



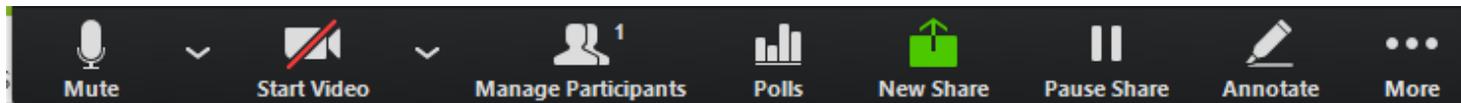
# COVID-19 Strategies for OB & Neonatal Units

April 24, 2020  
12:00 – 1:00pm

# 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

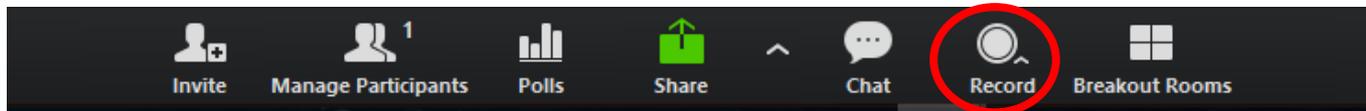
**For PC:** Alt + A : Mute or Unmute

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

**For telephone:** \*6 : Mute or Unmute

zoom

# Housekeeping: We Are Recording Now



# ILPQC weekly webinars



- The strategies shared today are examples from individual institutions not IDPH or ILPQC recommendations.
- Having weekly COVID-19 strategies for OB/Neonatal Units webinars every Friday at noon. Please see <https://ilpqc.org/covid-19-information/> for future webinar registration, prior recorded webinars and Q/A's from those webinars.
- 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](mailto:info@ilpqc.org)

# Overview



- **Introduction**
- **Discussion of OB Unit Strategies**
  - Paula Melone, DO, Maternal Fetal Medicine, Rush Copley Medical Center, Aurora
  - Ranae L. Yockey, DO, FACOG, OBGYN, Chair Perinatal Quality Committee, Amita Alexian Brothers Medical Center, Elk Grove Village
  - Peggy Farrell MSN RN, Nurse Educator, Amita Alexian Brothers Medical Center,
  - Jean Goodman, MD, Maternal Fetal Medicine, Loyola University Medical Center, Maywood
  - Abbe Kordik, MD, OB/GYN, University of Chicago Medical Center, Chicago
  - Rob Abrams, MD, Executive Director - SIU Center for Maternal - Fetal Medicine, HSHS St. John's Hospital, Springfield
- **Discussion of Neonatal Unit Strategies**
  - William Mackendrick, MD, Head Division of Neonatology, Vice-Chair Peds, NorthShore University HealthSystem, Evanston Hospital, Evanston
  - Leslie Caldarelli, MD, NICU Director, Prentice Women's Hospital, Chicago
  - Justin Josephsen, MD, Medical Director – St. Mary's Hospital NICU, Neonatologist Cardinal Glennon Children's Hospital, St. Louis

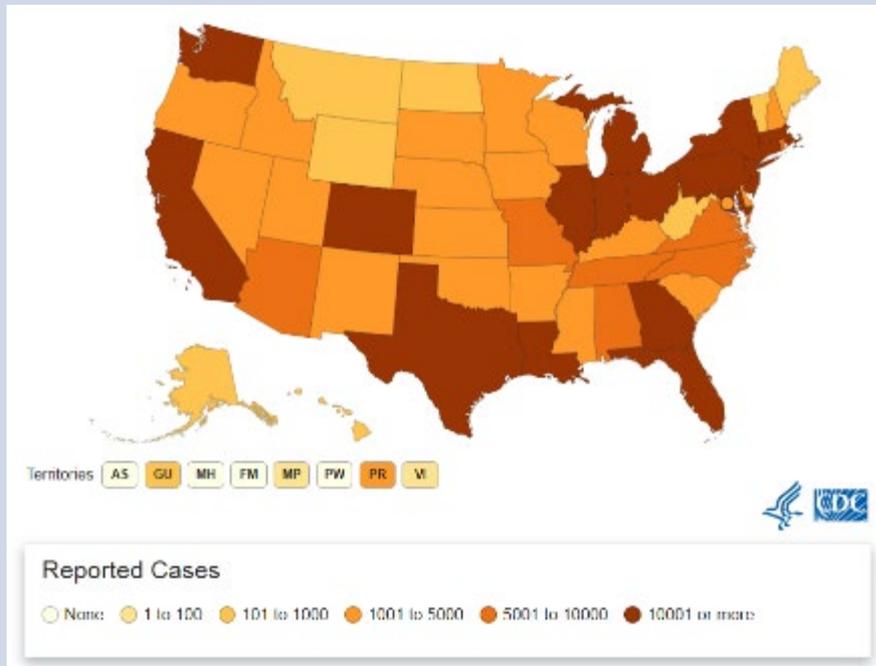
# Data Update **April 23, 2020**

## CDC/IDPH: COVID-19 Outbreak

CDC (4.21.2020)

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

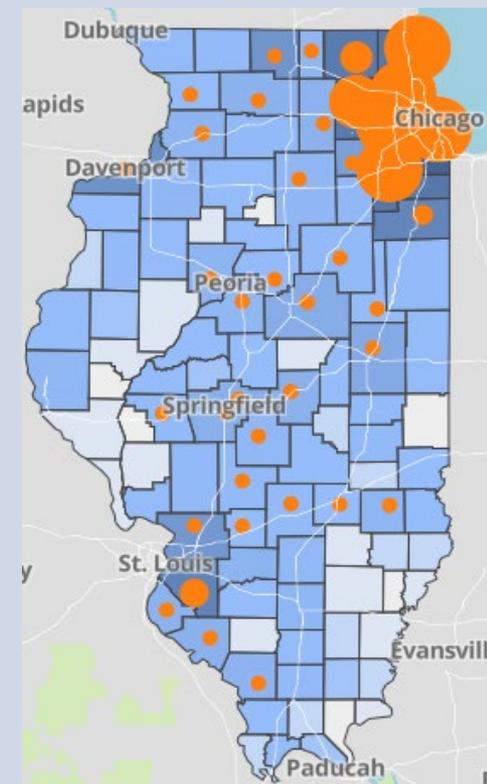
- Total cases: **802,583 confirmed**
- Total deaths: **44,575 confirmed**
- Jurisdictions reporting cases: 55 (50 states, District of Columbia, Guam, Puerto Rico, the Northern Mariana Islands, and the U.S. Virgin Islands)



