COVID-19 Strategies for OB & Neonatal Units

January 7, 2022

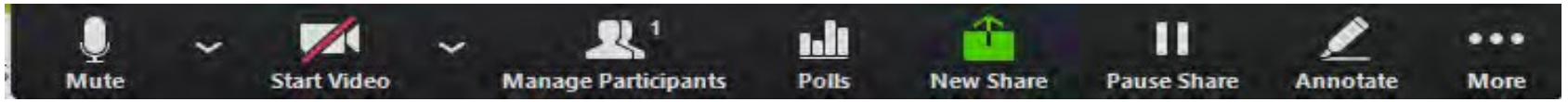
12:00 – 1:15pm

ILPQC
Illinois Perinatal Quality Collaborative

Welcome

Please be certain you are on *"mute"* when not speaking to avoid background noise.

Whether you have joined by phone or computer audio, you can mute and unmute yourself by clicking on the microphone icon.



The following shortcuts can also be used

For PC: Alt + A : Mute or Unmute

For Mac: Shift + Command + A: Mute or Unmute

For telephone: *6 : Mute or Unmute

Housekeeping:
We Are Recording Now

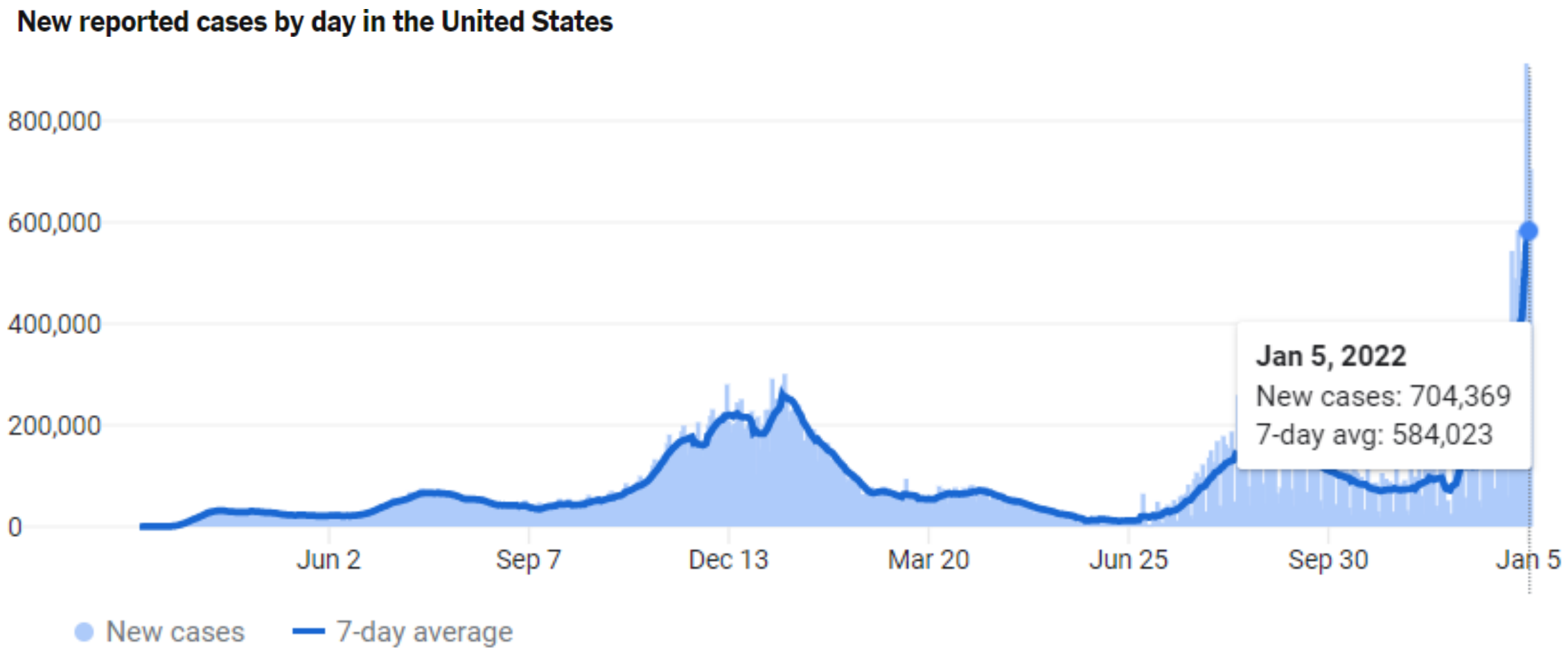
ILPQC Covid 19 webinars

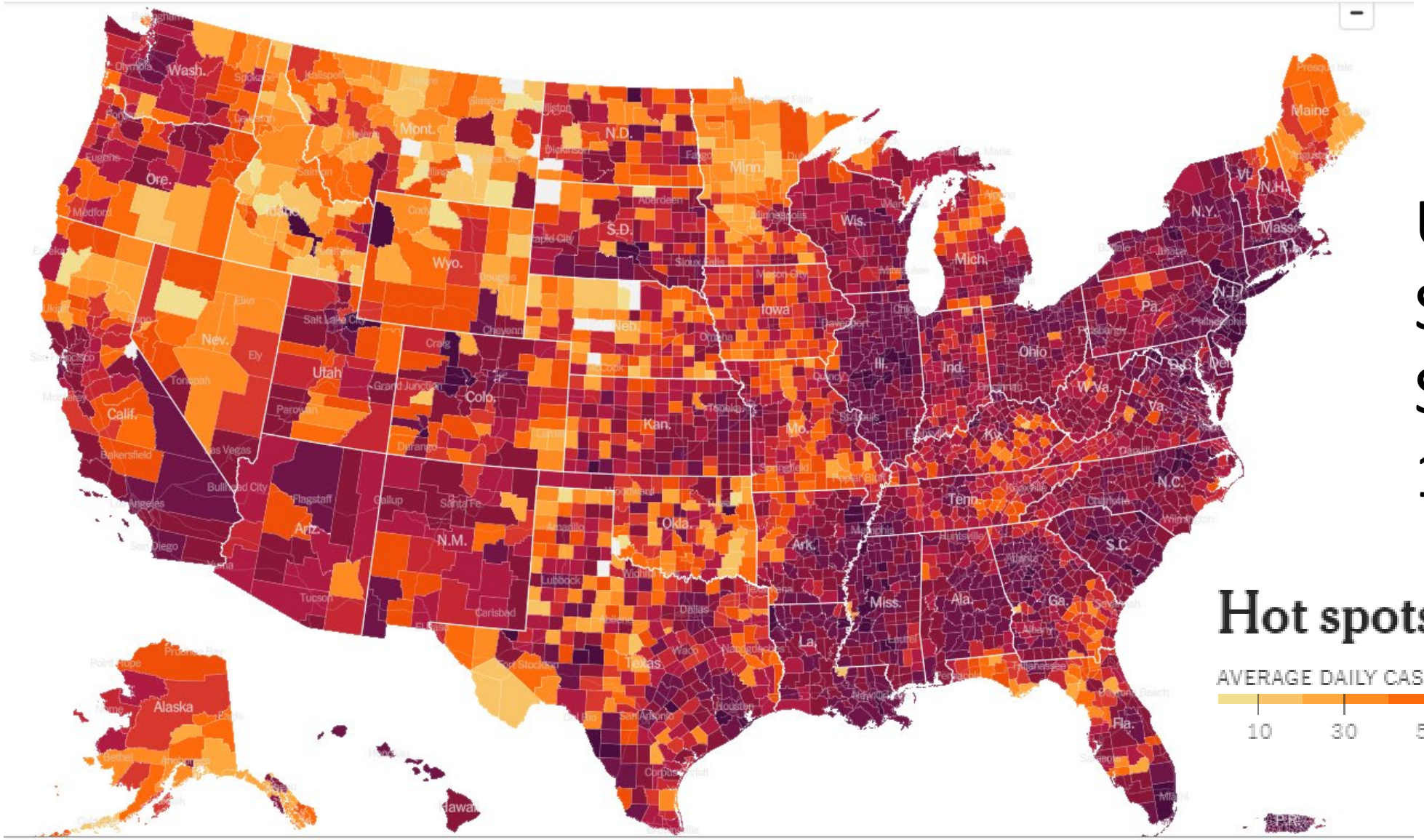
- The strategies shared today are examples from individual institutions not IDPH or ILPQC recommendations.
- This is our 28th COVID-19 strategies for OB/Neonatal Units webinar in coordination with IDPH, since April 2020. Please see https://ilpqc.org/covid-19-information/ for future webinar registration, prior recorded webinars and written out Q/A's from those webinars.
- The next webinar will be **Friday, February 4, noon to 1:15pm**. We are continuing monthly for now, but determining the needed frequency going forward
- Please let us know if your hospital would like to share on an upcoming webinar, please put questions/comments into the chatbox or email directly to info@ilpqc.org

Overview

- **Introduction**
- **Overview of updated data and recommendations**
- **Amanda Bennett, PhD, MPH -** CDC Field Assignee in Maternal & Child Health Epidemiology, IDPH
- **Andie Baker** - Deputy Director of Strategy and Programs, EverThrive Illinois
- **Discussion of OB Unit Strategies**
  - **Emily Miller, MD, MPH –** Maternal Fetal Medicine, Northwestern University
  - **Abbe Kordik, MD** –Executive Medical Director, Family Birth Center, Chief of Obstetric Quality, Univ of Chicago
  - **Joana Lopes Perdigao** – Maternal Fetal Medicine, University of Chicago Medical Center
  - **David Ouyang, M.D. –** Director, Division of Maternal Fetal Medicine, Department of Obstetrics/Gynecology, NorthShore University HealthSystem,
  - **Jeannie Kelly, MD, MS** – Director Maternal Fetal Transport, Maternal Fetal Medicine, Barnes Jewish Hospital, Washington University, St. Louis
- **Discussion of NEO Unit Strategies**
  - **Justin Josephsen, MD –** Medical Director, St. Mary's Hospital NICU, Neonatologist Cardinal Glennon Children's Hospital, St. Louis

US COVID case trend





United States Hot Spots 1/7/22

COVID
High transmission across the Country

Updated 1/6/22

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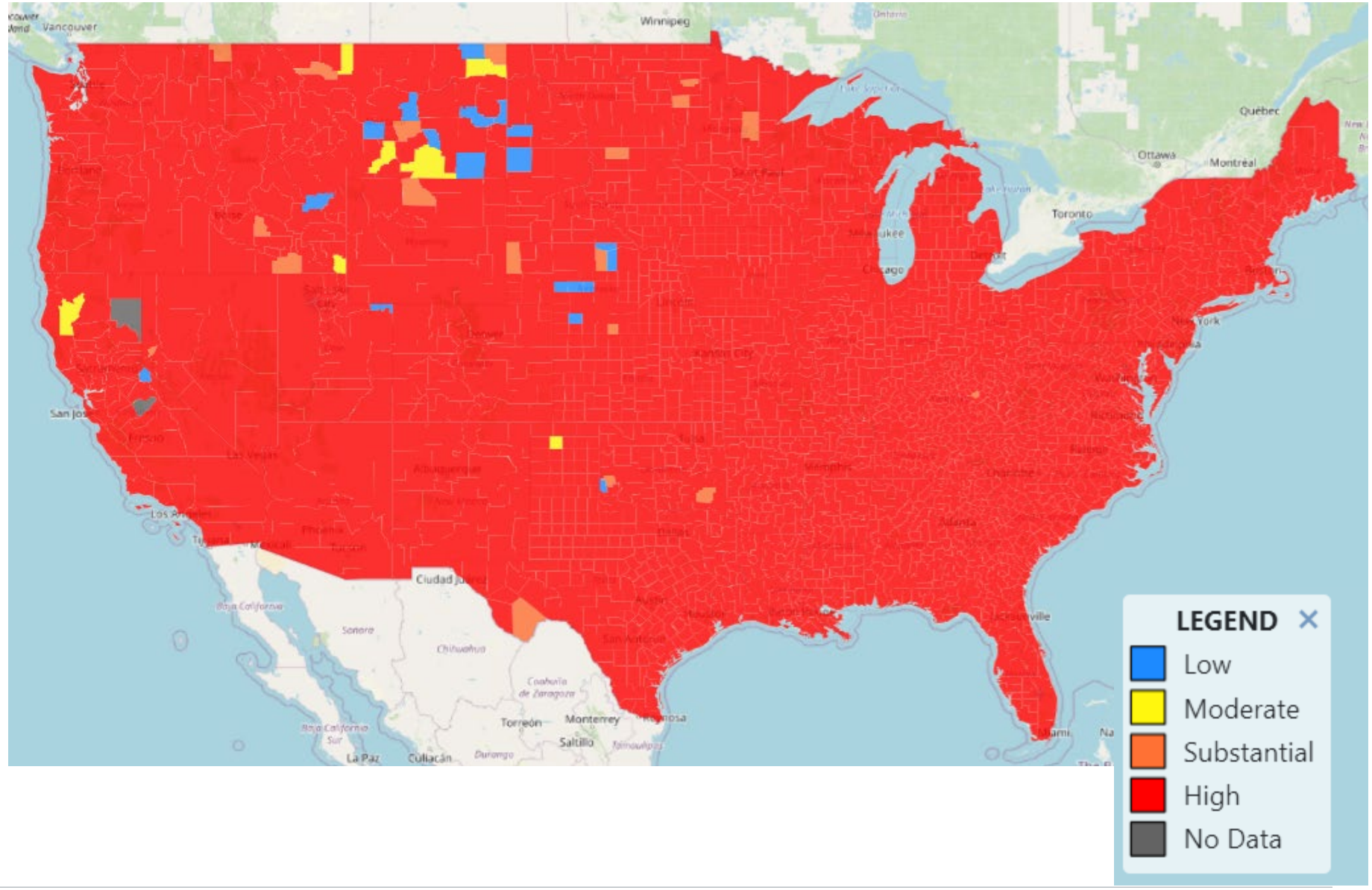
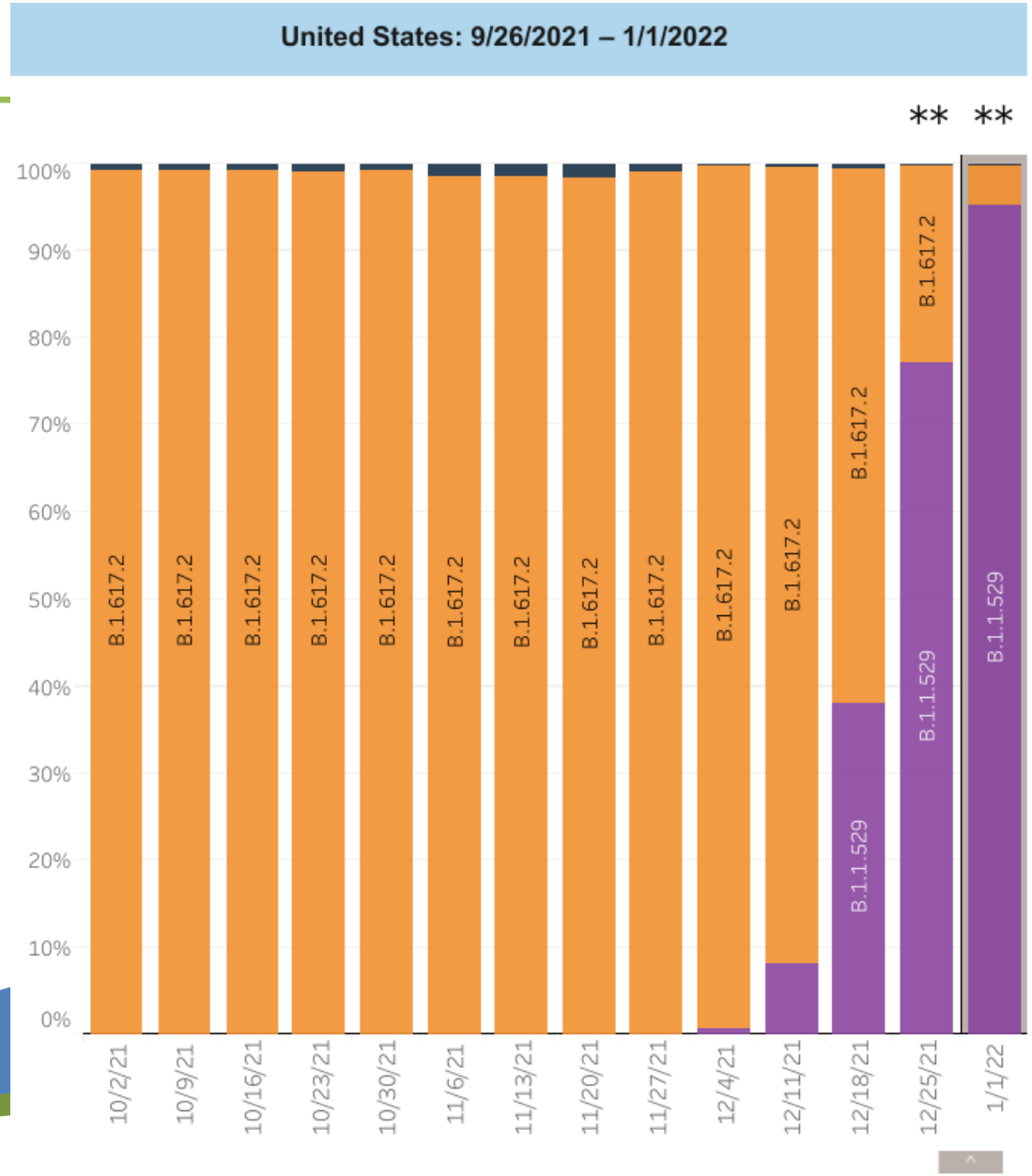


Increasing Omicron Cases



United States: 12/26/2021 – 1/1/2022 NOWCAST

USA

WHO label	Lineage #	US Class	%Total	95%PI
Omicron	B.1.1.529	VOC	95.4%	92.9-97.0%
Delta	B.1.617.2	VOC	4.6%	2.9-7.0%
Other	Other*		0.0%	0.0-0.1%

* Enumerated lineages are US VOC and lineages circulating above 1% nationally in at least one week period. "Other" represents the aggregation of lineages which are circulating <1% nationally during all weeks displayed.

** These data include Nowcast estimates, which are modeled projections that may differ from weighted estimates generated at later dates

AY.1-AY.127 and their sublineages are aggregated with B.1.617.2. BA.1, BA.2 and BA.3 are aggregated with B.1.1.529.

