Nichols M, Kim R, Jerome KR, Nalla AK, Greninger AL, Pipavath S, Wurfel MM, Evans L, Kritek PA, West TE, Luks A, Gerbino A, Dale CR, Goldman JD, O'Mahony S, Mikacenic C. Covid-19 in Critically Ill Patients in the **Seattle** Region - Case Series.**N Engl J Med**. 2020 Mar 30
- Noelle BRESLIN, M.D., Caitlin BAPTISTE, M.D., Russell MILLER, M.D., Karin FUCHS, M.D., Dena GOFFMAN, M.D., Cynthia GYAMFI-BANNERMAN, M.D, M.S.., Mary D'ALTON, M.D. COVID-19 in pregnancy: early lessons. AJOG MFM 2020.

Articles specific to pregnancy

- SMFM guidelines: https://s3.amazonaws.com/cdn.smfm.org/media/2277/SMFM-SOAP_COVID_LD_Considerations_3-27-20_(final)_PDF.pdf
- Wang S, Guo L, Chen L, Liu W, Cao Y, Zhang J, Fen L. A case report of neonatal COVID-19 infection in China. Clin Infect Dis 2020 ciaa225, https://doi.org/10.1093/cid/ciaa225 accepted and on line 12 March 2020
- Dong L, Tian J, He S, et al. Possible vertical transmission of SARS-CoV-2 from an infected mother to her newborn. JAMA. Published March 26, 2020. doi:10.1001/jama.2020.4621
- Zeng H, Xu C, Fan J, et al. Antibodies in infants born to mothers with COVID-19 pneumonia. JAMA. Published March 26, 2020. doi:10.1001/jama.2020. 4861
- Zeng L, Xia S, Yuan W, Yan K, Xiao F, Shao J, Zhou W. Neonatal early-onset infection with SARS-CoV-2 in 33 neonates born to mothers with COVID-19 in Wuhan, China. JAMA Peds. Published March 26, 2020 doi:10.1001/jamapediatrics.2020.0878
- Alexander Juusela, MD, MPH; Munir Nazir, MD; Martin Gimovsky, MD. Two Cases of C OVID-19 Related Cardiomyopathy in Pregnancy. AOG SMFM April 2020