IDPH

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

- **36,934** Confirmed Positive Cases
- **1,688** Deaths



# Data Update **April 23, 2020**

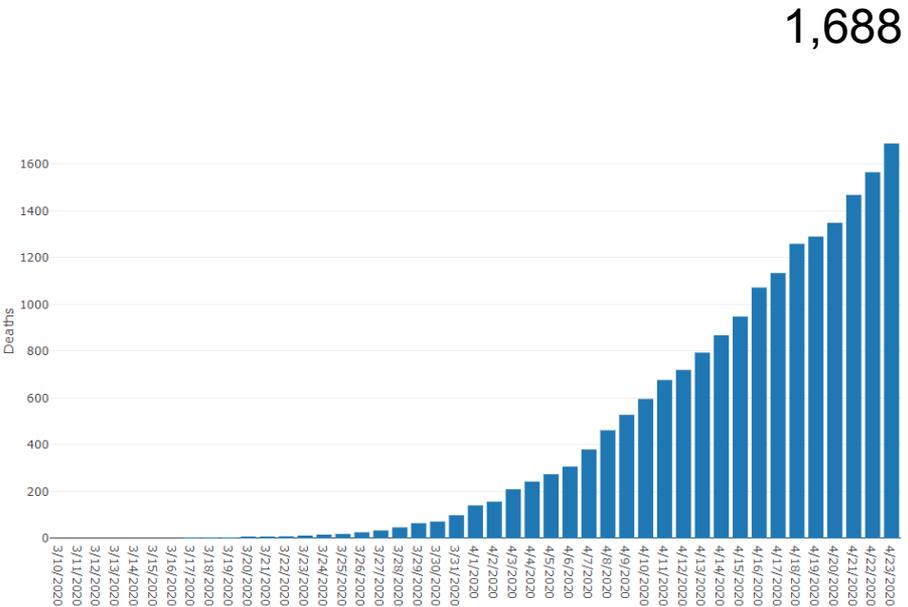
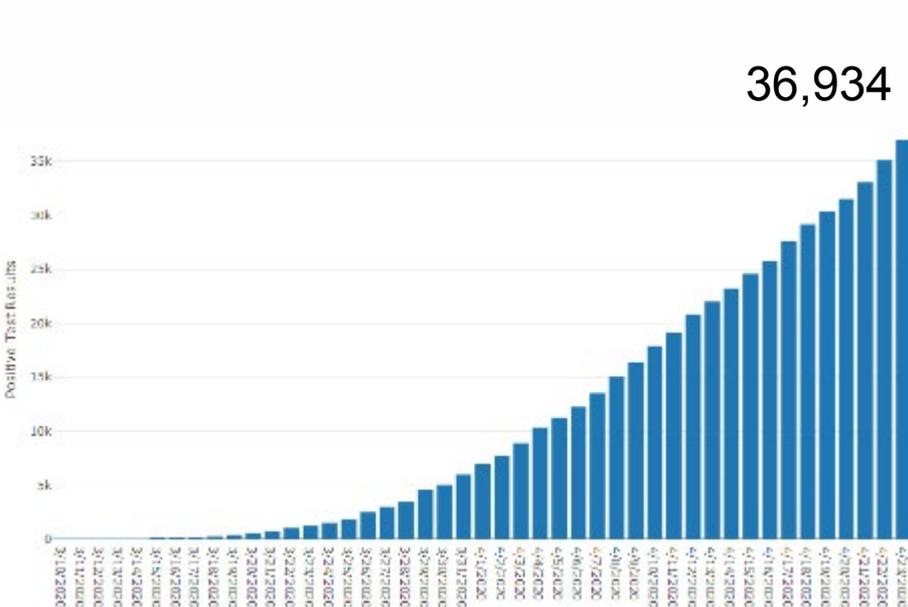
## IDPH: COVID-19 Outbreak