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Data Update: **January 6, 2022**
CDC/IDPH: COVID-19 Outbreak

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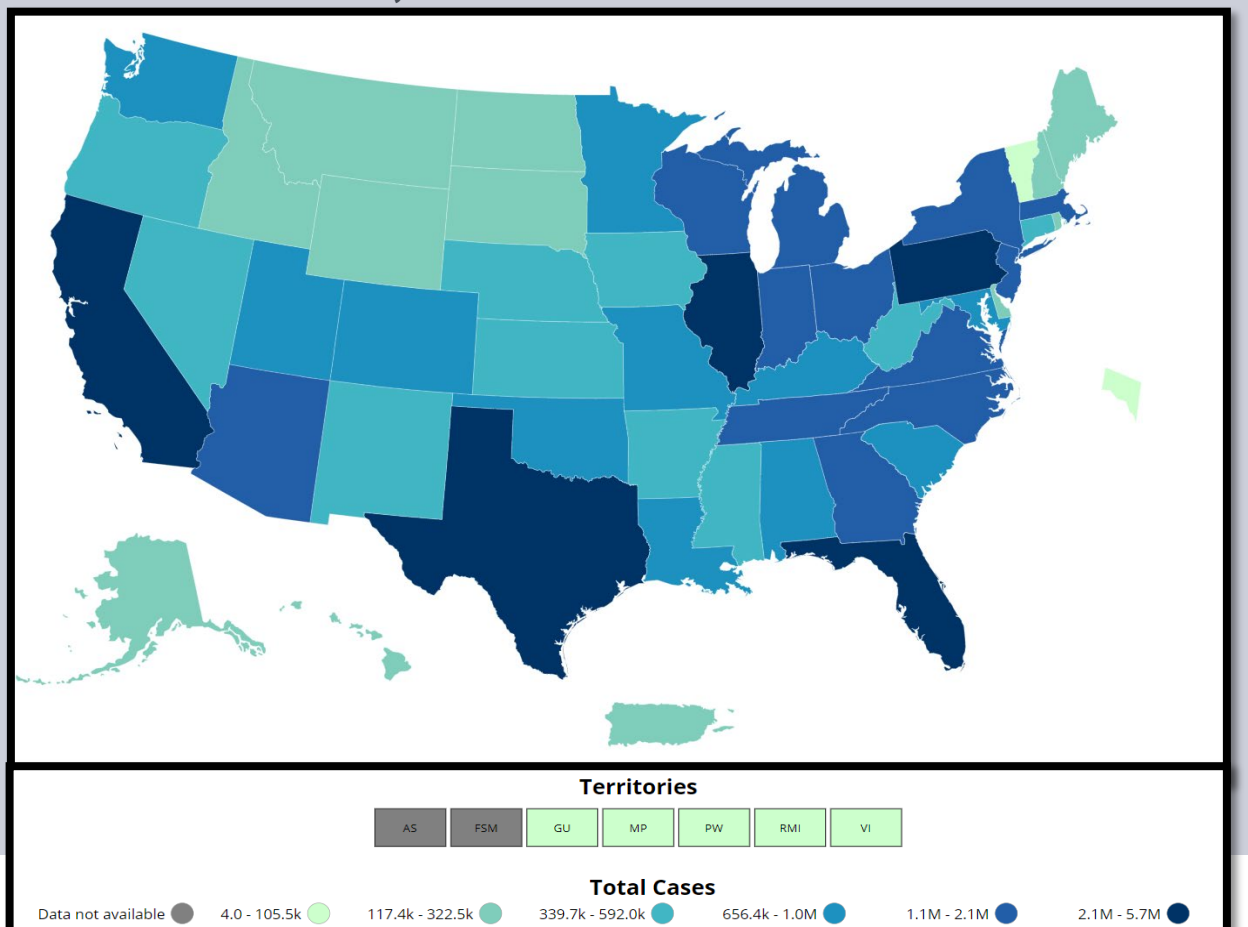
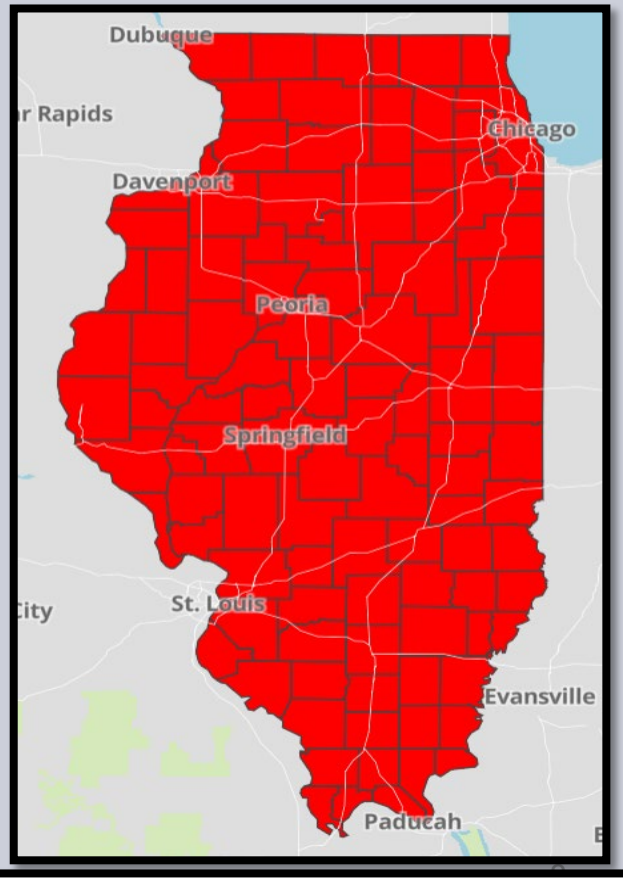
CDC
https://covid.cdc.gov/covid-data-tracker/#cases_totalcases

- Total cases: **57,190,371 confirmed**
- Total deaths: **827,879 confirmed**



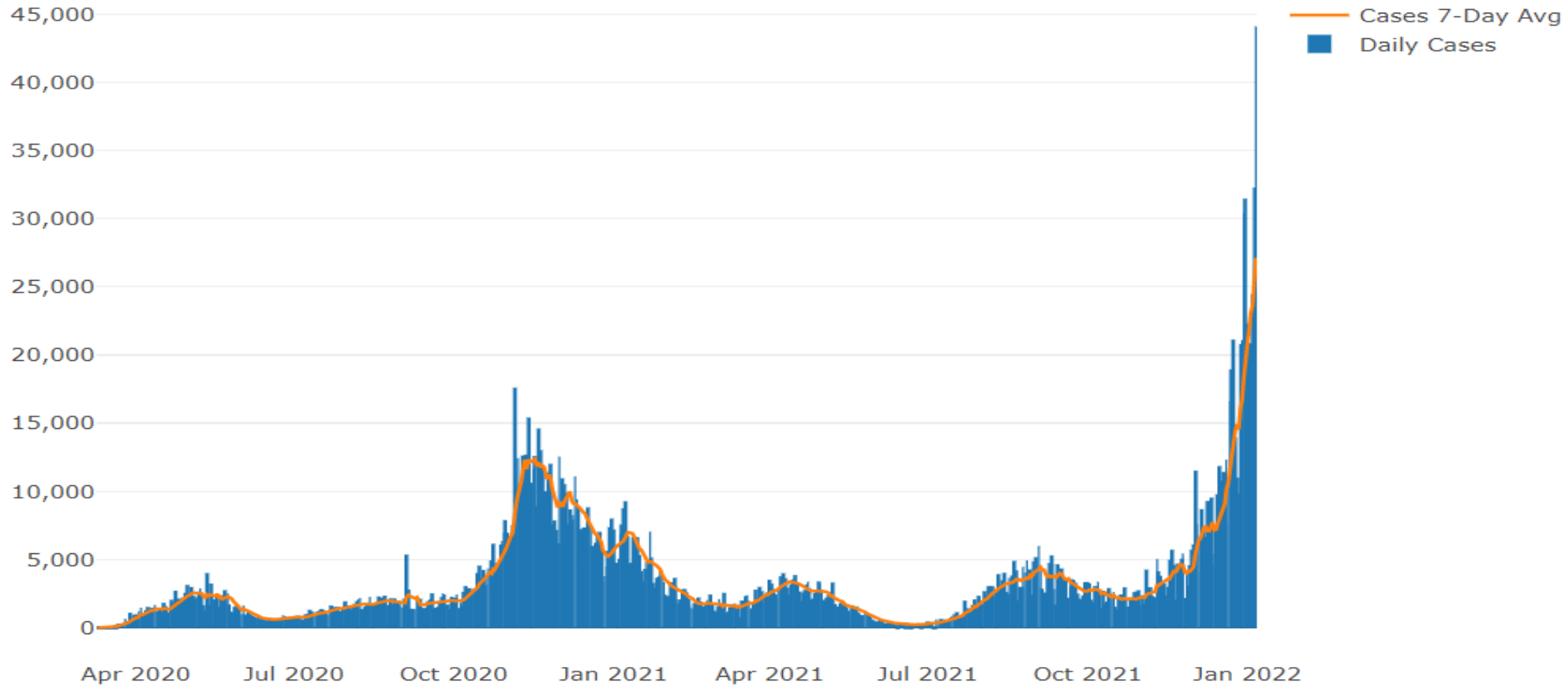
IDPH
https://www.dph.illinois.gov/covid19

- **2,339,534**Confirmed Positive Cases
- **28,260** Deaths

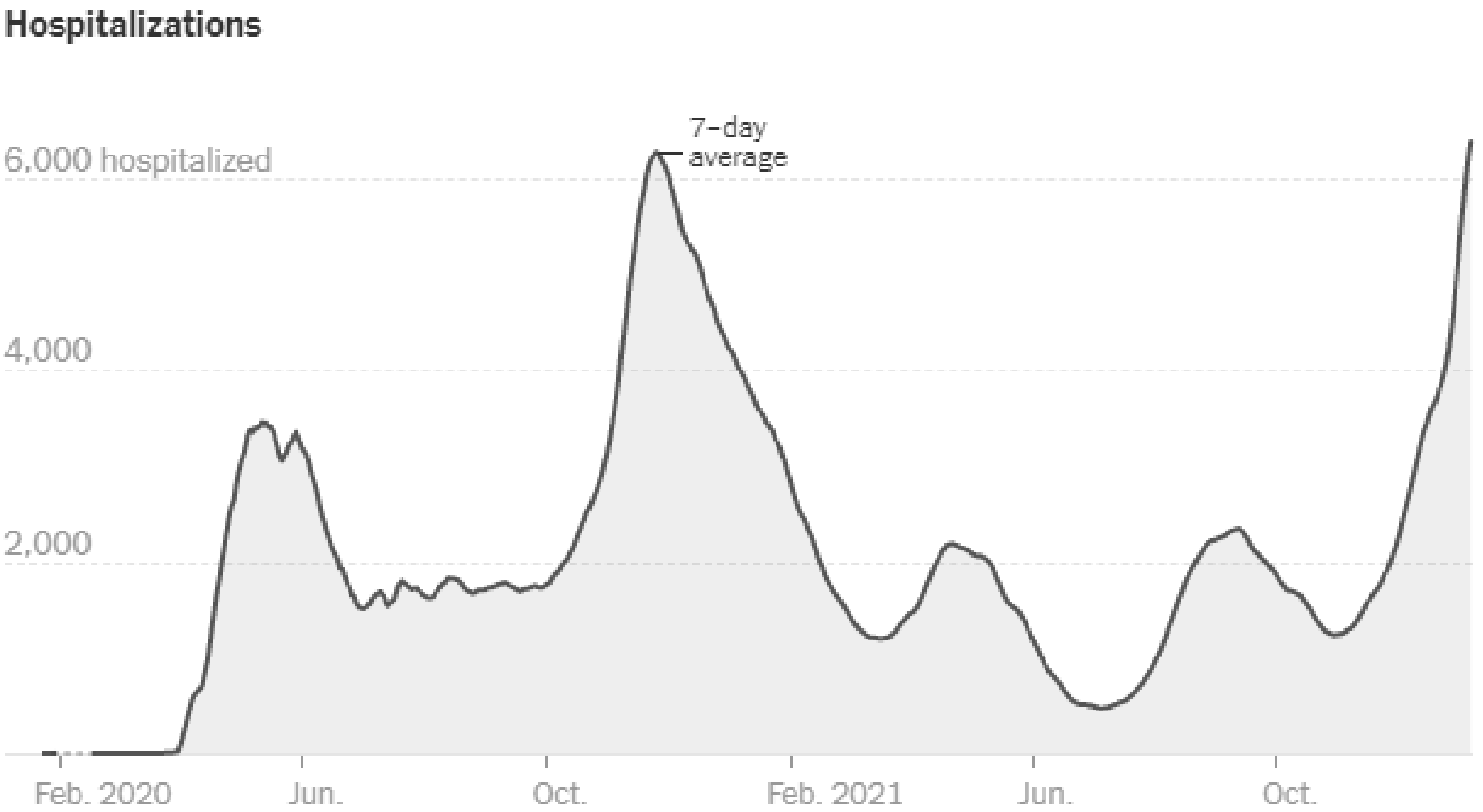


Illinois Daily Incidence

IDPH daily data summary



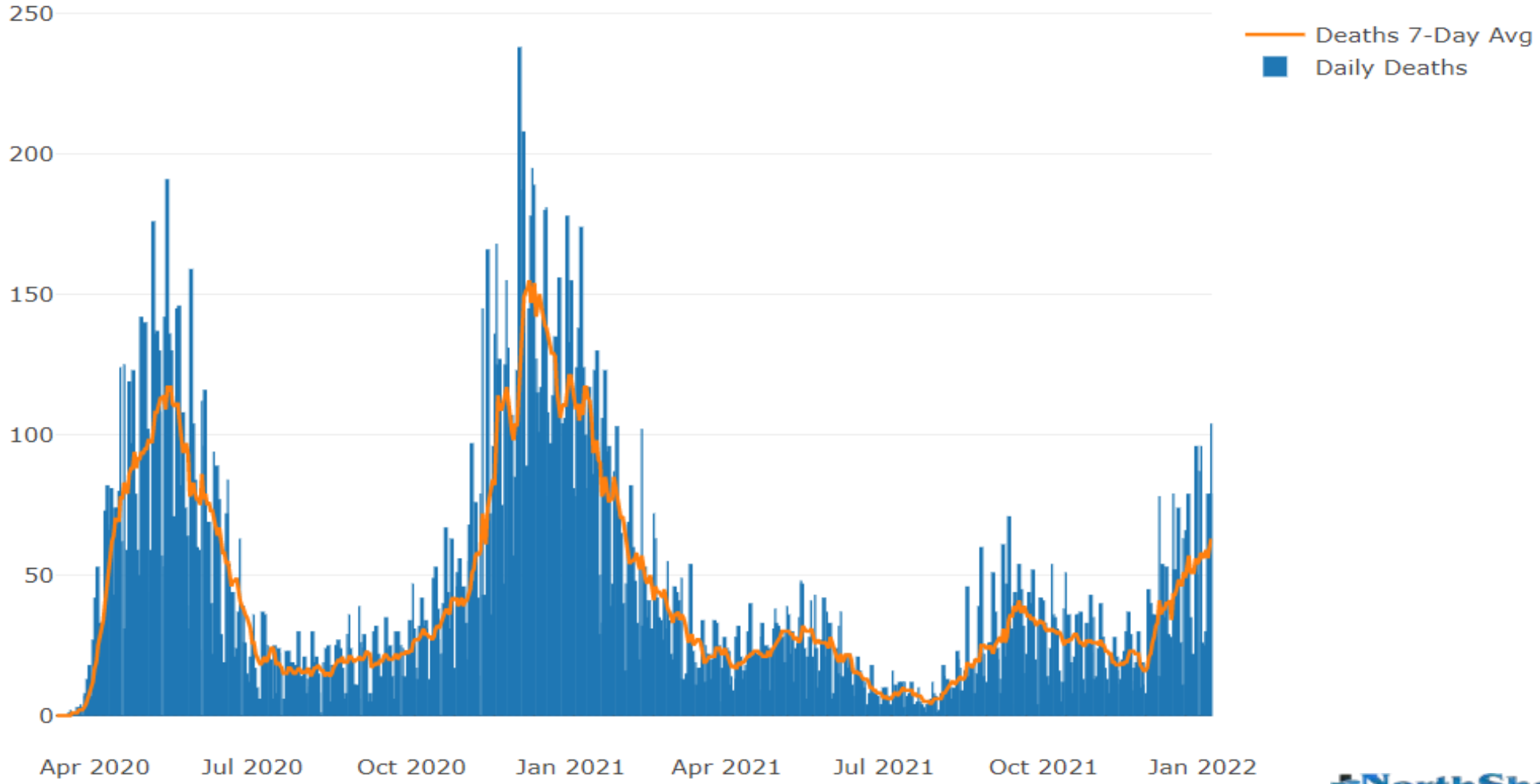
Illinois Hospitalizations By Time through 1/7/2022



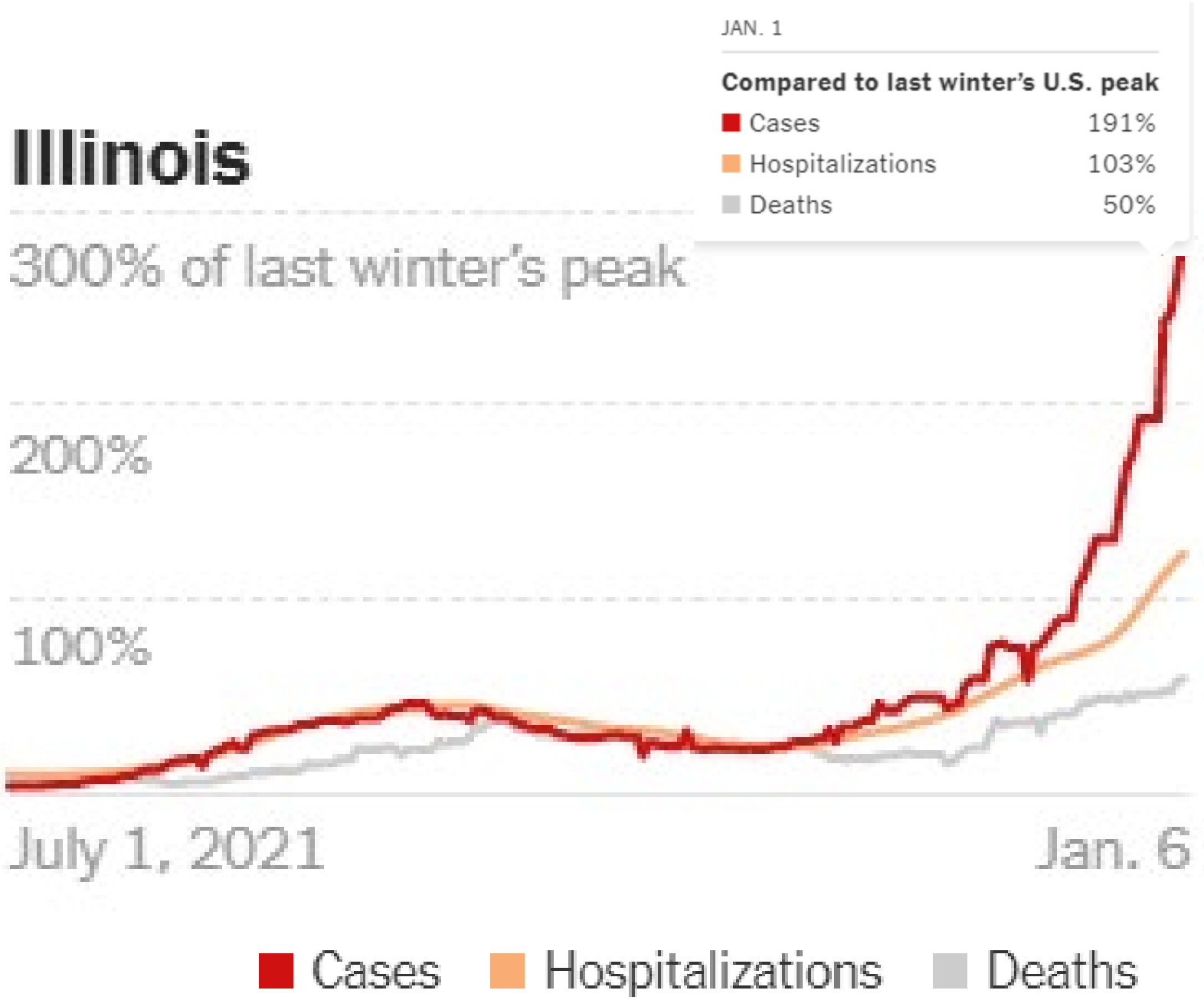
Sources: U.S. Department of Health and Human Services (daily confirmed and suspected Covid-19 hospital admissions); Census Bureau (population data). Data prior to October 2020 was unreliable. Data reported in the most recent seven days may be incomplete.