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



### IL Positive Cases Over Time

### IL Deaths Over Time



Data Update **April 23, 2020**

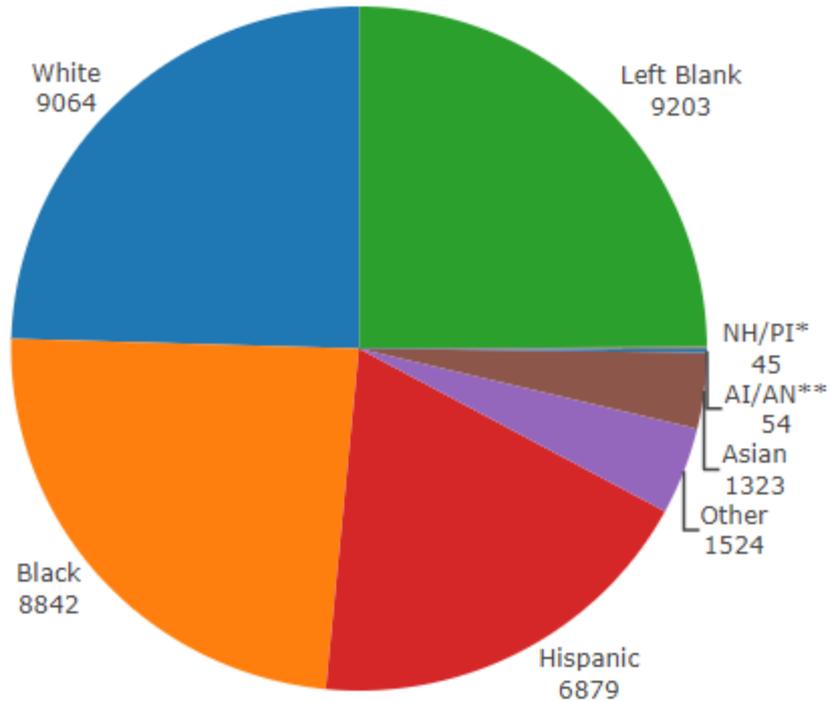
IDPH: COVID-19 Outbreak

# Race Demographics

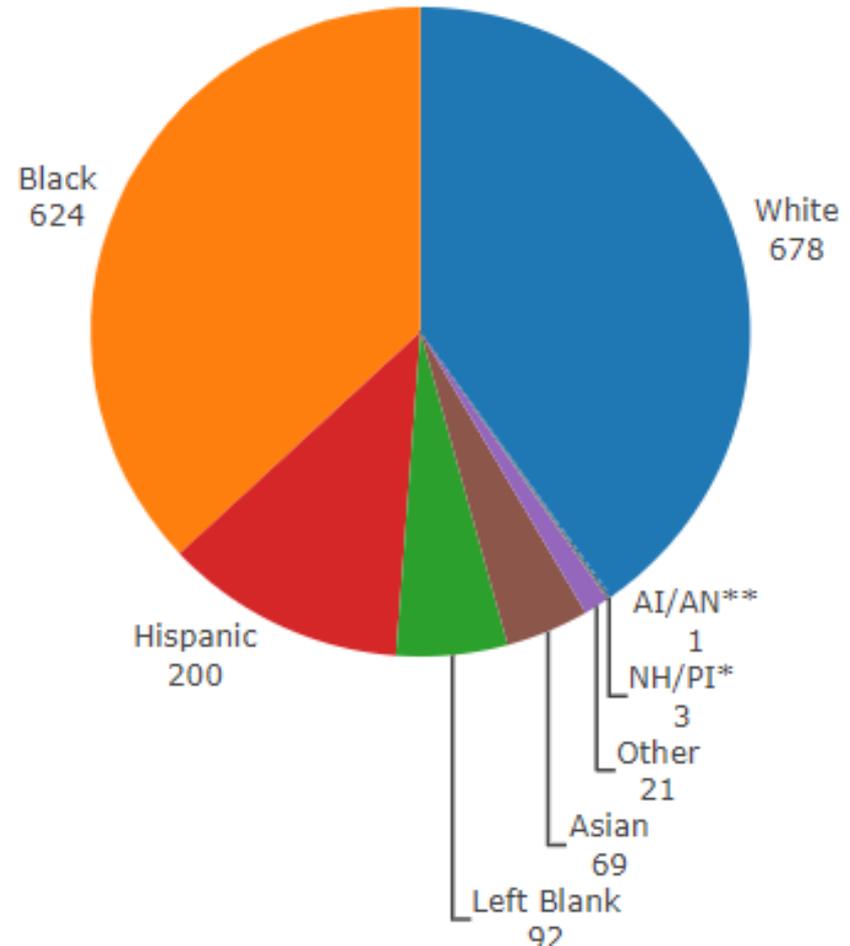
<https://www.dph.illinois.gov/covid19>



Confirmed Cases



Deaths



# ILPQC COVID-19 Webpage

[www.ilpqc.org](http://www.ilpqc.org)



A screenshot of the ILPQC website's COVID-19 information page. The top navigation bar includes 'Home', 'About', 'Initiatives', 'News / COVID-19' (circled in red), and 'Contact'. The main heading is 'COVID-19 Information for ILPQC Hospital Teams'. The text below reads: 'Given these unprecedented times, we wanted to reach out and express our support to all of you on the front lines caring for patients and your concern for the health of our patients and for the health of each of you, your colleagues and families. We will continue to provide national and state sources regarding the care of pregnant women and newborns during the COVID-19 crisis and will additionally offer our monthly team webinars, we will also share COVID-19 information as it is available and hold a space for teams to share experiences. We will join us as you are able.' A second paragraph states: 'Our thoughts are with those affected and continue to be affected by this crisis. Please stay safe and healthy.' Below this is a 'Resources' section with links: 'Example COVID-19 Hospital Policies/Protocols/Resources', 'CDC Resources', 'ACOG, SMFM, and AJOG Resources', 'Perinatal Mental Health Resources', 'COVID-19 National Registries', and 'Relevant News Articles'. The first link is highlighted with a blue underline.

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/Neo Resources



- [IDPH: Recommended Guidance for the Care of Pregnant Women and Newborns During the COVID-19 Pandemic \(3.30.2020\)](#)
- [AAP- FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19 \(4.2.2020\)](#)
- [AAP- Initial Guidance: Management of Infants Born to Mothers with COVID-19 \(4.2.2020\)](#)
- [NEJM: Universal Screening for SARS-COV-2 in Women Admitted for Delivery \(4.13.2020\)\\*\\*](#)
- [SMFM and SOAP: Labor and Delivery COVID-19 Considerations \(4.14.2020\)](#)
- CDC: [COVID-19 OB Care FAQs \(4.16.2020\)](#)
- ACOG: [COVID-19 FAQs for Obstetrics \(4.22.2020\)](#)
- ACOG: [COVID-19 Practice Advisory \(4.23.2020\)](#)
- AJOG: [Coronavirus disease 2019 \(COVID-19\) in pregnant women: A report based on 116 cases from China \(4.23.2020\)](#)
- ACOG & SMFM: [COVID-19 Algorithm \(Shared 4.23.2020\)](#)
- [FDA Warning on Hydroxychloroquine \(4.24.2020\)](#)

# COVID-19 OB & Neonatal National Registries



## OB Registry:

- **PRIORITY:** Nationwide registry established by UCSF for pregnant and postpartum women with suspected COVID-19 or confirmed diagnosis. The goal is to gather a high volume of nationwide data quickly.
- CDC is collecting surveillance data on pregnant women with COVID through a supplement to the regular case report form (CRF), which should be completed on all COVID-19 cases. The **CRF can be found online.**

## Neonatal Registry:

- Section on Neonatal-Perinatal Medicine (SONPM) **National Perinatal COVID-19 (NPC-19) Registry**

# IL Perinatal Depression & Anxiety Hotline

- Answered live 24/7
- Staffed by licensed mental health professionals trained in perinatal mood & anxiety disorders
- Support for moms, partners, families & providers

**Heartbroken by infertility or loss?  
Overwhelmed by a new baby?**



Trouble sleeping even when you have the chance?  
Overwhelmed?  
Wondering if what you're feeling is normal?  
Sad or crying?  
Feeling like it's never going to get better?  
Anxious?  
Can't talk to family or friends about this?  
Not enjoying things you used to enjoy?  
Struggling to make decisions?  
Feeling guilty, or like you're not good enough?  
Irritable?

**You are not alone.**  
Many women have these feelings. With support, you can feel better.

**Please call us. We can help.**  
**1-866-364-MOMS (6667)**

We offer support 24 hours a day, 365 days a year. Interpreters available in any language. Our free and confidential hotline is answered by caring, professional counselors. We can listen, answer questions, offer support and find referrals for you.

The Northwestern University Feinberg School Perinatal Depression Program is a partnership between the Departments of Obstetrics & Gynecology, Pediatrics, Maternal and Neonatal. Founded in memory of Jonnie Marie Hargreaves.

# New Patient Education Resources

- ACOG: [COVID-19 Pregnancy & Breastfeeding: A Message to Patients](#) (English & Spanish) (4.16.2020)
- Advocate Children's Hospital: [Caring for Your Infant During the COVID-19 Pandemic](#) (4.14.2020)
- "Is It Safe to Provide Milk for my Baby if I Have, or Have Been Exposed to, COVID-19" (Adapted by ILPQC with permissions 4/2020)
- "If Your Doctors Suspect You Have COVID-19" (Adapted by ILPQC with permissions 4/2020)
- March of Dimes: [COVID-19: What You Need to Know About its Impact on Moms and Babies](#) (4.8.2020)
- IL EverThrive: [Protecting and Caring for Your Family During the Coronavirus Outbreak](#) (4.3.2020)
- SMFM Information for Women & Families (4.3.2020)
- [The 4th Trimester Project's patient education website on COVID-19 For New Moms](#) (3.2020)

**IS IT SAFE TO PROVIDE MILK FOR MY BABY IF I HAVE, OR HAVE BEEN EXPOSED TO, COVID-19?**

With so much news in the media about COVID-19, it is natural to be concerned about whether providing milk for your 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 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

**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 give your milk, or milk — not one-of-a-kind that your baby

**Caring for Your Infant During the COVID-19 Pandemic**

**Do not place a surgical mask over your infant's face — it may lead to suffocation.**

According to the Centers for Disease Control and Prevention (CDC), masks should not be worn by a child under 2 years old.

**Why?**

- Babies have smaller airways, and masks make breathing more difficult.
- Babies aren't strong enough to change position if they are having a hard time breathing.

**Tips to Keep Your Baby and Family Healthy:**

- Wash your hands for 20 seconds before holding your baby, and wear a mask if you have any symptoms or feel sick.
- Stay at home as much as possible.
- If you need to go out, place a blanket loosely over your baby's car seat or stroller — but NEVER over the baby.
- Baby should be introduced to someone from immediate family only, and they should be wearing a mask.
- Use FaceTime.
- Disinfect contact surfaces.

**What to Do If Suspect You Have COVID-19**  
The CDC recommends you isolate yourself and have a healthy person to assist with your home and baby.

**Once you are self-isolated, your infant has any of the following symptoms:**

- Poor feeding
- Difficulty breathing
- Decreased or no tears
- Unusual skin color
- Persistent crying
- Unusual irritability

**IF YOUR DOCTORS SUSPECT YOU HAVE CORONAVIRUS (COVID-19)**

It is recommended that you isolate yourself as much as possible and have a healthy person to assist with your home and baby.

**TAKING CARE OF YOURSELF TO MINIMIZE THE SPREAD OF THE VIRUS:**

- Stay in one room, away from other people, as much as possible.
- If possible, use a separate bathroom.
- Avoid sharing personal household items, like clothes, towels, and bedding.
- If you make an exception, wear a mask when you are around people.
- If you can't wear a face mask, others should wear one when near you.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use a hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub them together until they foam.
- Avoid breathing your eyes, nose, and mouth.
- Avoid having any unnecessary visitors.

**TAKING CARE OF YOUR BABY:**

- If you don't have a helper to feed and care for your baby, wear a face mask whenever you are closer than 6 feet from your baby.
- Proper hand hygiene should be used prior to and following all baby care.
- Call your pediatrician. If your baby develops symptoms (difficulty breathing, repeated coughing, temperature of more than 100.4°F, or sleep not eating).
- If you can't reach your pediatrician, call your local emergency room and explain that the baby might have been exposed to COVID-19. They will let them know you're coming so they can prepare to keep you and other patients safe. If you are a grave worker, call 911.
- When you need to visit your doctor or your pediatrician, call ahead to let them know you might have COVID-19. They may have special procedures for you.

**TAKING CARE OF YOUR HOME:**

- Clean all surfaces that are touched often, like counters, tabletops, and door handles, every day.
- Use household cleaning sprays or wipes according to the label instructions.
- Wash laundry thoroughly.
- If laundry is soiled, wear disposable gloves and keep the soiled items away from the laundry while handling. Wash hands immediately after removing gloves.

**REMAIN UNDER THESE HOME ISOLATION PRECAUTIONS UNTIL:**

- Your symptoms, like cough, shortness of breath, muscle aches, and sore throat, get better.
- Your temperature has been less than 100.4 (no fever or chills for 72 hours without use of fever-reducing medications).
- At least 7 days have passed since symptoms first appeared.

April 2020 - For more information, visit [www.cdc.gov/coronavirus/2019-ncov/you-are-exposed-to-covid-19.html](#)

[Masks for MOMs wants to get reusable cloth face masks to the moms and moms-to-be who need them in the Chicago-land area.](#)

The aim is to ensure that pregnant moms from vulnerable communities have access to face masks at their prenatal visits and when they arrive at hospitals for delivery.