Illinois Covid Deaths

IDPH daily data summary



Covid-19 Hospitalization/ deaths over time



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Illinois Hot Spots 1/7/2022

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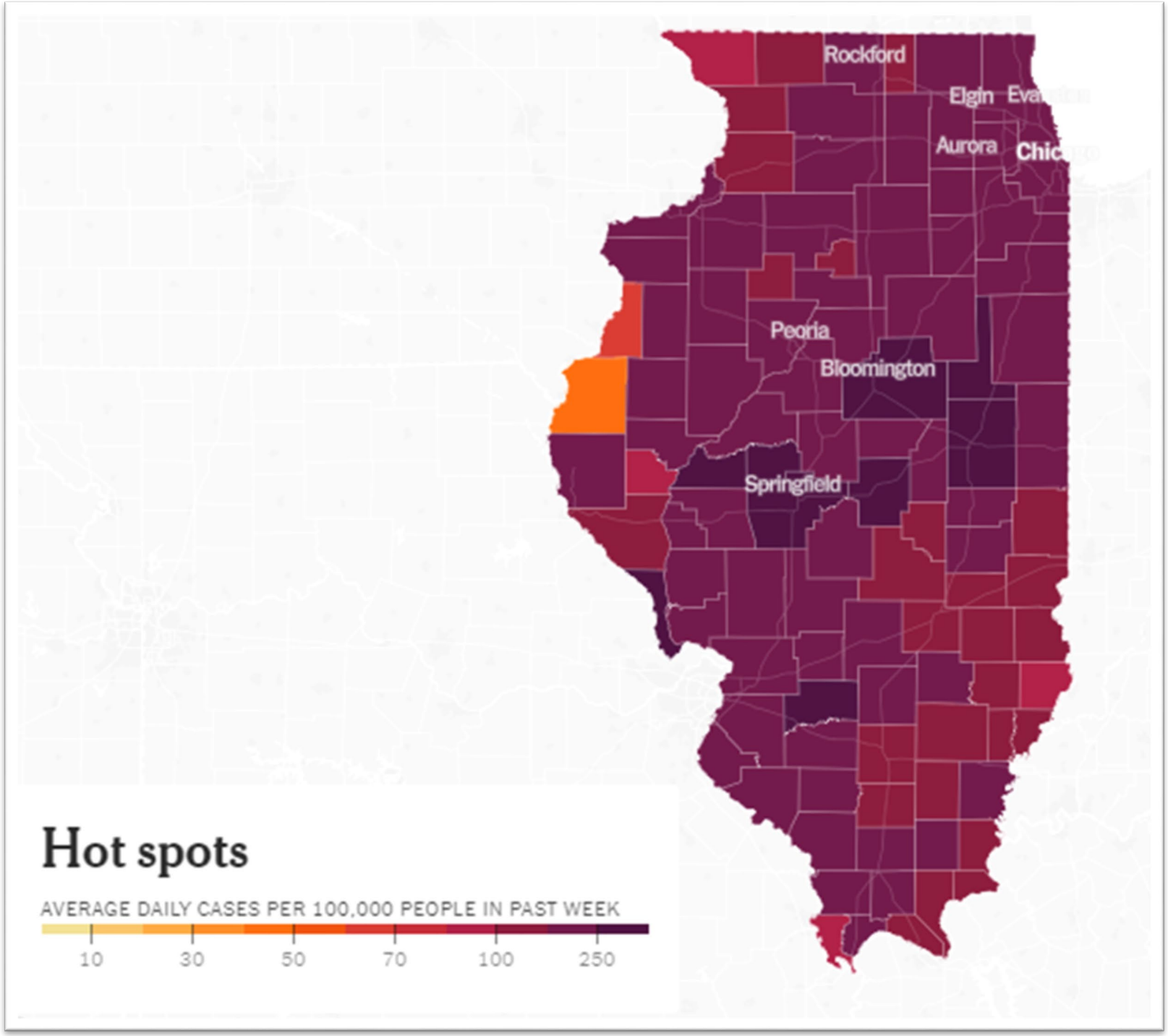
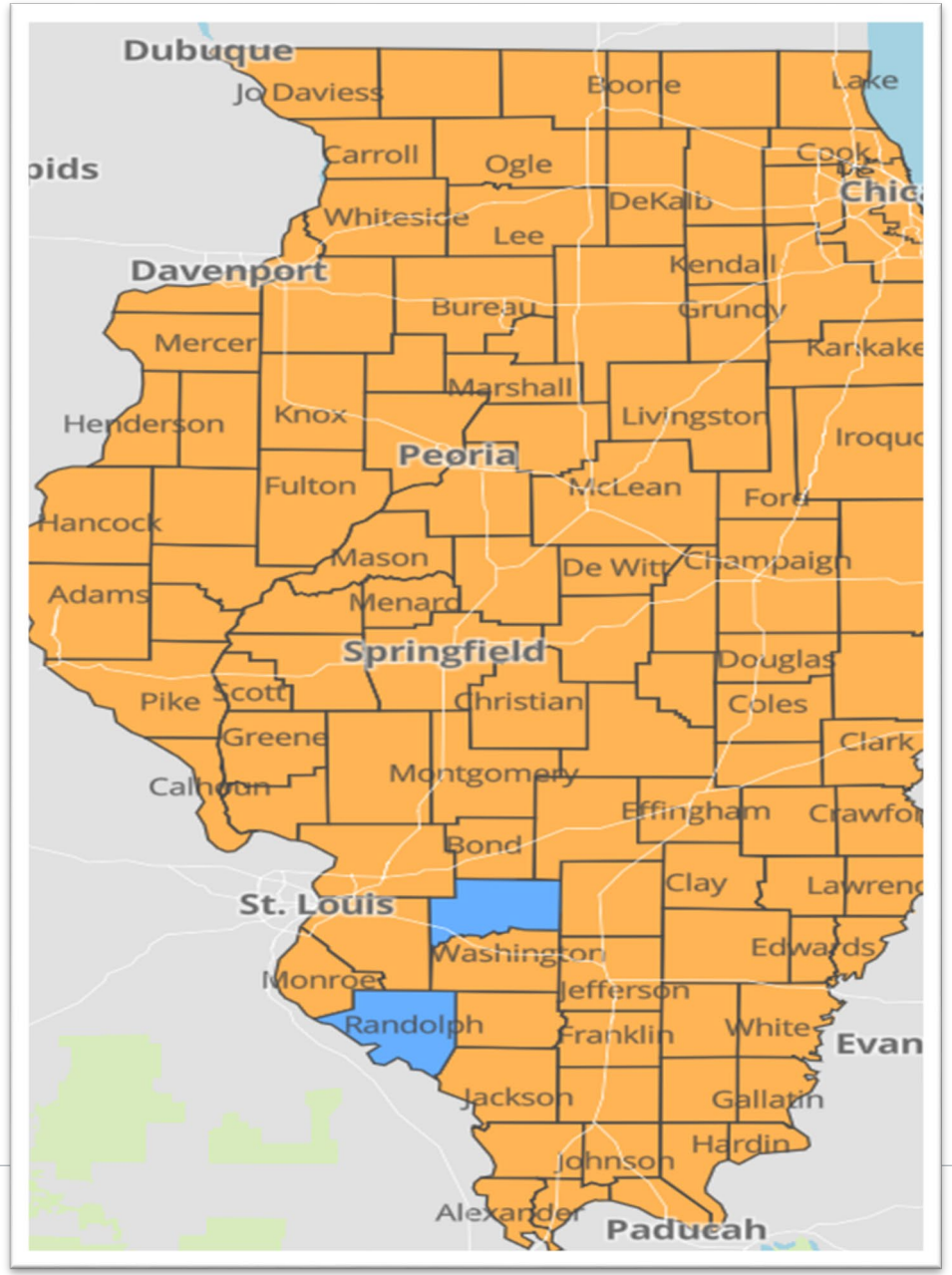


IDPH County Level COVID -19 Risk Metrics



Week 51: 12/19/2021
Through 12/25/2021

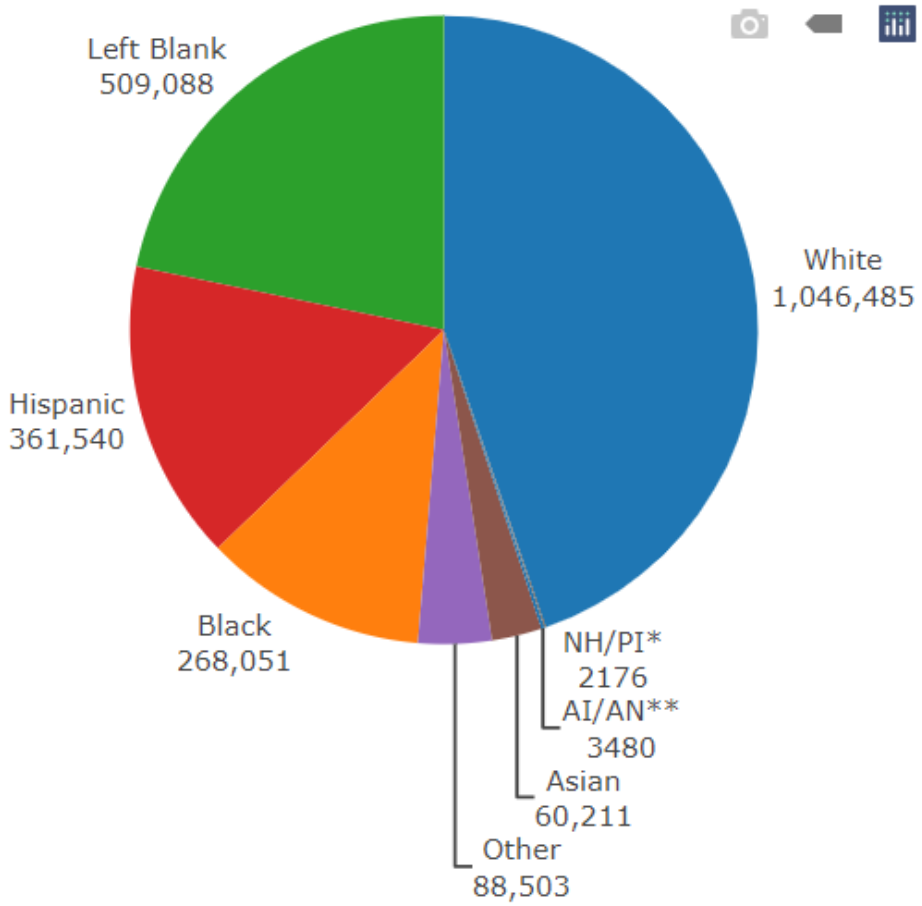
Blue indicates that the county is experiencing overall stable COVID-19 metrics.

Orange indicates there are warning signs of increased COVID-19 risk in the county.

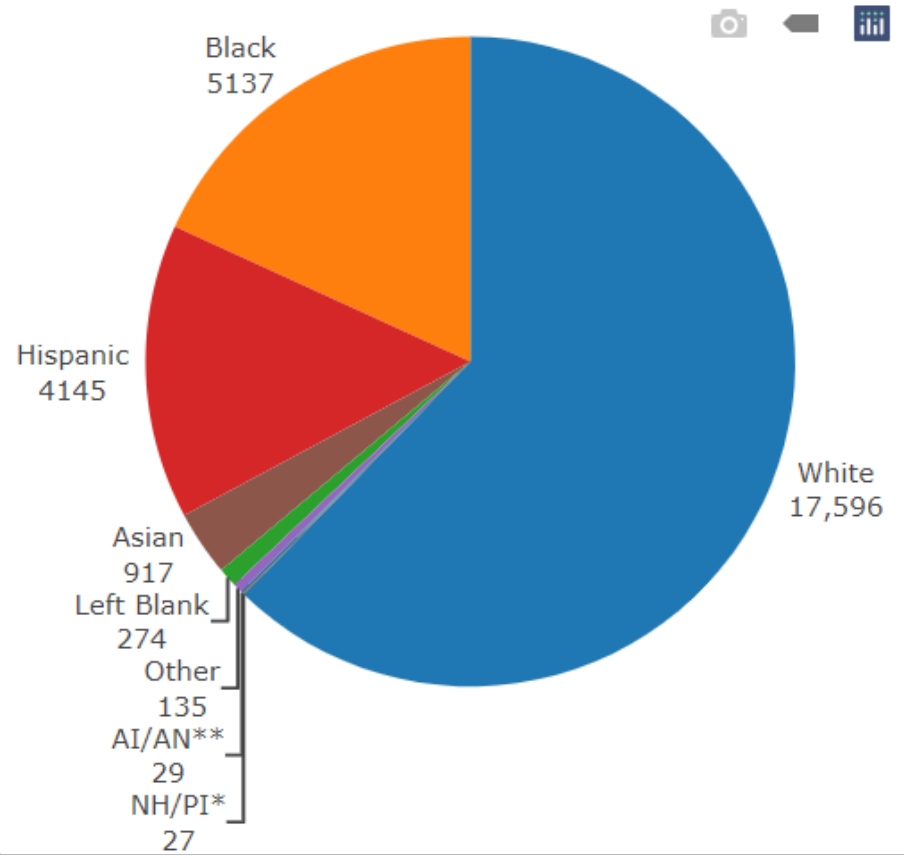
Data Update **January 6, 2022**
IDPH: COVID-19 Outbreak Race Demographics