[Find out more & sign-up to volunteer at https://bit.ly/masksforMOMs](#)

# MASKS FOR MOMS

HELPING MOMS &  
BABIES STAY SAFE



DONATE CDC APPROVED HANDMADE MASKS FOR EXPECTANT MOMS IN THE CHICAGOLAND AREA.

GET INVOLVED: [BIT.LY/MASKSFORMOMS](https://bit.ly/masksformoms)

EMAIL [INFO@BLACKGIRLSBREAKBREAD.ORG](mailto:info@blackgirlsbreakbread.org) FOR MORE INFO.

DONORS SHOULD SPECIFY THE TYPE AND QUANTITY OF MASKS AND WHETHER THEY CAN BE DELIVERED OR PICKED UP, AND INCLUDE THEIR EMAIL ADDRESS AND PHONE NUMBER.

BLACK GIRLS  
BREAK BREAD™

Every  
Thrive  
Illinois  
Coalition of  
Black Communities

IL & PQC  
Black Parents  
Quality Collaborative

ADDCS COMMUNITY  
HEALTH  
NETWORK  
TRANSFORMING COMMUNITY HEALTH CARE

I PROMOTE IL  
LEADERSHIP IN COMMUNITY-DRIVEN  
PROMOTION OF SAFETY

UIC  
OFFICE of Community Engagement  
OUR DISAPPROVED BODIES  
REPRESENTS

IDPH

UIC

Center of Excellence in  
Maternal and Child Health

AllianceChicago  
POWERING THE BOLD & BRAVE

WEST SIDE UNITED: Building Blocks  
to Better Health

# **DISCUSSION OF OB UNIT STRATEGIES**

# OB Discussion Panel



- **Paula Melone, DO**, Maternal Fetal Medicine, Rush Copley Medical Center, Aurora
- **Ranae L. Yockey, DO, FACOG**, OBGYN, Chair Perinatal Quality Committee, Amita Alexian Brothers Medical Center, Elk Grove Village
- **Peggy Farrell MSN RN**, Nurse Educator, Amita Alexian Brothers Medical Center, Elk Grove Village
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Maternal Fetal Medicine, Rush Copley Medical Center

**PAULA MELONE, DO**

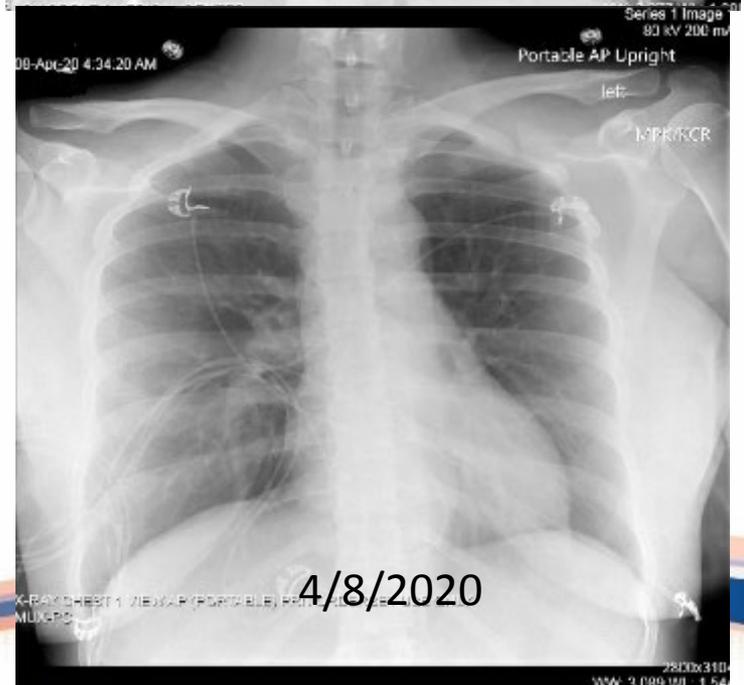
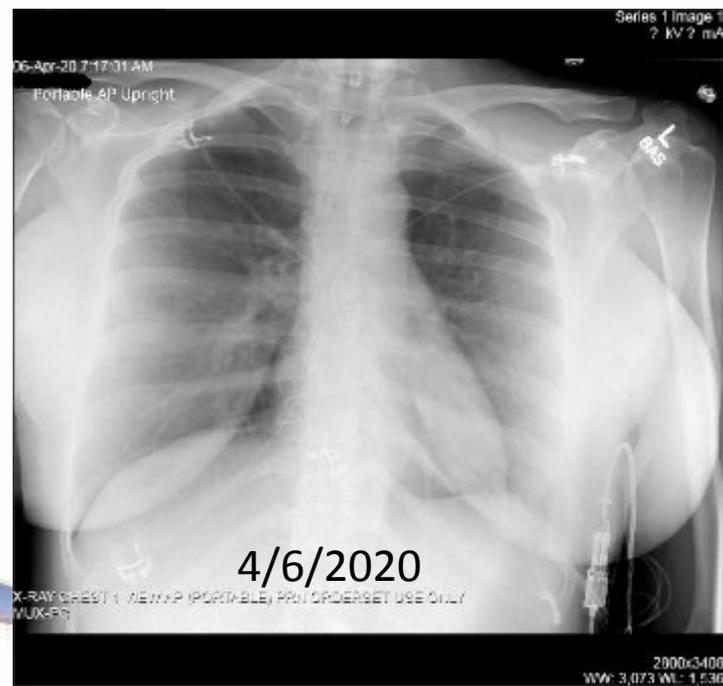
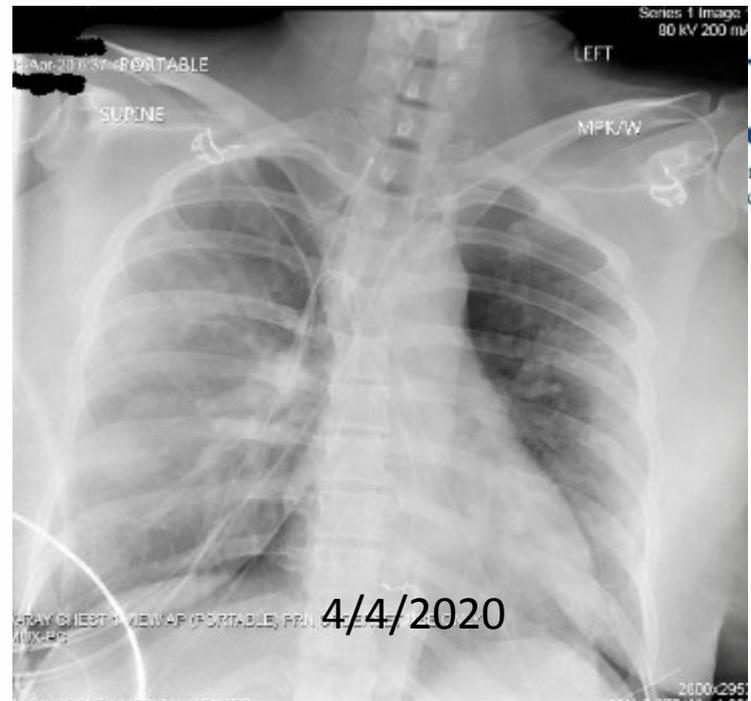
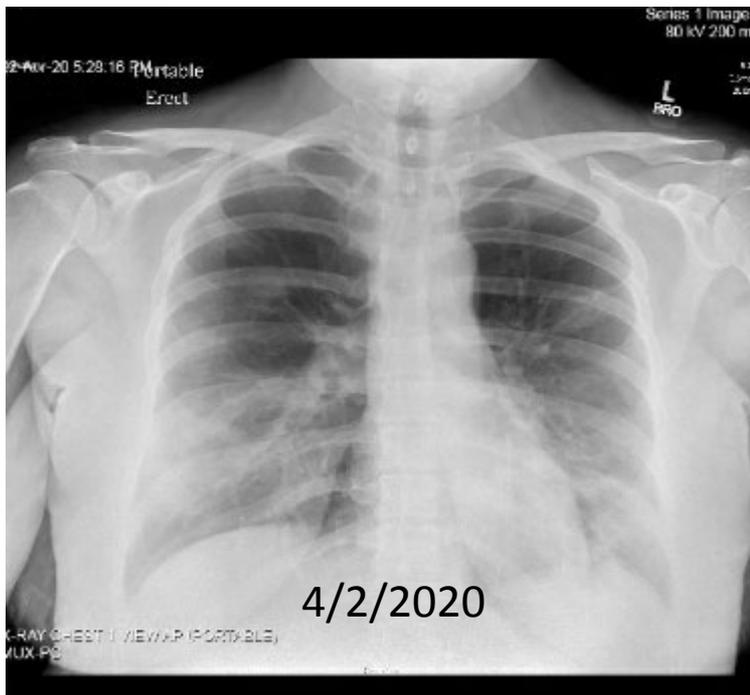
# Rush Copley Medical Center



Rush Perinatal Network  
Level III  
210 bed hospital  
3300 deliveries per year  
Aurora, IL  
Kane County

# Case Summary

- 32 year old G1P0 at 39 5/7 weeks, IVF pregnancy, no medical issues, admitted 3/30/2020 with contractions and intact membranes
- Primary Cesarean section for arrest of descent 03:16 AM
  - Male, 8# 14 oz, Apgars 4/6/9
  - EBL 1900 mL
- Transferred to Mother-Baby without issue
  - Breastfeeding without problem
  - Supplemental iron with H/H 7.8/24.6 (Asymptomatic)
  - Consult to Anesthesia for possible spinal headache 4/2/2020
- Discharged 4/2/2020 Had NOT left hospital
  - Temp spike 101.1 with chills, Rapid Covid 19 positive
- Transferred to COVID Ward – Baby discharged to home with Dad, patient continued to pump
  - 4/2 Zosyn 3.375 q 8 h & Erythromycin 500 mg IV daily
  - 4/4 Azithromycin 500 mg po daily & Rocephin 1 g IV daily
  - Vitamin D3 2000 units daily
  - Albuterol inhaler 2 puff q 6 hr
  - Lovenox 40 mg subq daily
  - 4/4 Hydroxychloroquine 200 mg BID
- Discharged 4/8/2020
  - Follow up OB visit 4/15/2020 - Patient continues convalescence



3/30/20								
	11:21:04	11:22:44	11:24:15	11:24:59	11:26:04	11:26:52	11:28:46	11:30:45
<b>Vitals</b>								
BP		! 133/99		121/90		114/79	118/79	121/79
Patient Position								
Patient Limb								
Temp								
Temp source								
HR	86	81	79	78	81	73	98	
RR								
SpO2	96		91		98			

3/31/20								
	04:49:28	04:53:38	04:55:31	04:58:38	05:01:03	05:03:38	05:04:23	0505
<b>Vitals</b>								
BP							! 166/117	
Patient Position								
Patient Limb								
Temp								
Temp source								
HR	114	107	103	105	104	117	110	
RR							20	
SpO2	94	95	93	94	93	94		

Admission (Discharged) from 3/30/2020 in Ortho/Neuro/Peds Unit									
4/2/20									
	1325	1543	1635	1702	1705	1706	2019	2301	Last Filed
<b>Vitals</b>									
BP		134/70					128/66		114/72
Patient Position									
Patient Limb									
Temp		99.6 (37.6)	101.1 (38.4)				99 (37.2)		96.7 (35.9)
Temp source		Temporal	Oral				Oral		Oral
HR		77					87		87
RR	18	19		16	16	16	17		20
SpO2							99		99 %

# Labs

	4/2	4/3	4/4	4/5	4/6	4/7	4/8
WBC		5.3	5.1	8.0	7.3	6.4	
Lymphocyte %		15	18	17	20	27	
CRP	125		81				42
Troponin	<0.01				<0.01	<0.01	<0.01
D-Dimer	1.61	1.25			2.32	3.09	3.25
LDH	266		259		317		299
ALT		27	34	42	33	26	21
AST		39	41	43	27	18	16
Calcium		7.7	7.3	7.6	7.8	8.0	8.0
Creatinine		0.79	0.72	0.70	0.68	0.65	0.68

# Lessons Learned

- No universal PPE in Women's Health at that time, has since been corrected.
  - N95s with face shields for all epidurals and deliveries

AMITA Alexian Brothers Medical Center

**RANAE L. YOCKEY, DO, FACOG**

**PEGGY FARRELL MSN RN**



## Alexian Brothers Elk Grove Village II

AMITA Health Alexian Brothers Medical Center is a facility of 1,249 healthcare providers representing over 88 specialties with 22 obstetrical physicians delivering nearly 1800 babies . Overall 401 licensed beds.