https://www.dph.illinois.gov/covid19

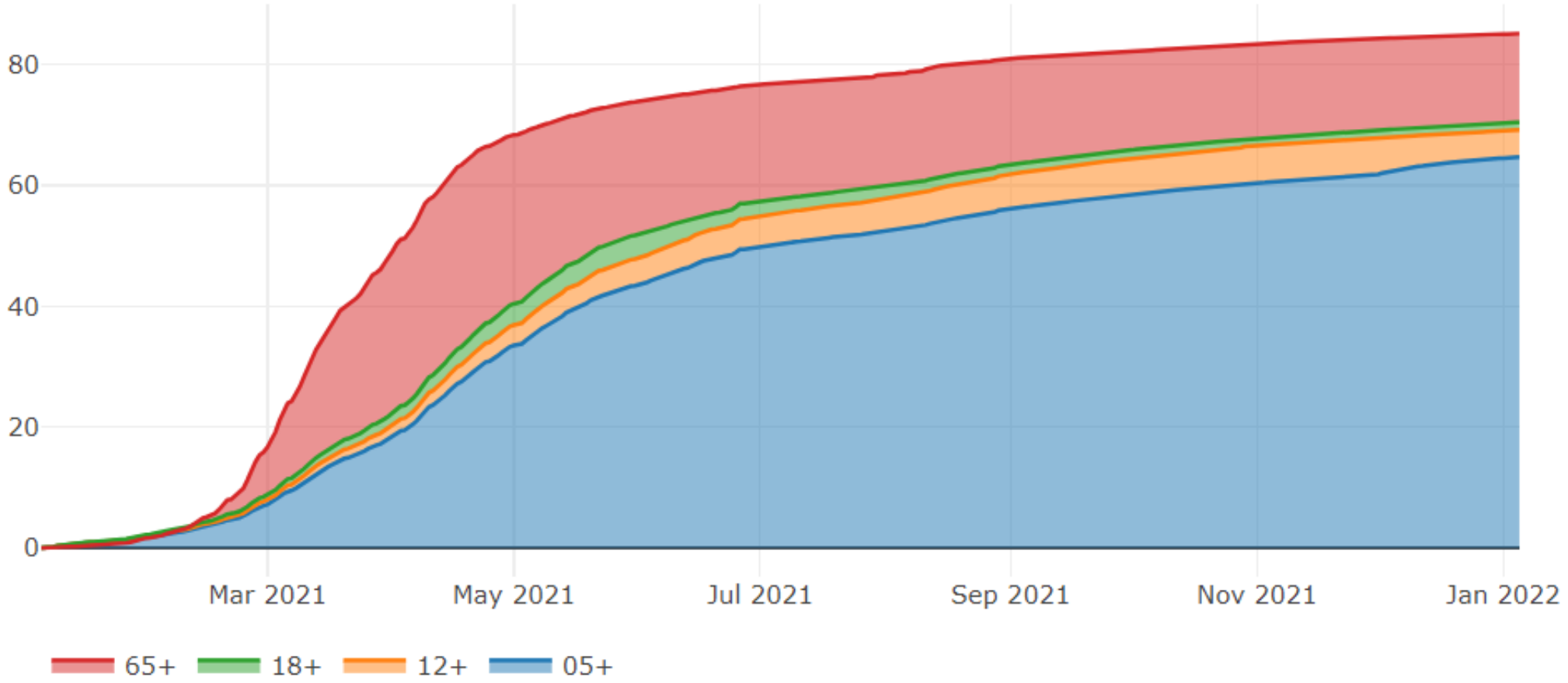
Confirmed Cases



Deaths

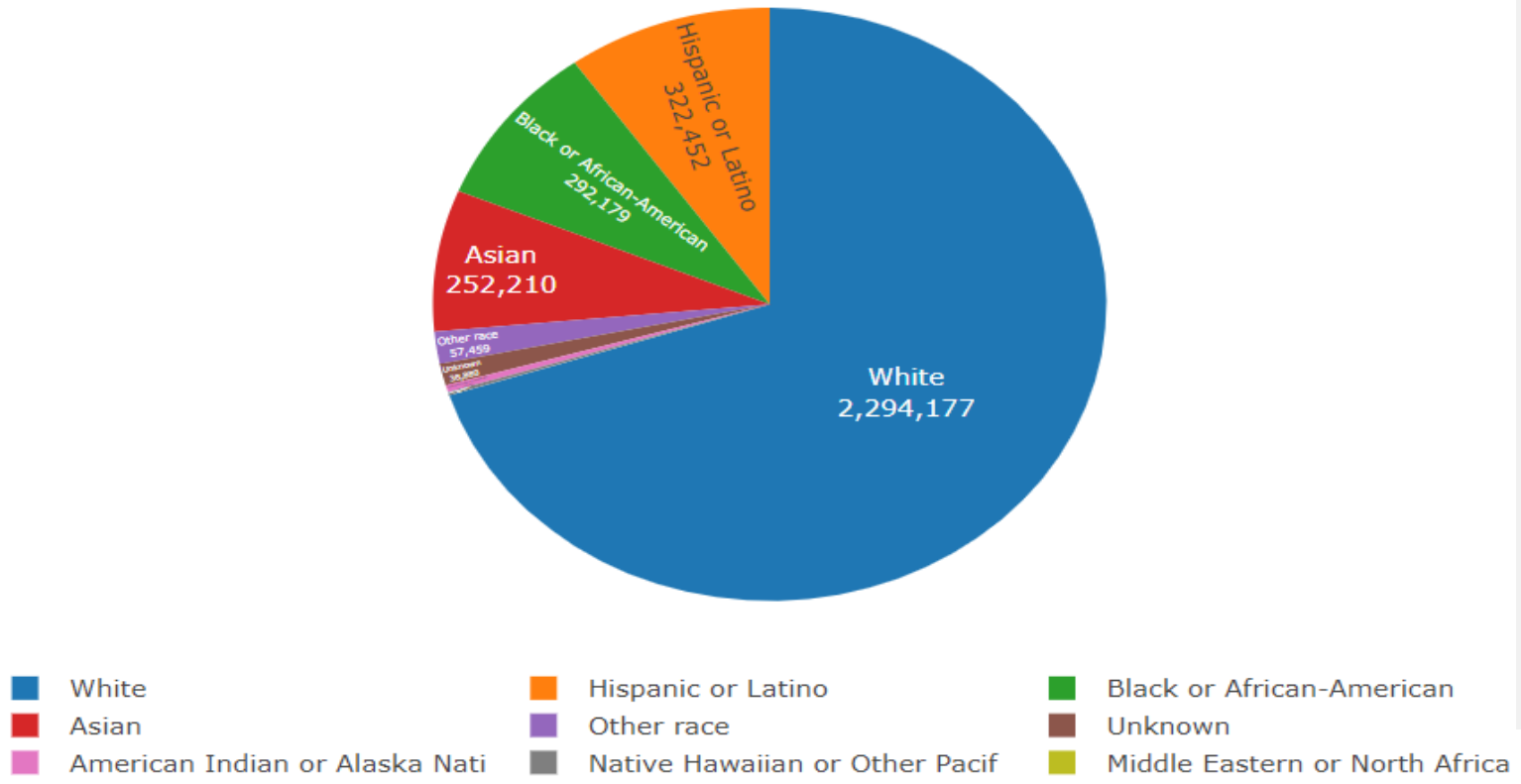


Illinois Population Vaccinated Fully

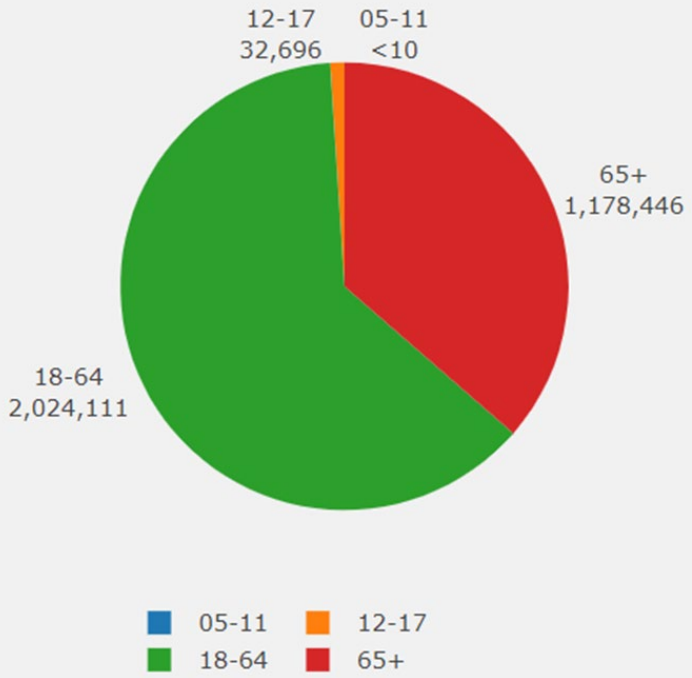


Illinois Population Administered Booster Doses

Race/Ethnicity Demographics



Age Demographics

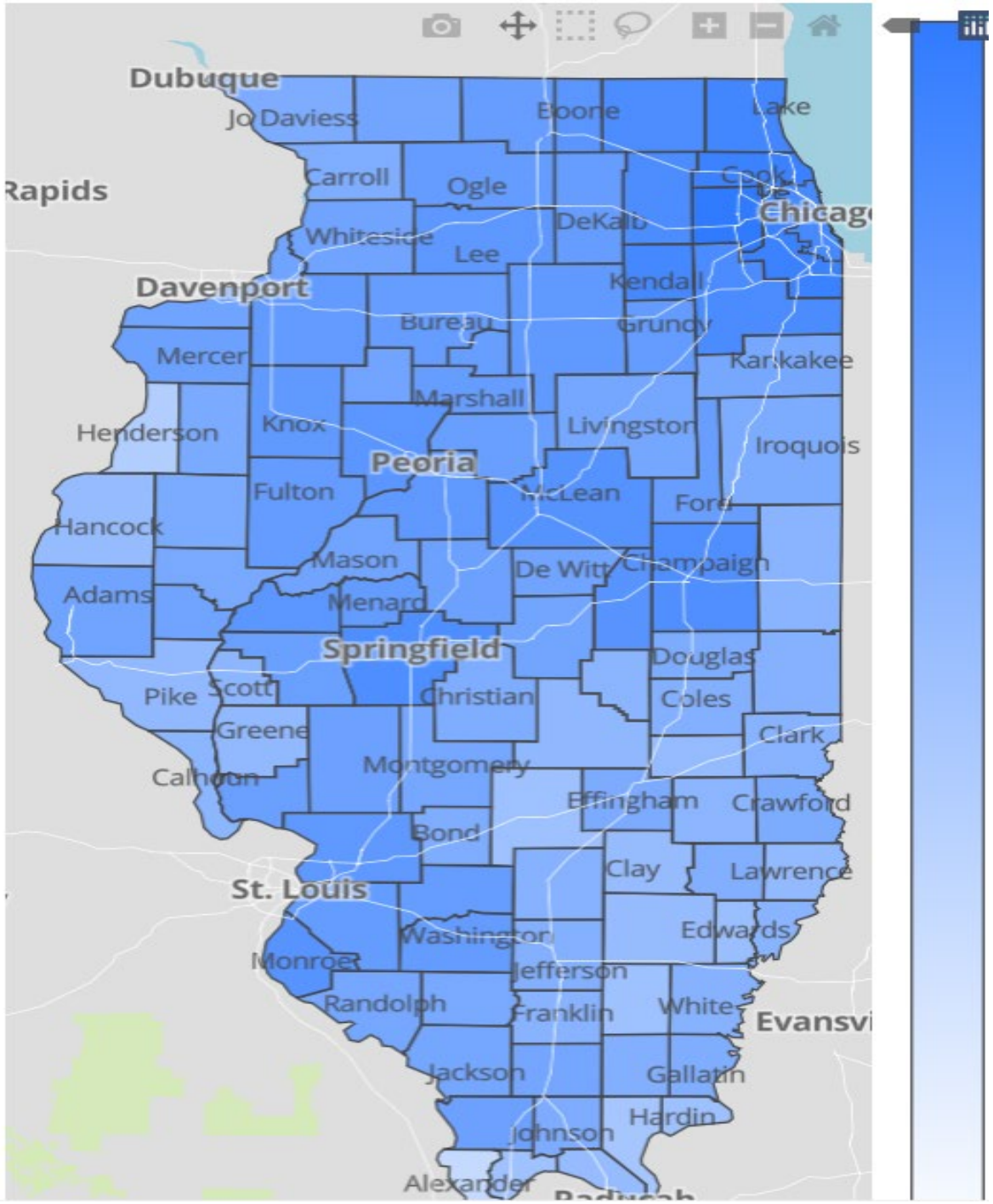


Illinois Daily Reported Administered Vaccine Doses

Last updated 1/6/2022

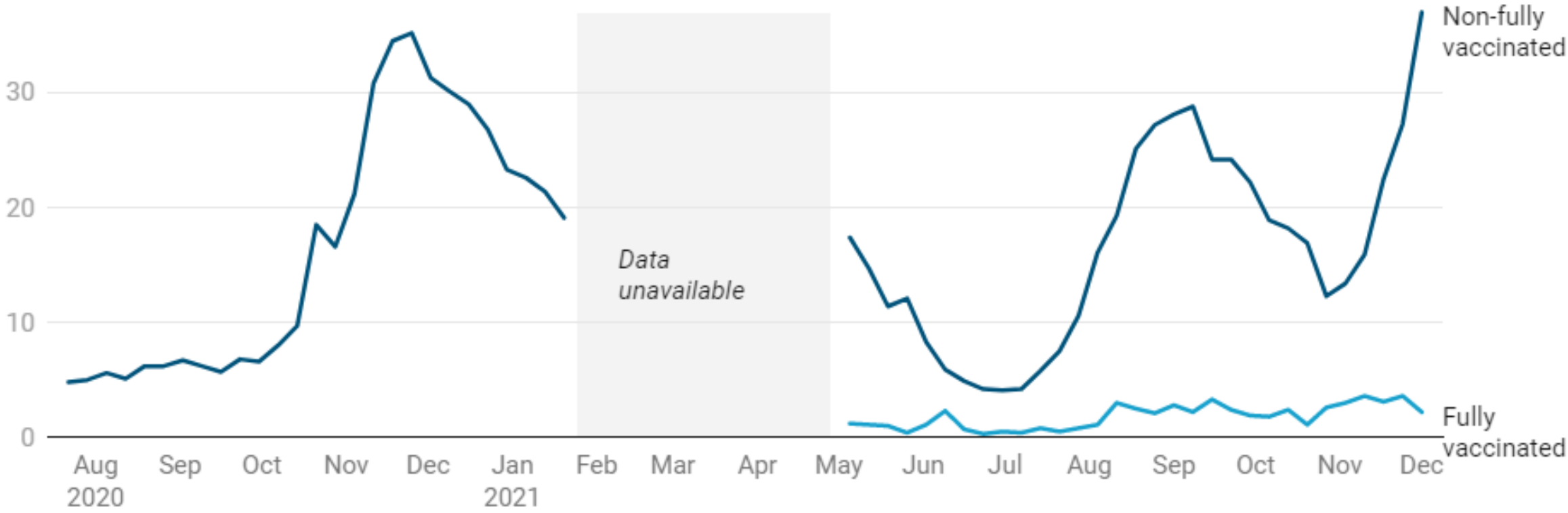
19,475,871

Administered Vaccine Doses



Hospitalization gap by vaccination status

The weekly rate of hospitalizations, per 100,000 residents, has risen significantly in recent weeks for those who remain unvaccinated, to levels higher than last fall.



Date listed is last day of seven-day period. Fully vaccinated are those two weeks past one shot of Johnson & Johnson or second shot of Pfizer or Moderna vaccines, based on CDC data. Prior weeks' rates can change as IDPH adjusts historical data.

Chart: Joe Mahr • Source: Tribune analysis of CDC and IDPH data. • Get the data • Created with Datawrapper

Figure 2: Percent of Pregnant People Aged 18–49 Years Fully Vaccinated with COVID-19 Vaccine Prior to or during Pregnancy Overall, by Race/Ethnicity, and Date Reported to CDC – Vaccine Safety Datalink*, United States December 14, 2020 – January 1, 2022^

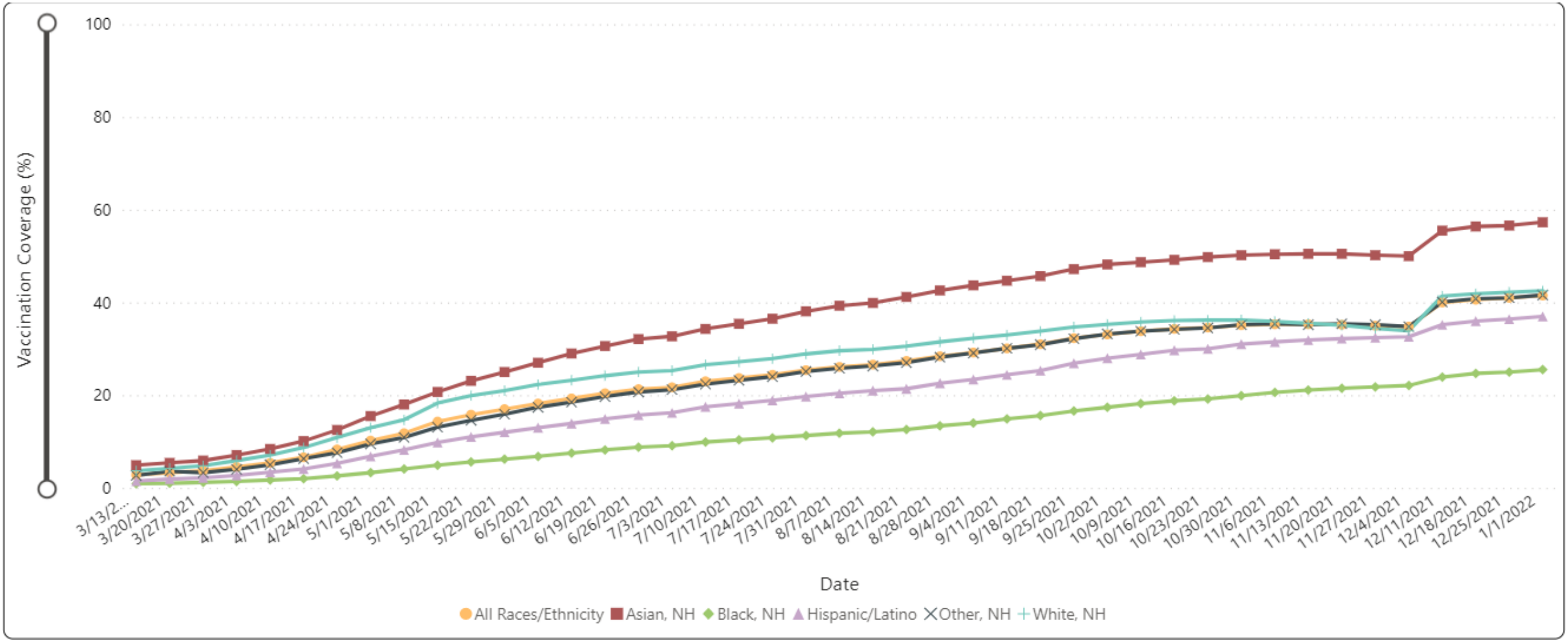
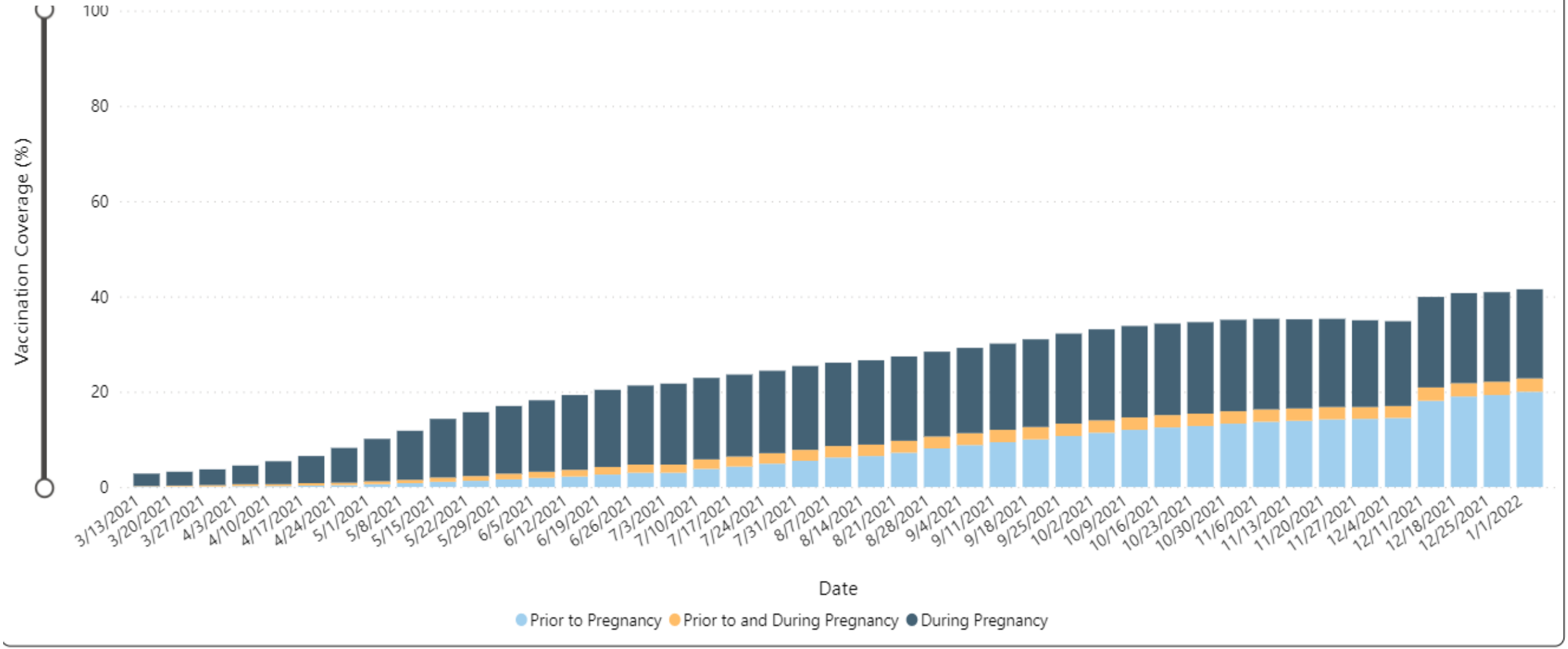


Figure 1: Percent of Pregnant People Aged 18–49 Years Fully Vaccinated with COVID-19 vaccine Prior to and during Pregnancy, by Timing of Vaccination and Date Reported to CDC – Vaccine Safety Datalink*, United States December 14, 2020 – January 1, 2022^



Covid-19 and Pregnancy

- Pregnant women with COVID-19, United States, January 22, 2020 - January 3, 2022
  - 155,587 cases
  - 26,159 hospitalizations
  - 257 deaths

CDC MMWR: [Risk for Stillbirth Among Women With and Without COVID-19 at Delivery Hospitalization — United States, March 2020–September 2021](). (11.19.21)

- Among 1,249,634 delivery hospitalizations during March 2020–September 2021, U.S. **women with COVID-19 were at increased risk for stillbirth compared with women without COVID-19 (adjusted relative risk [aRR] = 1.90; 95% CI = 1.69–2.15).** The magnitude of association was higher during the period of SARS-CoV-2 B.1.617.2 (Delta) variant predominance than during the pre-Delta period.
- 53.7% of women were non-Hispanic White, and 50.6% had private insurance as the primary payor
- Overall, 15.4% had obesity, 11.2% had diabetes, 17.2% had a hypertensive disorder, 1.8% had a multiple-gestation pregnancy, and 4.9% had smoking (tobacco) documented on the delivery hospitalization record.

What is the evidence for perinatal infection among neonates born to pregnant people with SARS-CoV-2 infection? (CDC Dec 2021)

Using data from the Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET), the CDC reported that among >25,000 liveborn infants with available PCR test results, 4% tested positive on SARS-CoV-2 PCR, with a higher positivity rate among preterm infants and mothers with infection

Severe illness and death for symptomatic pregnant women with COVID-19 compared to symptomatic nonpregnant women

Outcomes of Interest	No. (%)* Symptomatic Pregnant women with COVID-19 (N = 23,434)	Symptomatic Nonpregnant women with COVID-19 (N = 386,028)	Crude RR (95% CI)	aRR (95% CI) †
ICU Admission	245 (1.1)	1,492 (0.4)	**2.7 (2.4-3.1)**	**3.0 (2.6-3.4)**
Mechanical Ventilation	67 (0.3)	412 (0.1)	**2.7 (2.1-3.5)**	**2.9 (2.2-3.8)**
ECMO§	17 (0.1)	120 (0.0)	**2.3 (1.4-3.9)**	**2.4 (1.5-4.0)**
Death	34 (0.2)	447 (0.1)	**1.3 (0.9-1.8)**	**1.7 (1.2-2.4)**

* Percentages calculated among total in pregnancy status group; those with missing data on outcomes were counted as not having the outcome

† Adjusted for age, race/ethnicity, and presence of underlying conditions. Nonpregnant women are the referent group.

§ Extracorporeal membrane oxygenation

Zambrano LD, Ellington S, Strid P, et al. Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020. MMWR Morb Mortal Wkly Rep. ePub: 2 November 2020.
DOI: http://dx.doi.org/10.15585/mmwr.mm6944e3external icon.

CDC: COVID-19 Vaccination for Pregnant People to Prevent Serious Illness, Deaths, and Adverse Pregnancy Outcomes from COVID-19. (9.29.21)

CDC recommends urgent action to help protect pregnant people and their fetuses/infants.

Healthcare providers should communicate the risks of COVID-19, the benefits of vaccination, and information on the safety and effectiveness of COVID-19 vaccination in pregnancy.

Compared with non-pregnant symptomatic people, symptomatic pregnant people have more than a two-fold increased risk of requiring ICU admission, invasive ventilation, and ECMO, and a 70% increased risk of death.[6]

Healthcare providers should strongly recommend that people who are pregnant, recently pregnant (including those who are lactating), who are trying to become pregnant now, or who might become pregnant in the future receive one of the authorized or approved COVID-19 vaccines as soon as possible.

CDC: MotherToBaby help line for Covid and pregnancy questions for patients

If you are pregnant and have questions about COVID-19 vaccine

If you would like to speak to someone about COVID-19 vaccination during pregnancy, you can contact MotherToBaby.

MotherToBaby experts are available to answer questions in English or Spanish by phone or chat.

The free and confidential service is available Monday–Friday 8am–5pm (local time).
To reach MotherToBaby: Call 1-866-626-6847
Chat live or send an email MotherToBabyexternal iconexternal icon

VACCINE SAFETY DATA

CDC MMWR: Receipt of COVID-19 Vaccine During Pregnancy and Preterm or Small-for-Gestational-Age at Birth — December 15, 2020–July 22, 2021. (1.4.21)

- Pregnant women with COVID-19 are at increased risk for severe illness and adverse birth outcomes, yet many remain reluctant to be vaccinated.
- **What is added by this report?**
- In a retrospective cohort of >40,000 pregnant women, COVID-19 vaccination during pregnancy was not associated with preterm birth or small-for-gestational-age at birth overall, stratified by trimester of vaccination, or number of vaccine doses received during pregnancy, compared with unvaccinated pregnant women.
- **What are the implications for public health practice?**
- These data support the safety of COVID-19 vaccination during pregnancy. CDC recommends COVID-19 vaccination for women who are pregnant, recently pregnant, who are trying to become pregnant now, or who might become pregnant in the future.