AMITA Health Alexian Brothers Medical Center has provided Perinatal Services since 1994. Level IIe services are provided.

Administrative Perinatal Center (APC) is Loyola University Medical Center.

10 LDR Beds / 3 Triage / 2 C/S Prep / 2 OR's / 3 Recovery Beds

24 Mother Baby Beds

6 SCN Level 2IIe

Neonatology and Obstetrics Coverage 24/7

AMITA Health Perinatal Mood Disorder Intensive Outpatient Program

Baby Friendly December 2019

# CASE STUDY : Covid-19 OB Patient

- Inpatient Admission: March 28, 2020
  - 33 yo G1P0, 37.5 weeks gestation, GBS+
  - MFM recommended IOL for uncontrolled GDM, SGA
  - Pt & Husband nurses, husband COVID+ (3/24)
    - Husband symptoms – low grade fever, headache
    - Patient – mild nasal congestion, afebrile (98.2)
- Admission Process –
  - Pt arrived at designated entrance, alone w/mask met by L&D staff.
  - Taken to specified pt room, considered PUI
- 3/28/2020 13:31- ID consult and COVID-19 PCR obtained (prior to delivery)
- 3/28/2020 23:30 – first elevated temp. 100.7
- 3/29/2020 14:55 – vacuum delivery Female 2600 gm isolated in separate room
  - Maternal Chest x-ray – Pneumonitis Right Lobe
- 3/30/2020 – CT done – bilateral viral pneumonia, COVID Pneumonia
  - RRT reviewed patient – no intervention needed, Pt on RA, Continuous Pulse Ox, stable, antibiotics started
- 3/31/2020 – newborn d/c'd home with aunt per mothers request
  - Newborn had 2 negative tests at 24 and 48 hrs
  - Parents decision to self-isolate for 28 days
- 4/1/2020 – Decreased lung sounds and crackles
  - TMAX – 102.7
  - Discharged home
- 4/3/2020 – husband admitted to hospital w/ SOB needing oxygen, 4 days
- 4/15/2020 – postpartum visit

Lab Results	
<b>Alk Phos:</b>	
	3/30/2020 – 107
	3/31/2020 – 131
<b>AST:</b>	
	3/30/2020 – 45
	3/31/2020 – 50
<b>ALT:</b>	
	3/30/2020- 17
	3/31/2020 – 24
<b>WBC</b>	
	3/31/2020- 19.2
	4/1/2020- 9.4

# LESSONS LEARNED

- That first case is always the most challenging ,fearful, tough
- Communication among caregivers is crucial
- Having leadership present is key to support the process
- Learning to adapt to the continuing changes of recommendations regarding COVID-19 patients can be challenging for staff
- Continual communication among staff regarding recommendations and processes is imperative
- Flexibility is required in these cases
- The plan of care for each of these patients needs to be individualized (ie both parents COVID-+)
- The spotters are one of your most important people
- Minimalize equipment and materials in the designated COVID room
- Determining a plan for staff assignments and breaks
- Created our own “isolation cart- all in use in the hospital
- As supplies change – N95 need to be refit
- Difficulty hearing in delivery areas due to wearing PPE and Papr- safety at risk
- Change screening questions as time went on- increased what is asked
- To date: Screening all pts, testing those with diagnosis of pre-eclampsia with PCR, not a PUI. Testing symptomatic through positive screen- yes a PUI, using rapid test , if neg do a PCR. If temp 100.4 or greater consult with ID and determine if testing is needed.
- Current testing status: 1 positive, 2 neg rapid for pre-eclampsia, 1 neg rapid for fever soon after pt arrived for induction.
- ED cases: 3 known + Covid-19 patients
- Tools we are using – gather from AMITA Playbook, CDC, ACOG, AA{, Loyola Perinatal Center and ILPQC site

Maternal Fetal Medicine, Loyola University Medical Center

**JEAN GOODMAN, MD**

# Loyola University Medical Center OB Strategies



- [Delivery Guidelines](#) (4.25.2020)
- [OB Unit COVID-19 Plan](#) (4.6.2020)

University of Chicago Medical Center

**ABBE KORDIK, MD**

# University of Chicago Medical Center OB Strategies



- COVID-19 L&D Pathways [ILI Patient](#) (4.20.2020) & [Asymptomatic Patient](#) (4.17.2020)
- [UCM COVID-19 Inpatient Standard Procedure](#) (4.1.2020)
- UCM COVID-19 [Hospital Policies](#) and [Patient & Provider Video](#) (3.31.2020)
- [UCM Outpatient Management of COVID-19 +/-ILI/PUI Patients](#) (4.1.2020)

Director of Obstetrics – South Central Illinois Perinatal Center

**ROBERT M. ABRAMS, MD**

# SIU Obstetric COVID 19 Resources



- SIU Health: [COVID-19: Changes in Pregnancy and Maternity Care Advice for Women and Their Families](#) (4.16.2020)
- SIU COVID-19 Resources: [SIU COVID + and PUI Education for Huddles](#) (4.14.2020)
- [Easy to understand donning/doffing PPE PAPR instructions](#) (4.13.2020)
- [SIU L&D Checklist: Admission of COVID-19 + Patient or PUI](#) (4.9.2020)
- SIU COVID Simulations: [Antenatal Admission](#), [Labor & Vaginal Delivery](#), and [Cesarean Delivery](#) (4.2.2020)