V-SAFE vaccine monitoring – what data is being gathered pregnant patients

- As of **December 20, 2021**, there have been over **180,289** pregnancies reported in CDC's V-SAFE post-vaccination health checker
- CDC is also enrolling pregnant individuals in a pregnancy registry for additional follow up with over **8,749** enrolled.
- Evidence gathered through these system has provide clinicians with critically needed safety data on COVID-19 vaccination during pregnancy
- No adverse pregnancy outcomes associated with Covid-19 vaccine and pregnancy
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html

CDC Vaccine and Pregnancy Summary: what you need to know

- People who are pregnant or recently pregnant are more likely to get severely ill with COVID-19 compared with people who are not pregnant.
- Getting a COVID-19 vaccine can help protect you from severe illness from COVID-19.
- **COVID-19 vaccination is recommended for people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future.**
- People who are pregnant should receive a COVID-19 vaccine booster shot.
- Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy has been growing. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.
- **There is currently no evidence that any vaccines, including COVID-19 vaccines, cause fertility problems in women or men.**

ACOG: COVID-19 Vaccination During Pregnancy Is Key to Saving Lives, Medical Experts Urge. (12.6.21)

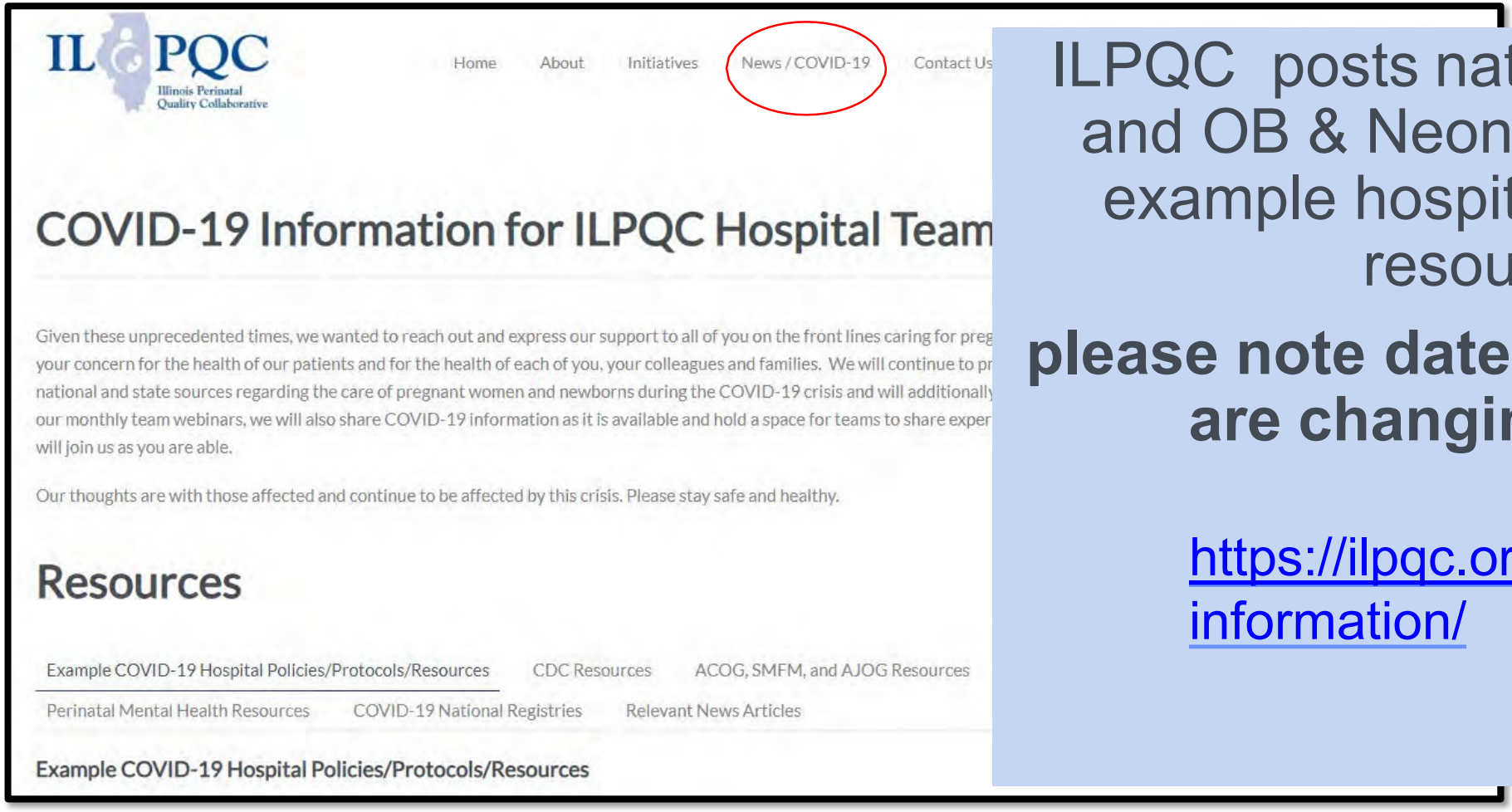
- The following is a joint statement from the American College of Obstetricians and Gynecologists | American Academy of Family Physicians | American College of Nurse-Midwives | American Society for Reproductive Medicine | Association of Women's Health, Obstetric and Neonatal Nurses | National Hispanic Medical Association | National Medical Association | National Rural Health Association | Nurse Practitioners in Women's Health | Society for Maternal-Fetal Medicine.
- "As the leading organizations representing experts in maternal care, we continue to strongly urge all eligible individuals—especially those who are considering pregnancy, pregnant, recently pregnant, and lactating—to be vaccinated against COVID-19.
- "Pregnant individuals are at increased risk of severe COVID-19 infection, ICU admission, and death, as well as adverse pregnancy outcomes. If an individual is pregnant, the best way to protect themselves and their pregnancy against the potential harm from COVID-19 infection is to be vaccinated

SMFM: Provider Considerations for Engaging in COVID-19 Vaccine Counseling With Pregnant and Lactating Patients (Updated 10.26.21)

- SMFM and ACOG recommend that pregnant people, including health care workers, receive a **COVID-19 booster shot at least 5 months after their primary series**. As with the primary series, the booster dose should be given at any stage during pregnancy and postpartum.

ILPQC COVID-19 Webpage

www.ilpqc.org



ILPQC posts national guidelines and OB & Neonatal COVID-19 example hospital protocols & resources

please note dates as guidelines are changing rapidly

https://ilpqc.org/covid-19-information/

Updated OB (ACOG/SMFM) Resources

- ACOG: Statement of Strong Medical Consensus for Vaccination of Pregnant Individuals Against COVID-19. (Updated 9.14.21)
- ACOG: Statement on the CDC's Health Advisory on COVID-19 Vaccination. (9.29.21)
- ACOG: COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care. (12.3.21)
- **ACOG:** COVID-19 Vaccination During Pregnancy Is Key to Saving Lives, Medical Experts Urge. (12.6.21)
- SMFM: Provider Considerations for Engaging in COVID-19 Vaccine Counseling With Pregnant and Lactating Patients. (Updated 12.20.21)
- SMFM: COVID-19 and Pregnancy: What Maternal-Fetal Medicine Subspecialists Need to Know(12.3.21)
- SMFM: SMFM Supports the Use of Paxlovid in Pregnant Patients. (12.22.21)
- ACOG: COVID-19 FAQs for Obstetrician-Gynecologists, Obstetric. (12.28.21)

FDA Issues EUA for the Treatment of Mild-to-Moderate COVID-19 Maternal-Fetal Medicine Subspecialists Support Use in Pregnant Patients

- **December 22, 2021 – Today the U.S. Food and Drug Administration issued an Emergency Use Authorization (EUA) for Paxlovid for the treatment of mild-to-moderate COVID-19 in adults and some pediatric patients.**
- In response, the Society for Maternal-Fetal Medicine (SMFM) issued the following statement. “SMFM supports the use of **Paxlovid** (nirmatrelvir [PF-07321332] tablets and ritonavir tablets) for treatment of pregnant patients with COVID-19 who meet clinical qualifications. Any therapy that would otherwise be given should not be withheld specifically due to pregnancy or lactation.”

Anti-Viral Medication and Pregnancy

- ACOG: COVID-19 FAQs for Obstetrician-Gynecologists, Obstetric. (12.28.21)
- **ACOG FAQ Obstetrics: Should oral SARS-CoV-2 protease inhibitor therapy be used as a treatment option for pregnant patients? (NEW)**
- An oral SARS-CoV-2 protease inhibitor, PAXLOVID (which includes nirmatrelvir, a SARS-CoV-2 main protease inhibitor, and ritonavir, an HIV-1 protease inhibitor and CYP3A inhibitor) is now available under emergency use authorization. It is recommended for the treatment of outpatients with mild to moderate COVID-19 infection who are at high risk of clinical progression
- Pregnancy is included among the conditions that put individuals at high risk for clinical progression. This makes pregnant patients, including those with pregnancy as their only risk factor, eligible to receive outpatient oral SARS-CoV-2 protease inhibitor therapy, according to the EUA.
- May consider for the treatment of non-hospitalized COVID-19 positive pregnant individuals with mild to moderate symptoms, particularly if one or more additional risk factors are present (eg body mass index >25, chronic kidney disease, diabetes mellitus, cardiovascular disease). Clinicians should weigh the available data against the individual risks of COVID-19 in pregnancy in each situation.

Anti-Viral Medication and Pregnancy

- If utilizing protease inhibitor (PAXLOVID) treatment, this treatment should be initiated orally as soon as possible after diagnosis of COVID-19 and within 5 days of symptom onset.
- Obstetric care clinicians should be aware that the concomitant use of PAXLOVID and certain other drugs (including medications used in obstetric settings such as nifedipine, methylergonovine, fentanyl, midazolam, or betamethasone) may result in potentially significant drug interactions. (EUA Fact Sheet).
- Lactation is not a contraindication for the use of this oral SARS-CoV-2 protease inhibitor (EUA Fact Sheet). Lactating individuals with one or more risk factors for severe COVID-19 illness may receive SARS-CoV-2 protease inhibitor for treatment

Anti-Viral Medication and Pregnancy

- There are no available human data on the use of nirmatrelvir (Paxlovid) during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes.
- In an embryo-fetal development study with nirmatrelvir, reduced fetal body weights following oral administration of nirmatrelvir to pregnant rabbits were observed at systemic exposures approximately 10 times higher than exposure at the authorized human dose of PAXLOVID.
- Published observational studies on ritonavir use in pregnant women have not identified an increased risk of birth defects.
- No other adverse developmental outcomes were observed in animal reproduction studies with nirmatrelvir or ritonavir at systemic exposures greater than or equal to 3 times higher than clinical exposure at the authorized human dose of PAXLOVID (EUA Fact Sheet).
- The short-term exposure to these medications must be balanced against the maternal and fetal risks associated with untreated COVID-19 in pregnancy.

Monoclonal Antibody Updates

- Nature News: Omicron overpowers key COVID antibody treatments in early tests. (12.21.21)
- BioRxIv: An infectious SARS-CoV-2 B.1.1.529 Omicron virus escapes neutralization by several therapeutic monoclonal antibodies. (12.17.21)
- Majority of monoclonal antibodies treatments used to prevent severe disease fail to stand up to the new variant, laboratory assays show.
- Report that only two antibodies show evidence of retaining ability to neutralize the variant: Sotrovimab, developed by Vir Biotechnology, and GSK, headquartered in London
- Both are short supply and being rationed using NIH based priority algorithm, pregnant women after 65 and older.

DHS: State/Territory-Coordinated Distribution of Sotrovimab

- Early in vitro data suggests sotrovimab retains activity against the Omicron variant. As such, **we are actively preparing approximately 55,000 doses of sotrovimab for immediate allocation to your jurisdictions.** Shipment of product will begin soon, and jurisdictions will see product arrive as early as Tuesday, December 21, 2021.
- Allocation of sotrovimab to state and territorial health departments was determined using the same methodology as before, which takes into account COVID-19 incidence rates and hospitalizations.
- Please note that the federal government's current supply of sotrovimab is extremely limited, and additional doses of the product will not be available until the week of January 3rd. We recommend that jurisdictions continue use of the bam/ete and REGEN-COV monoclonal antibody products until prevalence of Omicron is greater than 20% while reserving sotrovimab for treatment of eligible outpatients

Recommendation for Prioritization of Sotrovimab

- NIH COVID-19 Treatment Guidelines Panel's Statement on prioritization when there are logistical or supply constraints.
  Updated 12/23/21
- Highest risk criteria for severe COVID-19 can be determined by local prioritization schemes, but criteria may include: age ≥ 65 years, major immune suppression (e.g., recently diagnosed hematologic malignancy, cancer chemotherapy, solid organ transplant on immune suppression), obesity with BMI >35-40 kg/m2, cardiovascular disease (including hypertension), pregnancy, poorly controlled diabetes, significantly reduced kidney function, COPD, stroke, and two or more risk factors.

ACOG: COVID-19 FAQs for Obstetrics (Monoclonal Antibody Recommendation) (updated 10.18. 2021)

- Monoclonal antibody treatments recommended for the treatment of outpatients with mild to moderate COVID-19 infection who are at high risk of clinical progression as defined by the EUA criteria.
- Pregnancy is included among the conditions that put individuals at high risk for clinical progression. This makes patients with pregnancy as their only risk factor eligible to receive outpatient monoclonal antibodies, according to the EUA (NIH).
- Obstetric care clinicians may consider the use of monoclonal antibodies for the treatment of non-hospitalized COVID-19 positive pregnant individuals with mild to moderate symptoms, particularly if one or more additional risk factors are present (eg BMI >25, chronic kidney disease, diabetes mellitus, cardiovascular disease).
- Post-exposure prophylaxis should be considered for inadequately vaccinated individuals who have been exposed to SARS-CoV-2 (NIH). These individuals include those who have had a recent exposure to an individual with SARS-CoV-2 for a cumulative total of 15 minutes or more over a 24-hour period or there is a recent occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting AND are 1) not fully vaccinated or 2) fully vaccinated but may not mount an adequate immune response.

ACOG: Monoclonal Antibody for Pregnant Patients (updated October 18, 2021)

- Lactation is not a contraindication for the use of monoclonal antibodies. Lactating individuals with one or more risk factors for severe COVID-19 illness may receive monoclonal antibodies for treatment or post-exposure prophylaxis. There is no need to temporarily discontinue breastfeeding when receiving monoclonal antibodies.
- The CDC currently recommends waiting 90 days to get the vaccine after receipt of monoclonal antibodies (CDC).
- Efforts should be made to ensure that communities most affected by SARS-CoV-2 have equitable access to these treatments

Updated SMFM Patient Education Resources *(on ILPQC Covid webpage)*

- SMFM: COVID-19 Vaccination if You Are Pregnant or Breastfeeding English. (11.3.2021)
- SMFM: COVID-19 Vaccination if You Are Pregnant or Breastfeeding Spanish. (11.3.2021)
- SMFM: Top 5 Reasons to Get the COVID-19 Vaccine (English and Spanish). (11.23.21)

SMFM: NEW INFOGRAPHIC Top 5 Reasons to Get the COVID-19 Vaccine (English and Spanish)

¿Está embarazada? ¿Está pensando en quedar embarazada? ¿Ha estado embarazada recientemente?

Las 5 razones principales para vacunarse contra el COVID-19

1. Las personas embarazadas tienen más probabilidades de enfermarse gravemente por COVID-19 que las personas no embarazadas [1-4]. Contraer COVID-19 durante el embarazo aumenta el riesgo de parto prematuro [5] y el riesgo de que su bebé necesite cuidados intensivos [6]. Recibir la vacuna ayuda a protegerlos a usted y a su bebé de enfermar gravemente, ser hospitalizados y morir por COVID-19 [7-9].
2. Los anticuerpos que su cuerpo produce en respuesta a la vacuna pueden atravesar la placenta y llegar a su bebé [10, 11]. La lactancia también transfiere anticuerpos a su bebé [12-14]. Los anticuerpos de la vacuna pueden ayudar a proteger a su bebé contra el COVID-19 después del nacimiento [15].
3. Miles de personas embarazadas han recibido vacunas contra el COVID-19 deforma segura. No ha habido informes de un mayor riesgo de pérdida del embarazo [16-20], problemas de crecimiento del feto o defectos de nacimiento [9].
4. Las vacunas contra el COVID-19 no tienen ningún efecto sobre la fertilidad. No hay información que sugiera que alguna vacuna, incluidas lasvacunas contra el COVID-19, afecte su capacidad para quedar embarazada ahora o en el futuro [9, 21-23].
5. Las personas embarazadas pueden presentar los mismos efectos secundarios leves de las vacunas contra el COVID-19, como fiebre, dolor de cabeza y cansancio, que las personas no embarazadas. Las personas embarazadas que han sido vacunadas no han informado efectos secundarios graves [9, 24, 25].

Conozca los datos. Vacúnese.

Society for Maternal-Fetal Medicine
High-risk pregnancy experts

Escanee para ver una versión web con enlaces a las referencias.

Pregnant? Thinking About Pregnancy? Recently Pregnant?

Top 5 Reasons to Get the COVID-19 Vaccine

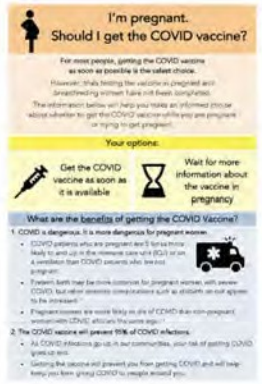
1. Pregnant people are more likely to get very sick from COVID-19 than nonpregnant people.[1-4] Getting COVID-19 while pregnant increases the risk of preterm birth[5] and the risk that your baby will need intensive care.[6] Getting the vaccine helps protect you and your baby from serious illness, hospitalization, and death from COVID-19.[7-9]
2. The antibodies that your body makes in response to the vaccine can cross the placenta to your baby.[10, 11] Breastfeeding also transfers antibodies to your baby.[12-14] The antibodies from the vaccine may help protect your baby against COVID-19 after birth.[15]
3. Thousands of pregnant people have safely received COVID-19 vaccines. There have been no reports of any increased risk of pregnancy loss,[16-20] fetal growth problems, or birth defects.[9]
4. COVID-19 vaccines have no effect on fertility. There is no information to suggest that any vaccines–including COVID-19 vaccines–affect your ability to get pregnant now or in the future.[9, 21-23]
5. Pregnant people may have the same mild side effects from the COVID-19 vaccines, like fever, headache, and being tired, that nonpregnant people have. No serious side effects have been reported by pregnant people who have been vaccinated.[9, 24, 25]

Get the Facts. Get Vaccinated.

Society for Maternal-Fetal Medicine
High-risk pregnancy experts

Scan to see a web version with links to the references.

COVID Vaccine Patient Education Examples



[CDC: Safety of COVID-19 Vaccines. Video link. (Updated 6.8. 2021)]

Cook County Health: Should I get the COVID-19 vaccine?
Flyer [English] and [Spanish] (6.11.21)

University of Massachusetts Medical School – [Baystate: Covid Vaccine Info for Pregnant/Breastfeeding Patients English].

Available in:
[Spanish], [Nepali], [Portuguese], [Arabic], [Turkish], [Somali], [Chinese], [Vietnamese], [Russian] (3.17.21)

SMFM Patient Education (English/Spanish): [COVID-19 Vaccines and Pregnancy]. (3.4.21)

[CDC: Information about COVID-19 Vaccines for People who Are Pregnant or Breastfeeding.] (3.18.21)

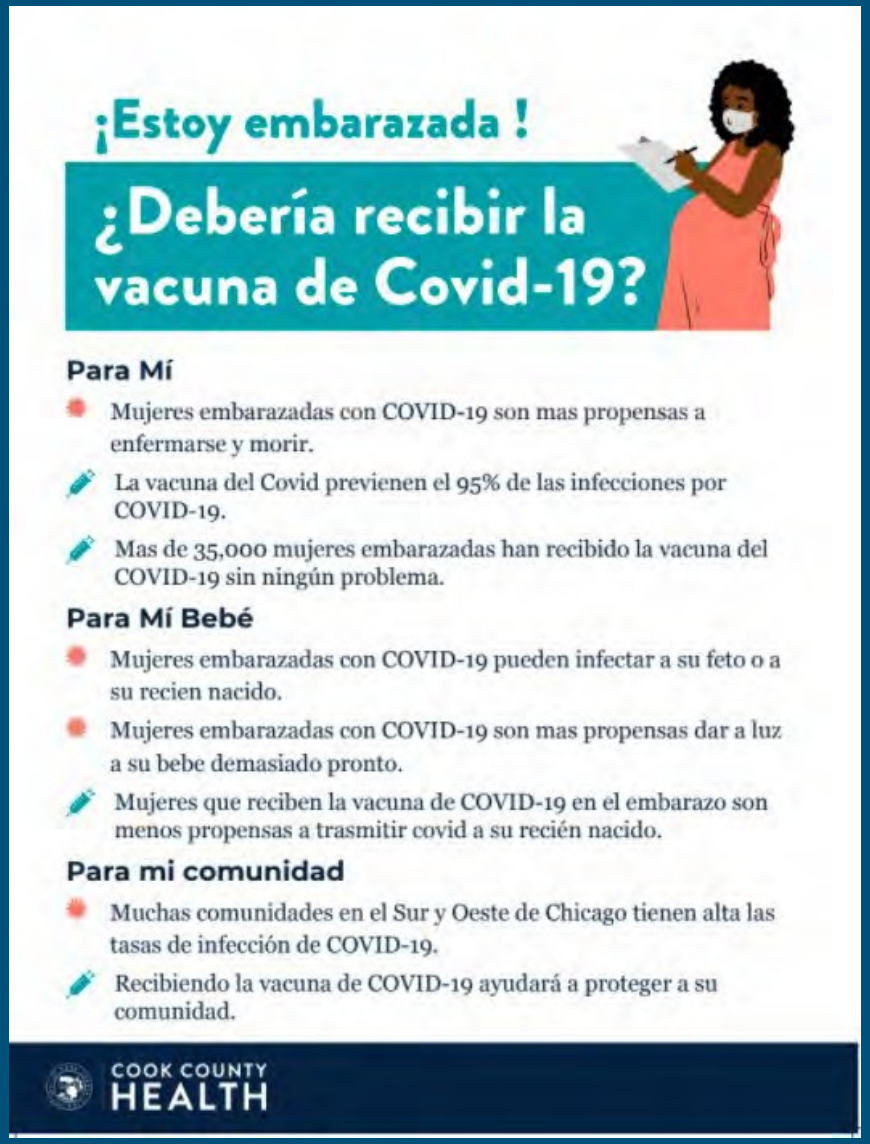
Everthrive COVID-19 Vaccination Education Campaign

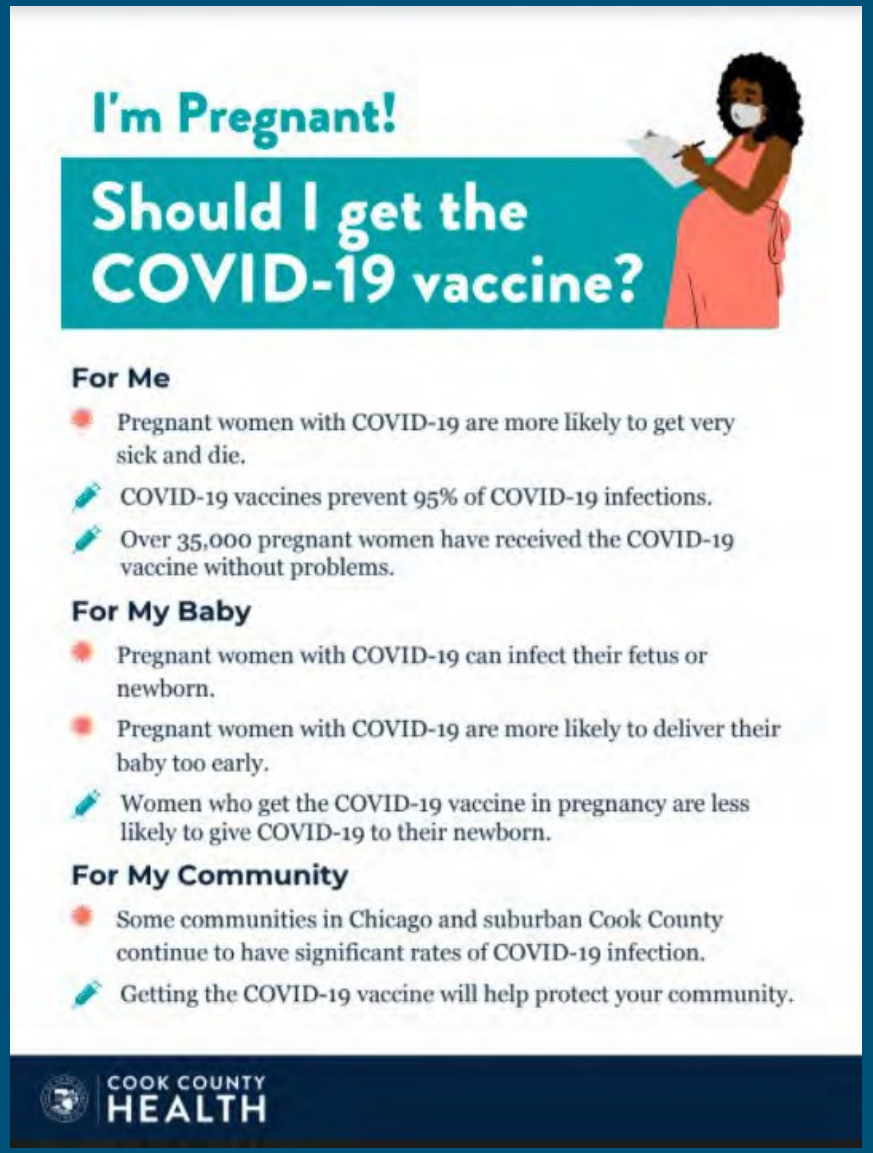
•This month, EverThrive IL launched a COVID-19 Vaccination Education campaign aimed at increasing vaccine confidence and ultimately vaccination rates on Chicago's southside. Andie Baker will share information about the campaign and resources for us today.

links to the campaign website (English and Spanish language) are in the slide deck and below:

- https://understand.everthriveil.org/
- https://understand.everthriveil.org/es/

POSTERS


¡Estoy embarazada !
¿Debería recibir la vacuna de Covid-19?
Para Mí
Mujeres embarazadas con COVID-19 son mas propensas a enfermarse y morir.
La vacuna del Covid previenen el 95% de las infecciones por COVID-19.
Mas de 35,000 mujeres embarazadas han recibido la vacuna del COVID-19 sin ningún problema.
Para Mí Bebé
Mujeres embarazadas con COVID-19 pueden infectar a su feto o a su recien nacido.
Mujeres embarazadas con COVID-19 son mas propensas dar a luz a su bebe demasiado pronto.
Mujeres que reciben la vacuna de COVID-19 en el embarazo son menos propensas a trasmitir covid a su recién nacido.
Para mi comunidad
Muchas comunidades en el Sur y Oeste de Chicago tienen alta las tasas de infección de COVID-19.
Recibiendo la vacuna de COVID-19 ayudará a proteger a su comunidad.
COOK COUNTY HEALTH


I'm Pregnant!
Should I get the COVID-19 vaccine?
For Me
Pregnant women with COVID-19 are more likely to get very sick and die.
COVID-19 vaccines prevent 95% of COVID-19 infections.
Over 35,000 pregnant women have received the COVID-19 vaccine without problems.
For My Baby
Pregnant women with COVID-19 can infect their fetus or newborn.
Pregnant women with COVID-19 are more likely to deliver their baby too early.
Women who get the COVID-19 vaccine in pregnancy are less likely to give COVID-19 to their newborn.
For My Community
Some communities in Chicago and suburban Cook County continue to have significant rates of COVID-19 infection.
Getting the COVID-19 vaccine will help protect your community.
COOK COUNTY HEALTH

IDPH / HFS / CDC

- • CDC: Percent of Pregnant People aged 18-49 years receiving at least one dose of a COVID-19 vaccine during pregnancy. (9.4.21)
- CDC: Monitoring Incidence of COVID-19 Cases, Hospitalizations, and Deaths, by Vaccination Status — 13 U.S. Jurisdictions. (9.17.21)
- CDC Official Health Advisory : COVID-19 Vaccination for Pregnant People to Prevent Serious Illness, Deaths, and Adverse Pregnancy Outcomes from COVID-19. (9.29.21)
- CDC: Recommends Pediatric COVID-19 Vaccine for Children 5 to 11 Years. (11.02.21)
- CDC: Expands guidance for Covid-19 Booster shots for all over 18. (11.29.21)
- CDC: Updates and Shortens Recommended Isolation and Quarantine Period for General Population. (12.27.21)

CDC Updated Quarantine

- **<u>If you test positive for Covid-19:</u>**
- Highest risk of infection first 5 days, 1/3 (30%) remain positive up to 10 days
- Stay home for 5 days. If you have no symptoms or your symptoms are resolving after 5 days, you can leave your house.
- If you leave the house day 5-10:
  - Avoid immunocompromised or high risk people,
  - continue to wear a mask at all times around other people,
  - do not eat or drink around other people.
- CDC: Updates and Shortens Recommended Isolation and Quarantine Period for General Population. (12.27.21)

Boosters needed to fight Omicron

- Data from South Africa and the United Kingdom demonstrate that vaccine effectiveness against infection for two doses of an mRNA vaccine is approximately 35%.
- A COVID-19 vaccine booster dose restores vaccine effectiveness against infection to 75%.
- COVID-19 vaccination decreases the risk of severe disease, hospitalization, and death from COVID-19. CDC strongly encourages COVID-19 vaccination for everyone 5 and older and boosters for everyone 16 and older.

CDC Expands Booster Shot Eligibility and Strengthens Recommendations for 12-17 Year Olds

- CDC is endorsing the Advisory Committee on Immunization Practices' (ACIP) recommendation to expand eligibility of booster doses to those 12 to 15 years old.
- CDC now recommends that adolescents age 12 to 17 years old should receive a booster shot 5 months after their initial Pfizer-BioNTech vaccination series.
- Data show that COVID-19 boosters help broaden and strengthen protection against Omicron and other SARS-CoV-2 variants. ACIP reviewed the available safety data following the administration of over 25 million vaccine doses in adolescents; COVID-19 vaccines are safe and effective.
- At this time, only the Pfizer-BioNTech COVID-19 vaccine is authorized and recommended for adolescents aged 12-17.

CDC: Expands guidance for Covid-19 Booster shots for all over 18. (11.29.21)

- For individuals who received a **Pfizer-BioNTech or Moderna COVID-19 vaccine**
  - **Everyone over age 12 is eligible for a booster shot at 5 months or more** after their initial vaccine series
- If you got the **Johnson & Johnson** COVID-19 vaccine
  - **Everyone over age 18 and older is eligible for a booster shot who were vaccinated two or more months ago.**
- **Pregnant women should receive the booster**
- Individuals may choose which vaccine they receive as a booster. Some people may have a preference for the vaccine type that they originally received, and others may prefer to get a different booster.

Updated Neonatal /AAP Resources

AAP: Supporting Emotional and Behavioral Health during the COVID19 Pandemic. (Updated 7.28.21)

AAP: Post Covid Conditions in Children and Adolescents. (Update 7.28.21)

AAP: Children and COVID-19: State-Level Data Report. (12.30.21)

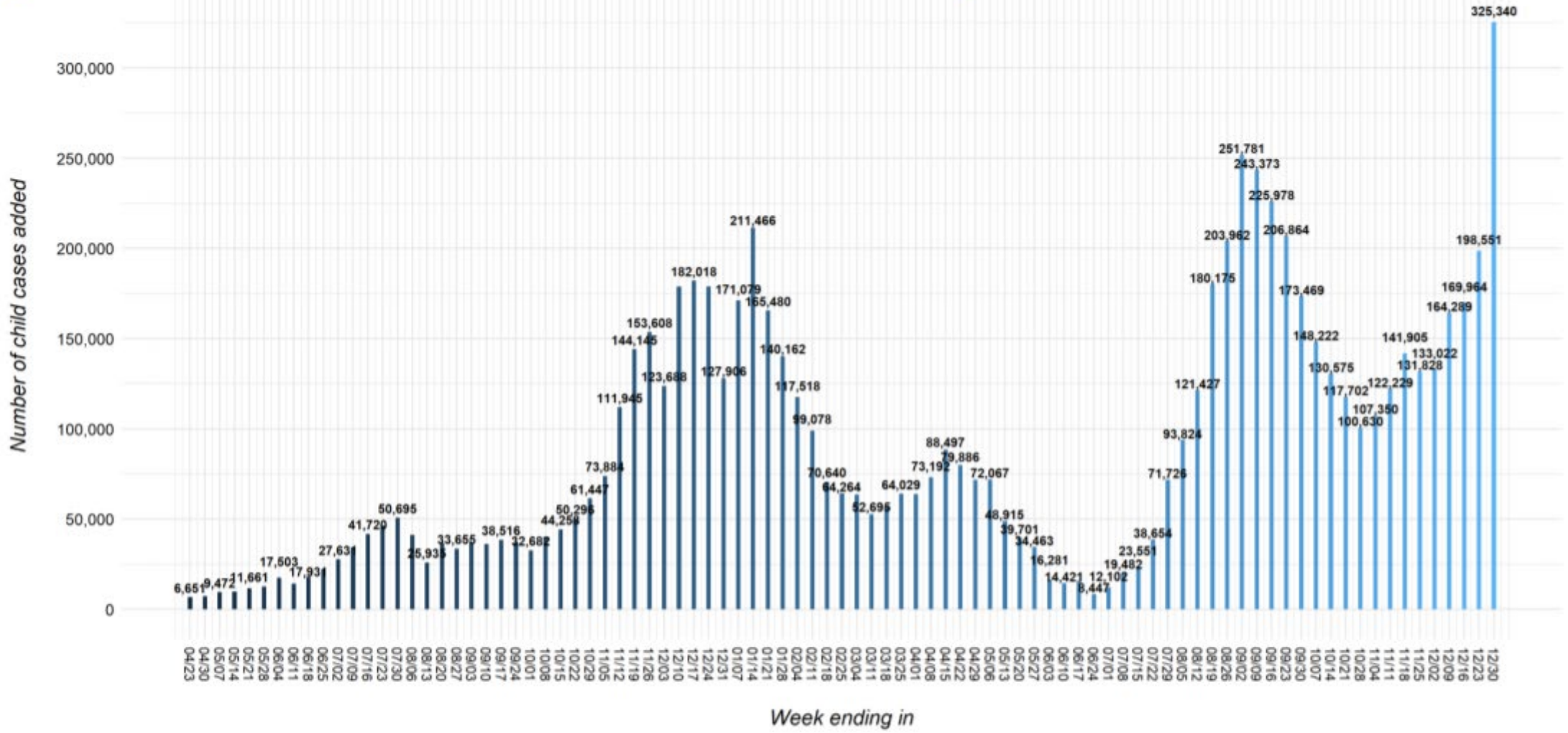
AAP: Children and COVID-19: State-Level Data Report

December 30, 2021

- COVID-19 cases among US children have reached the highest case count ever reported since the start of the pandemic. For the week ending December 30th, over 325,000 child COVID-19 cases were reported.
- This number is a 64% increase over the 199,000 added cases reported the week ending December 23rd and an almost doubling of case counts from the two weeks prior.
- Nearly 7.9 million children have tested positive for COVID-19 since the onset of the pandemic, representing over 1 in 10 US children.
- The CDC estimates that the number of new pediatric (ages 0-17) admission per 100,000 pediatric population is currently 0.79 (as of Jan 1, 2022).
- For comparison, this number was 0.28 around a year ago (highpoint of winter 2021 surge), and 0.47 at the beginning of September 2021 (highpoint of the delta surge).

- AAP: Children and COVID-19: State-Level Data Report. (Updated 12.30.21)

Fig 6. United States: Number of Child COVID-19 Cases Added in Past Week*



** Note: 5 states changed their definition of child cases: AL as of 8/13/20, HI as of 8/27/20, RI as of 9/10/20, MO as of 10/1/20, WV as of 8/12/21*
TX reported age for only a small proportion of total cases each week (eg, 3-20%); TX cumulative cases through 8/26/21
As of 6/30/21, NE COVID-19 dashboard is no longer available; NE cumulative cases through 6/24/21
Due to available data and changes made to dashboard, AL cumulative cases through 7/29/21
Due to available data and calculations required to obtain MA child cases, weekly estimates fluctuate
On 12/30/21, due to lag in reporting, MD experienced a very large increase in child cases (eg, 30,764 cases added)
See detail in Appendix: Data from 49 states, NYC, DC, PR and GU
All data reported by state/local health departments are preliminary and subject to change; Analysis by American Academy of Pediatrics and Children's Hospital Association

CHILDREN'S HOSPITAL ASSOCIATION
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

OB Discussion Panel

- **Emily Miller, MD, MPH –** Maternal Fetal Medicine, Northwestern University
- **Abbe Kordik, MD** – Executive Medical Director, Family Birth Center, Chief of Obstetric Quality, University of Chicago Medical Center
- **Joana Lopes Perdigao** – Maternal Fetal Medicine, University of Chicago Medical Center
- **David Ouyang, M.D. –** Director, Division of Maternal Fetal Medicine, NorthShore University HealthSystem, Evanston Hospital
- **Jeannie Kelly, MD, MS** – Director Maternal Fetal Transport, Maternal Fetal Medicine, Barnes Jewish Hospital, Washington University, St. Louis

Everthrive COVID-19 Vaccination Education Campaign

- **Andie Baker** - Deputy Director of Strategy and Programs, EverThrive Illinois
- EverThrive IL has launched a COVID-19 Vaccination Education campaign aimed at increasing vaccine confidence and ultimately vaccination rates on Chicago's southside.

Links to education resources on the campaign website (English and Spanish language) are in the slide deck and below:

- https://understand.everthriveil.org/
- https://understand.everthriveil.org/es/

Increasing Vaccine Confidence Among Pregnant People and Caregivers

ILPQC COVID-19 Strategies for OB and Neonatal Units

Andie Baker, Deputy Director of Strategy and Programs

EverThrive Illinois

EVERTHRIVE ILLINOIS

CHAMPIONS FOR HEALTH EQUITY

About EverThrive Illinois

EverThrive Illinois' mission is to achieve reproductive justice in the health care ecosystem through community-driven partnership, policy action and systems change.

OUR VISION

A just and affirming health care ecosystem where individuals, families and communities can thrive

OUR VALUES

- Reproductive Justice
- Anti-Racism
- Centering the Most Impacted
- Bold Action and Transformation

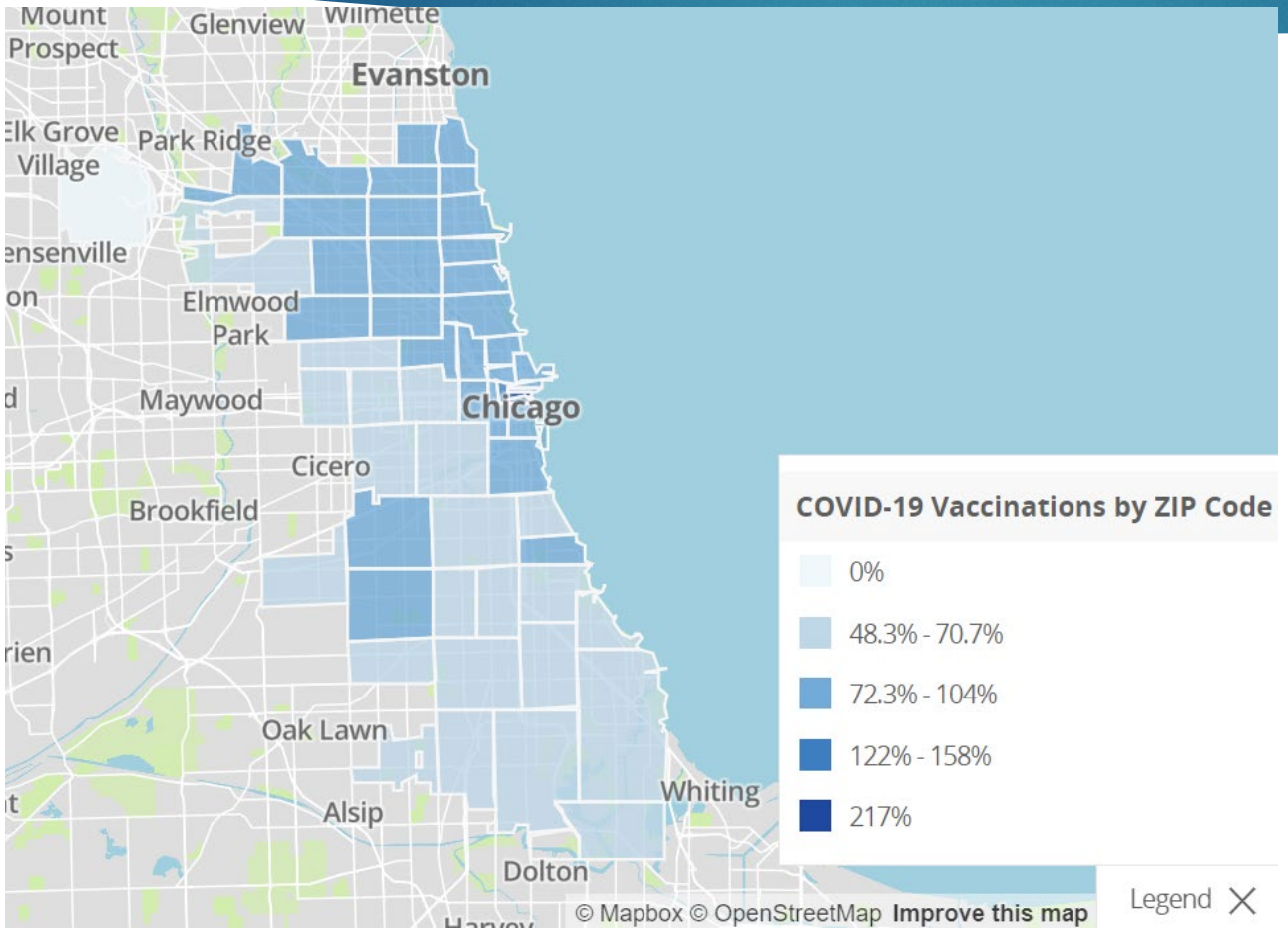
Background

Educating Pregnant People and Caregivers about COVID-19 Vaccination

- According to a recent Kaiser Family Foundation survey, Black women often serve as healthcare decision-makers for their families.
- In the same survey, the majority interviewed said they did not have the information they needed about many aspects of COVID-19, including vaccination.
- Only 33% of pregnant people ages 18-49 are fully vaccinated for COVID-19 with Black birthing people with the lowest rates at just 17%
- Pregnant people have higher rates of ICU admission, higher need of respiratory support and mechanical ventilation and in-hospital mortality

CDC. COVID Data Tracker. Centers for Disease Control and Prevention
Guo, T, Fan Y, Chen M. Cardiovascular Implications of Fatal Outcomes of Patients with Coronavirus Disease 2019
2021. Attitudes Towards COVID-19 Vaccination Among Black Women and Men.