# OB Discussion Panel



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# OB Questions/Discussion

- Questions from chat box
- Questions from registration
- [Q/A from 4.17.2020 webinar](#)
- [Q/A from 4.10.2020 webinar](#)
- [Q/A from 4.3.2020 webinar](#)

# **DISCUSSION OF NEONATAL UNIT STRATEGIES**

# Discussion Panel



- **William Mackendrick, MD**, , Head Division of Neonatology, Vice-Chair Pediatrics, NorthShore University HealthSystem, Evanston Hospital
- **Justin Josephsen, MD**, Medical Director – St. Mary’s Hospital NICU, Neonatologist Cardinal Glennon Children’s Hospital, St. Louis
- **Leslie Caldarelli, MD**, NICU Director, Prentice Women's Hospital, Chicago

Neonatology, NorthShore University HealthSystem, Evanston Hospital

**WILLIAM MACKENDRICK, MD**

# Infant Special Care Unit (ISCU) at Evanston Hospital NorthShore University HealthSystem



- 44 bed level IIIB NICU
- ~3400 deliveries annually
- ~450 ISCU admissions
- ~50 inbound transports

## Approach to Covid-19 in L&D and ISCU

- Universal precautions (N95 mask, eye protection, gloves) at every delivery
- Symptom screening upon L&D admission
- Standard mask and eye protection required at all times in ISCU

# Case Summary

- 21 yo mom presented to L&D on 4/15 at 30 3/7 weeks fully dilated with BBOW, footling breech presentation
- Scant history available prior to delivery
  - Had come to Chicago from New Jersey ~1 month ago, no PNC since coming here but had regular PNC in New Jersey
  - Afebrile and no Covid-19 symptoms noted in chart at time of admission, but formal symptom screening not clearly documented
- Delivered by urgent C-section shortly after admission
- Apgars 8/9, required brief period of mask CPAP in DR due to poor aeration, BW 1510g
- Admitted to ISCU in room air, placed on open radiant warmer
- Mom underwent Covid-19 screening as part of pilot project to evaluate universal screening in L&D—screen was reported positive 12 hours after delivery
- More detailed maternal history
  - Came to Chicago March 12 to shelter in place with family
  - Family members with Covid-19 symptoms in early April
  - Mom had mild symptoms nasal congestion / sore throat 4/6-4/8 (>7 days before presentation)
  - Family advised by physician to self-quarantine, no testing done
- With positive maternal screen, infant immediately placed in negative airflow isolation with full precautions
- Infant screened negative at 24 and 48 hours
- Infant continues with unremarkable course for gestational age
- Mom allowed into ISCU with mask 14 days after resolution of symptoms (> 7 days from positive test) – using IPADS and zoom for parents to see baby remotely
- Mom providing breastmilk – neighbor is bringing in with process to wipe container

# Lessons Learned

- Careful symptom screening upon admission is essential even in urgent situations
- Consider mild symptoms even if resolved for PUI
- Use of universal precautions will mitigate impact of screening failures
- Covid-19 tests can remain positive for 3-4 weeks after symptom resolution due to shedding of viral RNA
- Timing of when to allow positive moms into ISCU
- Should universal testing be done in L&D?
  - Prevalence of disease in the local patient population will be a key determinant
  - Given performance characteristics of the rapid test (ie. sensitivity approx. 70%), the population prevalence impacts the negative and positive predictive value, and risk of false negative

# Managing Newborn Discharge



POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

## Hospital Stay for Healthy Term Newborn Infants

William E. Benitz, MD, FAAP, COMMITTEE ON FETUS AND NEWBORN

“All efforts should be made to keep mothers and infants together to promote simultaneous discharge.”

# Minimum Criteria for 37 0/7 to 41 6/7 week's GA



- Healthy with no abnormalities
- Normal vitals for at least 12 hours prior to discharge
  - (97.7–99.3° F measured properly in an open crib with appropriate clothing)
  - An awake heart rate of 100 to 190 beats per minute (except for transient bradycardia down to the 70s without apnea while sleeping)
- Urinated and passed at least 1 stool
- At least 2 successful feedings with coordinated suck, swallowing, and breathing
  - “A care giver knowledgeable in breastfeeding, latch, swallowing, and infant satiety should observe an actual feeding and document successful performance”
- No evidence of bleeding after 2 hours, if circumcised
- Metabolic screening, hearing screening, and pulse ox screening done after 24 hours

# For term newborns discharged before 48 hours



- “An appointment **should be made** for the infant to be examined by a health care practitioner within 48 hours of discharge.”
- If this cannot be ensured, discharge should be deferred until a mechanism for follow-up is identified.
- The follow-up visit can take place in a home, clinic, or hospital outpatient setting as long as the health care professional who examines the infant is competent in newborn assessment and the results of the follow-up visit are reported to the infant’s primary care provider or his or her designee on the day of the visit.

- “A shortened hospital stay (less than 48 hours after delivery) for healthy, term newborns can be accommodated but is not appropriate for every mother and newborn.”

# COVID-19+ Mothers

## **“Newborn birth hospital discharge:**

Well newborns should receive all indicated care, including circumcision if requested. Well newborns should be discharged from the birth hospital based on the center’s normal criteria.”

### **INITIAL GUIDANCE:**

**Management of Infants Born to Mothers with COVID-19**

**Date of Document: April 2, 2020**

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American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatal  
Perinatal Medicine, and Committee on Infectious Diseases

# NEONATAL QUESTIONS/DISCUSSION

# Neonatal Questions/Discussion

- Questions from chat box
- Questions from meeting registration
- Q/A from [4.17.2020](#) webinar
- [Q/A from 4.10.2020 webinar](#)
- [Q/A from 4.3.2020 webinar](#)

# 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](mailto:info@ilpqc.org)
- Recording of this webinar will be available at [www.ilpqc.org](http://www.ilpqc.org)



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