Percentage of population with at least one dose (as of 1/6/22)



Communities of Focus

Roseland

- 60628 – 56.2%

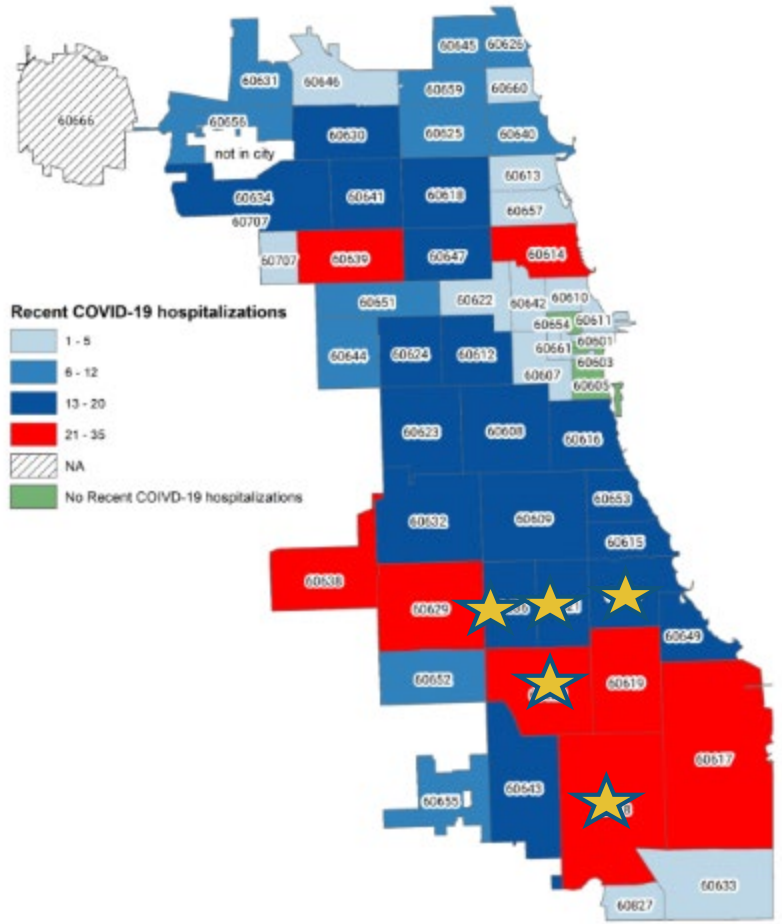
Englewood

- 60620 -57.2%
- 60621 – 50.6%
- 60636 – 61.8%

Englewood/Woodlawn

- 60637 – 58.5%

COVID-19 Hospitalizations by Zip code (as of 12/14/21)



Communities of Focus

Roseland

- 60628

Englewood

- 60620
- 60621
- 60636

Englewood/Woodlawn

- 60637

Percentage of population with at least one dose by race/ethnicity (as of 12/14/21)

At least one dose of COVID-19 vaccine and coverage by race/ethnicity and age group

Age Group (years)	Latinx	Received at least 1 dose	Black, NL	Received at least 1 dose	White, NL	Received at least 1 dose	Asian, NL	Received at least 1 dose	Total	Received at least 1 dose
5-11	17,109	21%	7,836	12%	18,964	43%	4,037	38%	53,948	26%
12-17	55,269	70%	25,281	32%	25,976	81%	7,119	87%	124,239	69%
18-29	106,446	72%	55,774	40%	125,796	67%	34,177	83%	365,442	69%
30-44	130,395	74%	83,391	56%	197,392	77%	41,539	78%	506,450	78%
45-64	136,879	84%	142,714	74%	160,032	79%	32,826	85%	519,866	86%
65+	47,239	66%	92,747	74%	107,257	79%	19,337	72%	287,547	79%
Total	493,337	64%	407,743	52%	635,417	70%	139,035	74%	1,857,492	69%
5+	493,337	68%	407,743	56%	635,417	74%	139,035	78%	1,857,492	73%
12+	476,228	75%	399,907	60%	616,453	76%	134,998	80%	1,803,544	78%
18+	420,959	75%	374,626	62%	590,477	75%	127,879	80%	1,679,305	79%

Chicago Department of Public Health

Chicago COVID Update

December 14, 2021

Campaign Goals

Short Term

- Address hyper local concerns regarding COVID-19 Vaccination
- Connect community members to Vaccine Providers
- Reach 100,000 people through social media and canvassing

Long Term

- Increase Community Level Vaccine Confidence
- Increase COVID-19 Vaccination Rates

Outreach Strategy

Virtual Engagement

English and Spanish Language Websites providing up to date vaccine information
Facebook and Instagram ads aimed at reaching 100,000 people

- Parents and Caregivers
- Pregnant and Recently Pregnant People

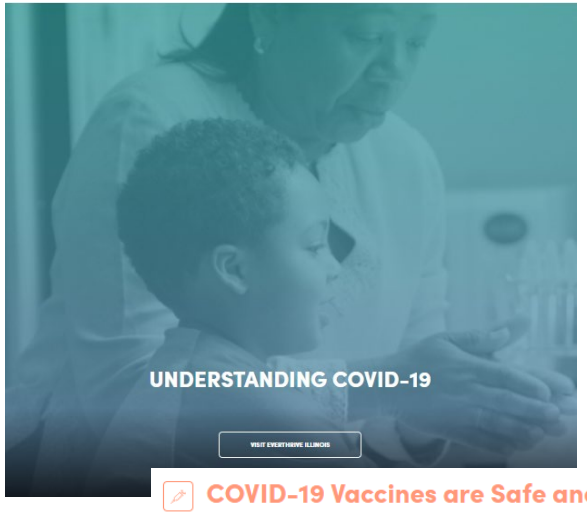
Neighborhood Canvassing

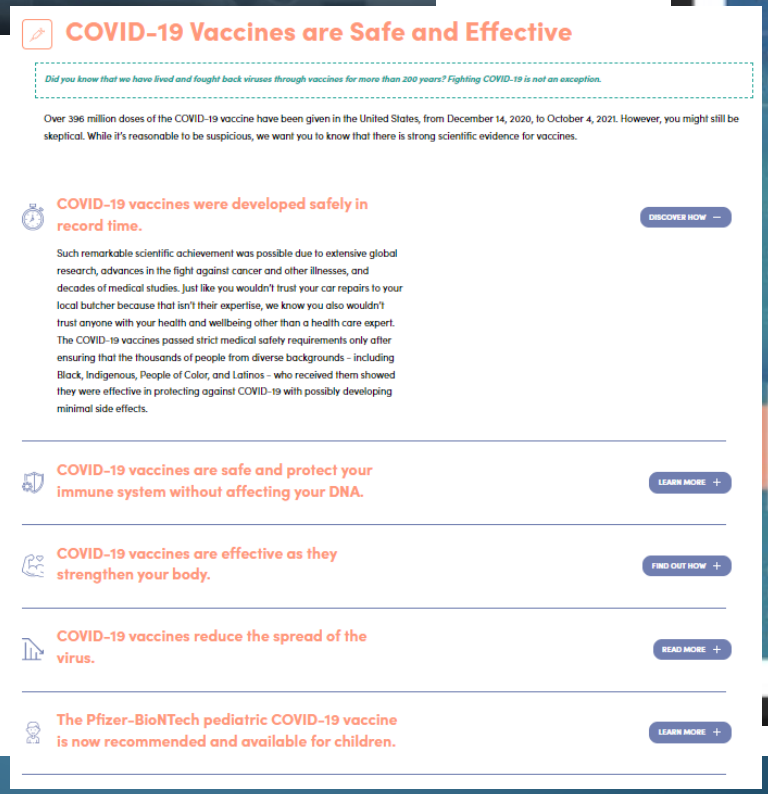
- Distribute Door Hangers and Palm cards with QR codes connecting recipients to landing page
- Outreach to community-based organizations and businesses in Roseland, Englewood and Woodlawn neighborhoods (e.g. homeless shelters, WIC offices, food pantries, FQHCs, currency exchanges, and churches)

Training Health and Social Service Providers

- Train staff at nine community-based organizations on increasing vaccine confidence

Campaign Resources





Campaign Resources

Websites in English and Spanish

- https://understand.everthriveil.org/
- https://understand.everthriveil.org/es/

Train the Trainer Series

- Aimed at healthcare and social service professionals who work with pregnant people and caregivers
- Address topics such as:
  - Information about COVID-19 Vaccines
  - Talking to pregnant people, recently pregnant people and caregivers about vaccination
  - Key messages

Coming Soon

- Fact sheets aimed at pregnant people, caregivers and faith communities

Contact Us

- Andie Baker, Deputy Director of Strategy and Programs

  abaker@everthriveil.org

- Join our Mailing List

  https://everthriveil.org/contact-us/

Monitoring the Impact of COVID-19 on Maternal and Child Health Issues

AMANDA BENNETT, PHD, MPH
CDC FIELD ASSIGNEE IN MATERNAL & CHILD HEALTH EPIDEMIOLOGY
IDPH Office of Women's Health and Family Services

January 7, 2022

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Disclaimer

- Data presented in this report are *provisional* and subject to change as records are finalized

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Potential Impact of COVID-19

- **"Direct" effects:** due to infection & complications
  - Maternal morbidity & mortality
  - Infant morbidity & mortality
  - IDPH & CDPH are abstracting medical charts on confirmed pregnant COVID-19 cases to submit to CDC SET-NET *(more info on next slide)*

- **"Indirect" effects:** due to circumstances of pandemic
  - Mental health & substance use
  - Changes to healthcare access or utilization

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  - Mental health & substance use
  - Changes to healthcare access or utilization

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Collecting Detailed Data on Pregnant COVID-19 Cases

- CDC developed a “pregnancy module” to augment data collected on COVID-19 case reporting forms
- IDPH & CDPH received grants from CDC to implement the COVID-19 pregnancy module
  - Identify all SARS-CoV-2 infections during pregnancy with a specimen date during calendar year 2020
  - Obtain medical charts for birthing person and infant
  - Combine information from multiple data sources, including INEDSS, vital records, and medical charts, to complete pregnancy module
  - Submit data to national data system (SET-NET)
    - https://covid.cdc.gov/covid-data-tracker/#pregnant-birth-infant

IDPH
Illinois Department of Public Health

Improving Identification of COVID-19 During Pregnancy

- There is a pregnancy field on the COVID-19 case report form, but status is "unknown" for most women of reproductive age

- To improve identification of pregnant cases, IDPH is matching COVID-19 case reporting forms to birth and fetal death certificates
  - Date of first positive COVID-19 specimen is compared to date of delivery on vital records
  - Cases with positive specimens up to the date of delivery = "pregnant"

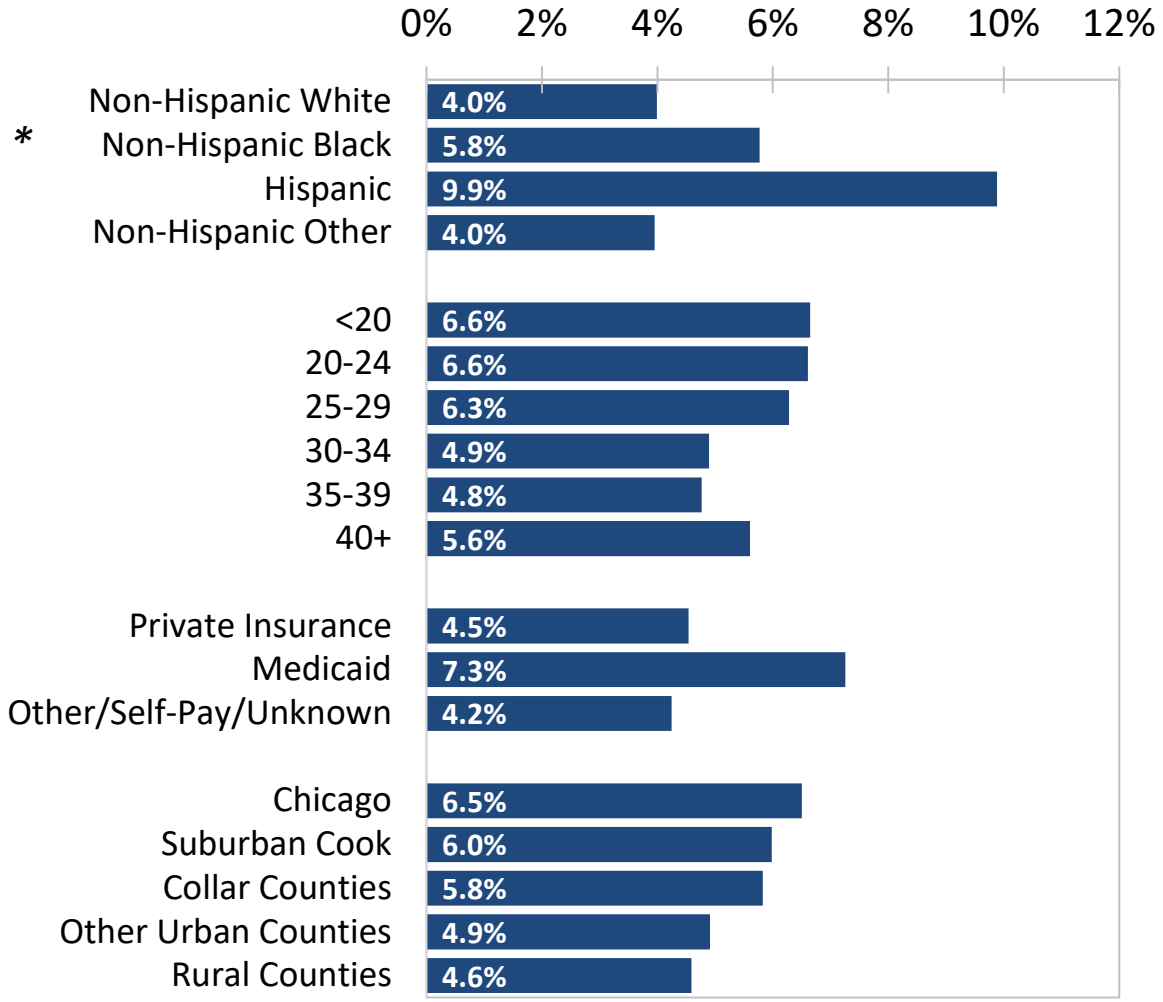
- ~7,100 confirmed pregnant cases with deliveries March 2020-March 2021
  - Only 40% of these confirmed pregnant cases had the pregnancy field marked as "yes" on the original COVID-19 case reporting form

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Percent of Illinois Live Births with Confirmed Maternal Prenatal COVID-19

(live births 4/1/2020 through 3/31/2021)

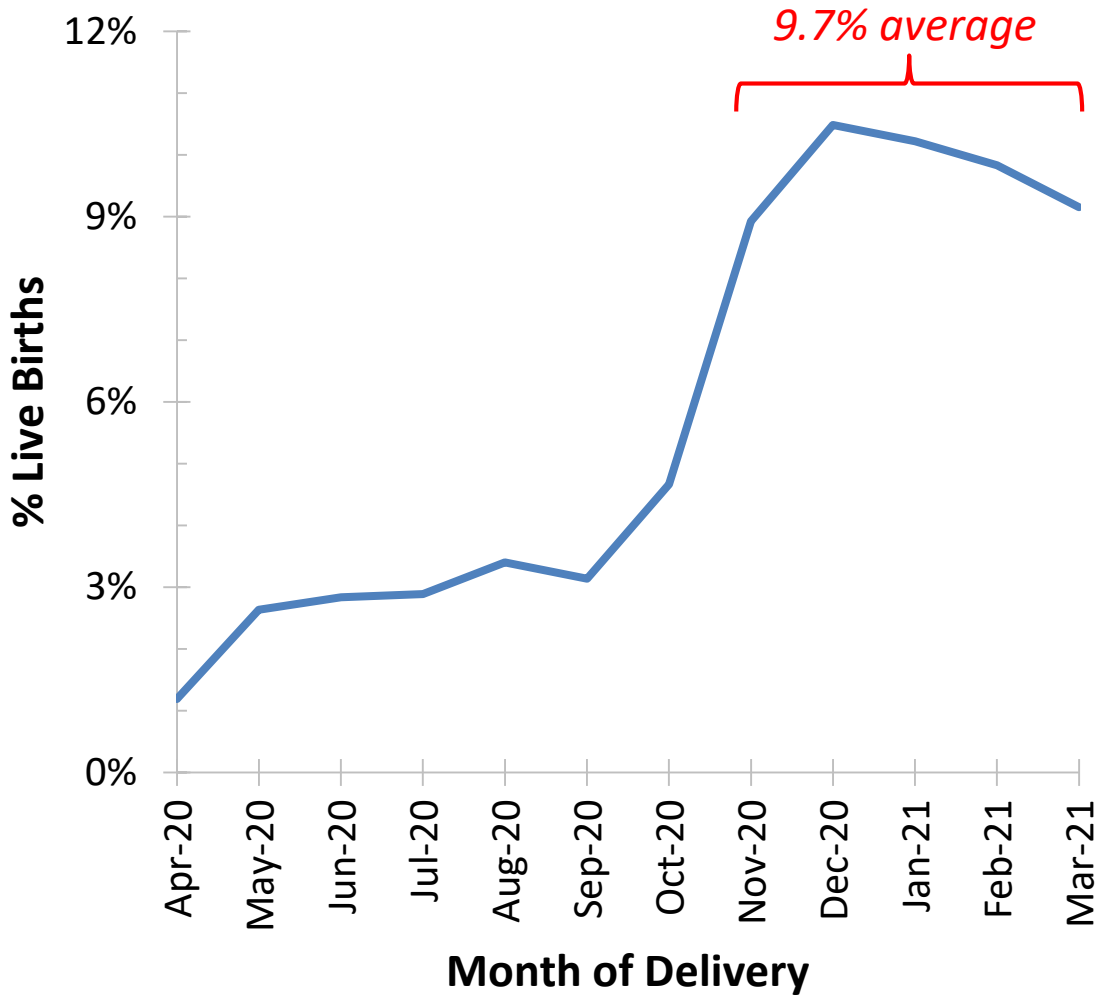
- Of all live births in Apr 2020–Mar 2021, 5.6% had confirmed maternal prenatal COVID-19
- The groups of birthing persons with the highest prevalence of maternal prenatal COVID-19 were:
  - Hispanic
  - Younger (<25 years)
  - Medicaid recipients
  - Residents of Chicago



** Racial/ethnic groups are mutually exclusive. Hispanic persons are those with Hispanic ethnicity, regardless of race.*

Percent of Illinois Live Births with Confirmed Maternal Prenatal COVID-19

(live births 4/1/2020 through 3/31/2021)



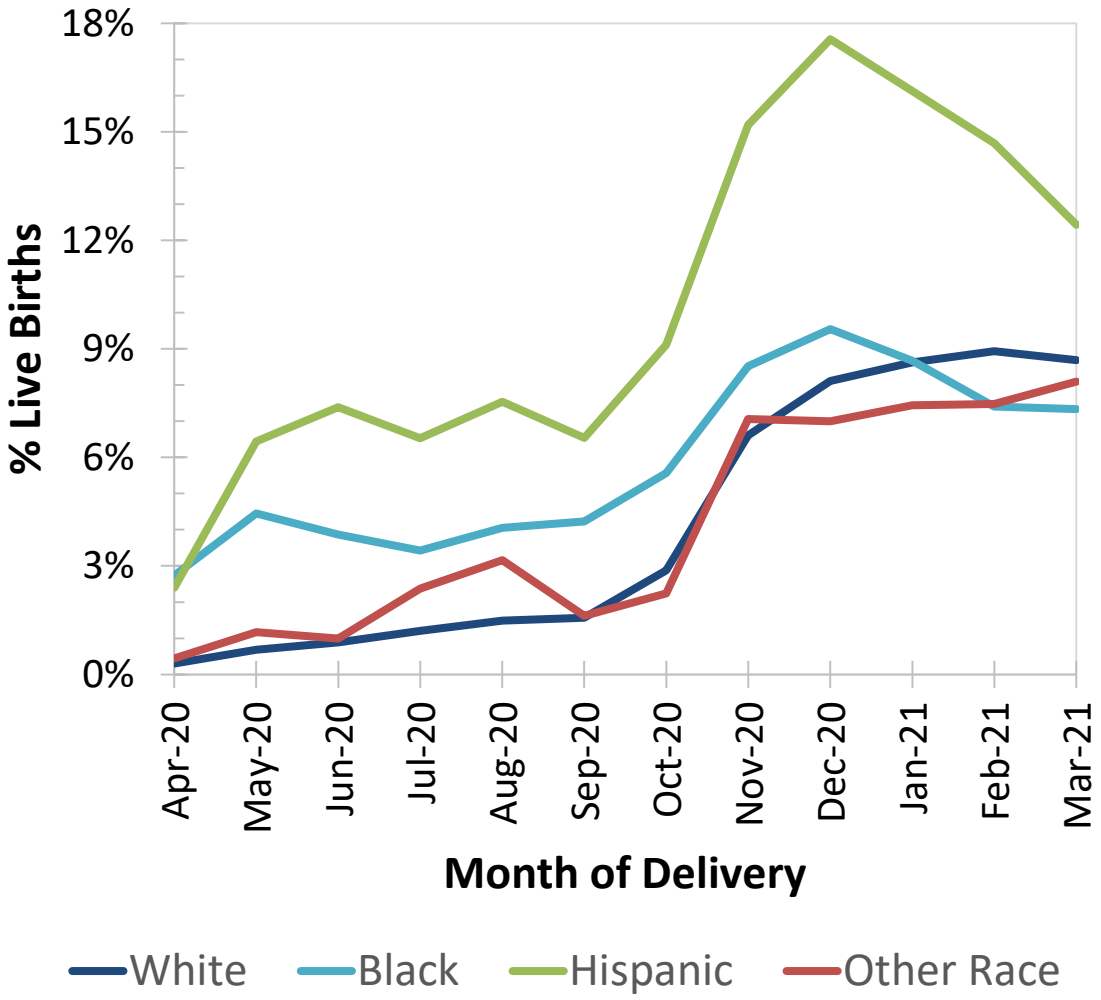
- Proportion of live births with any prenatal COVID-19 increased dramatically in Nov-Dec 2020 and has remained high since then
  - More months of opportunity for prenatal infection farther into pandemic
  - Higher infection rates during fall 2020

- During Nov 2020–Mar 2021, 9.7% of all live births had confirmed maternal prenatal COVID-19

IDPH
Illinois Department of Public Health

Percent of Illinois Live Births with Confirmed Maternal Prenatal COVID-19

(live births 4/1/2020 through 3/31/2021)



- Consistently over the first year of the pandemic, births to Hispanic persons had the highest prevalence of maternal prenatal COVID-19

- Early in the pandemic, births to Black persons had higher prevalence of maternal prenatal COVID-19 compared to White persons, but have had similar prevalence since ~Dec 2020

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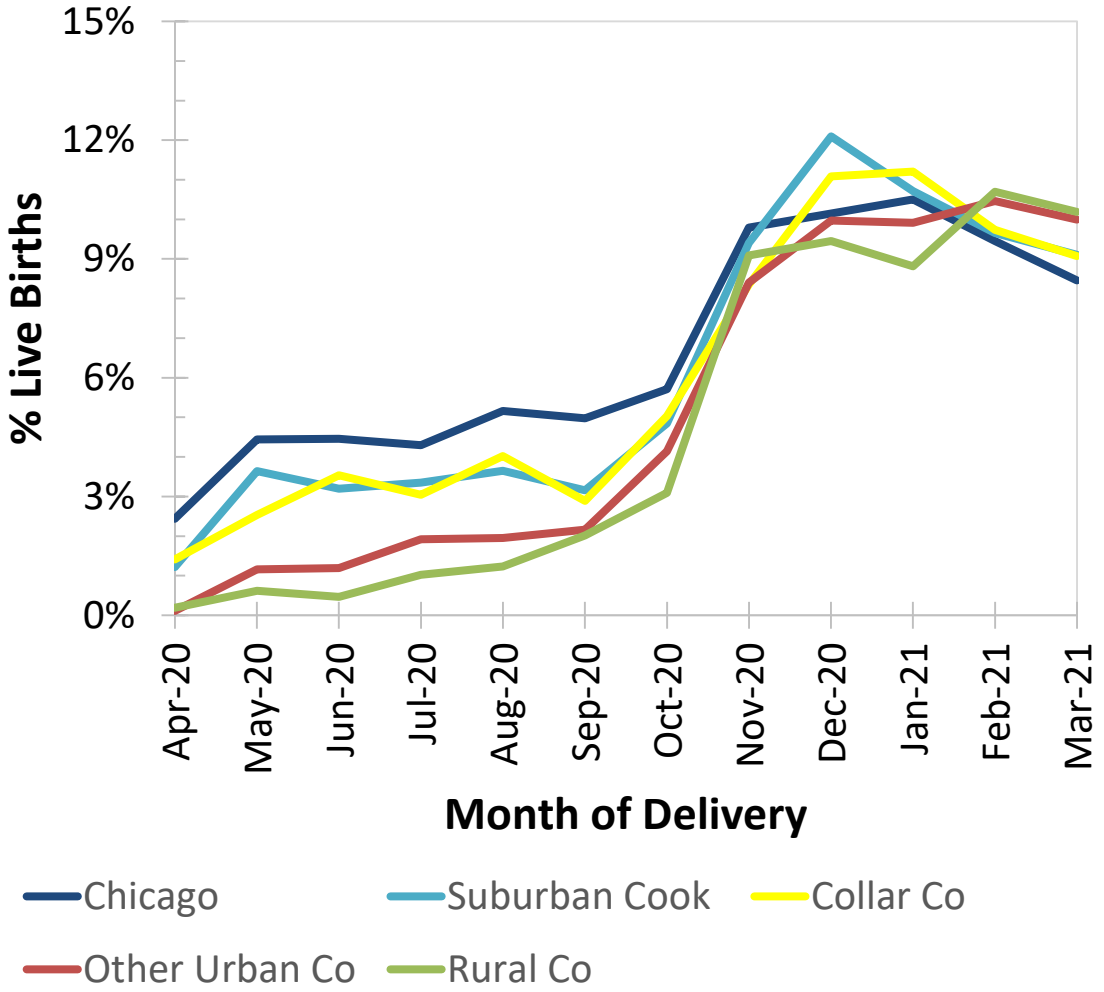
(live births 4/1/2020 through 3/31/2021)



- Chicago area deliveries had the highest prevalence of maternal prenatal COVID-19 early in pandemic, but this has equalized across regions since November 2020
- Will need to look farther into 2021 to examine effect of vaccination on regional differences

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Examining Impact of COVID-19 During Pregnancy

- Illinois is contributing data to the national CDC data system used to study pregnancy and birth outcomes related to COVID-19 (SET-NET)
  - https://covid.cdc.gov/covid-data-tracker/#pregnant-birth-infant
- IDPH is planning state-specific analyses that can be conducted once chart abstraction is complete for all sampled cases

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Potential Impact of COVID-19

- **"Direct" effects:** due to infection & complications
  - Maternal morbidity & mortality
  - Infant morbidity & mortality
  - IDPH & CDPH are abstracting medical charts on confirmed pregnant COVID-19 cases to submit to CDC SET-NET *(more info on next slide)*

- **"Indirect" effects:** due to circumstances of pandemic
  - Mental health & substance use
  - Changes to healthcare access or utilization

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Indirect Impact of COVID-19 Pandemic on Maternal and Infant Health

- Significant changes seen during pandemic:
  - Planned home births
  - Adequate prenatal care utilization
  - Pregnancy-associated mortality

- No significant changes seen during pandemic:
  - Preterm birth (PTB)
  - Risk-appropriate care for PTB
  - NICU admission
  - Breastfeeding
  - Neonatal hospital transport
  - Maternal hospital transport
  - Low risk cesarean rate
  - No prenatal care

** All indicators examined using vital records data (birth and death certificates), which are still provisional for 2020-2021*

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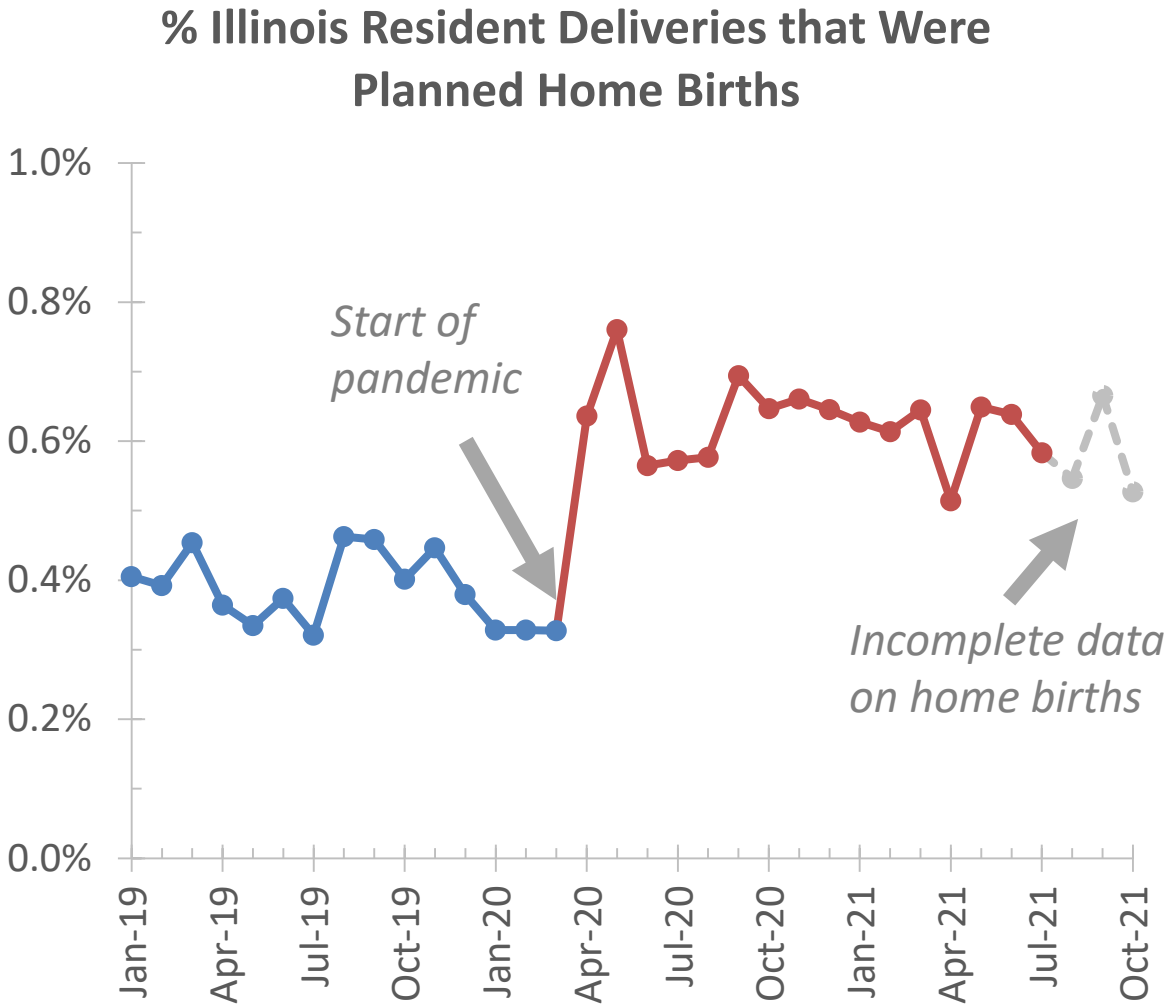
Planned Home Births During COVID-19 Pandemic



- Increase in planned home births starting April 2020
  - In absolute numbers, about 15-20 "extra" planned home births per month in Illinois
- No concurrent change in <u>unplanned</u> home births
- Overall home birth rate still very low in Illinois (less than 1% of births)

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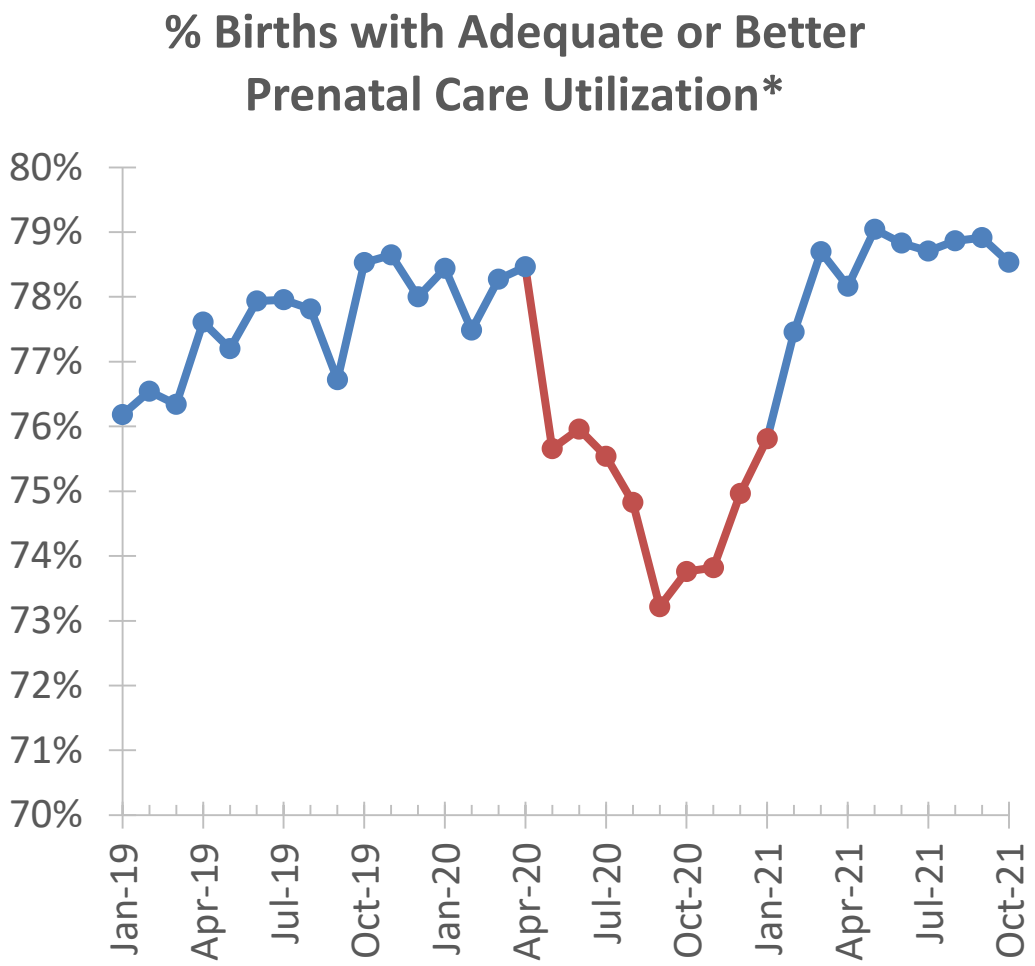
Prenatal Care Utilization During COVID-19 Pandemic



- Significant decrease in adequate prenatal care July 2020 – Jan 2021
- PNC rates returned to baseline in more recent months
- Mostly due to decrease in number of visits rather than delayed start of prenatal care entry
- Similar decreases during this time period for all racial groups

**** Kotelchuck Adequacy of Prenatal Care Utilization Index***

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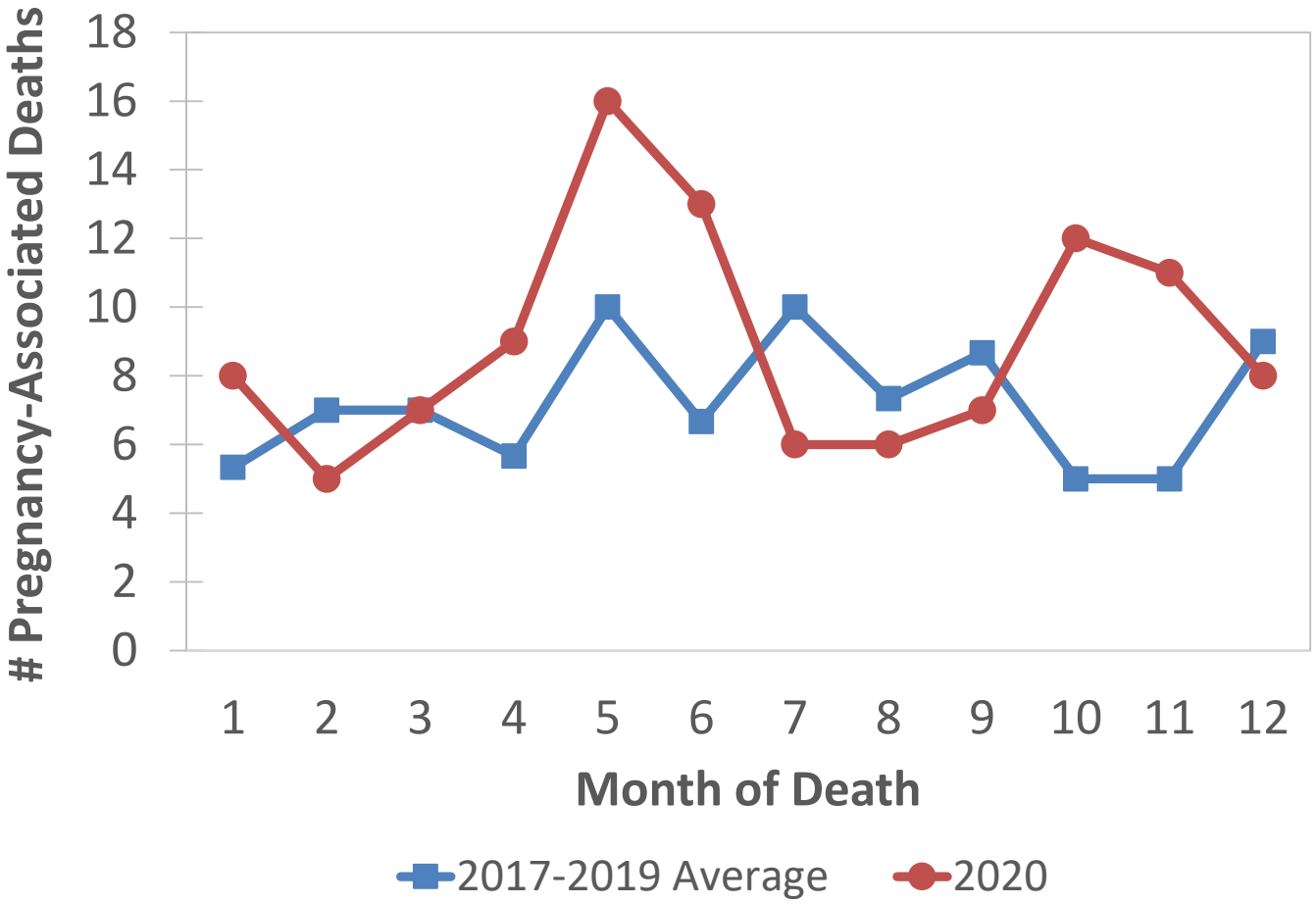
Pregnancy-Associated Deaths 2020 vs. 2017-2019 average



- Overall, **21 "excess" pregnancy-associated deaths** in 2020 vs. the average from last 3 yrs
  - 108 deaths in 2020
  - 87 deaths in 2017-19 average
- Potential increases in May-Jun and Oct-Nov 2020
- **COVID-19** and **drug overdose** deaths account for most of the "excess" in 2020
  - 7 COVID-19 deaths
  - 10 "excess" drug overdose deaths
- So far, deaths in 2021 are similar to baseline

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Data Source: Illinois Death Certificates, 2017-2020. 2020 data are provisional

QUESTIONS
&
DISCUSSION

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Thank You

- We continue to give thanks to the nurses, doctors, health care workers, public health teams and others across our state at work confronting the COVID-19 pandemic.
- Please send questions, comments and recommendations, cases / willingness to share for future COVID-19 OB/Neo discussion webinars to info@ilpqc.org
- Recording of this webinar, Q/A and registration for the **next webinar on Friday, February 11, 12-1:15pm,** will be available at www.ilpqc.org

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Thanks to our Funders

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I PROMOTE-IL
Innovations to Improve Maternal Outcomes in Illinois

IDHS
Illinois Department of Human Services

AIM
Alliance for Innovation on Maternal Health

CDC
Centers for Disease Control and Prevention

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