



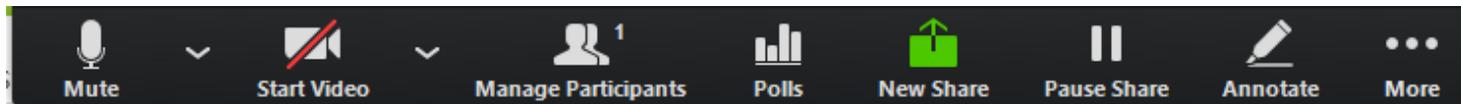
# COVID-19 Strategies for OB & Neonatal Units

May 1, 2020  
12:00 – 1:15pm

# 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

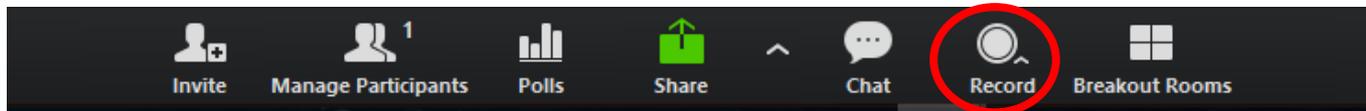
**For PC:** Alt + A : Mute or Unmute

**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**
  - **Audre Pocius, MSN, RNC-NIC** - Director Women's Services & NICU, Amita Health Saint Joseph Hospital, Chicago
  - **Soti Markuly, MD** -OB Hospitalist, Northwest Community Hospital, Arlington Heights
  - **Emily Miller, MD** – Maternal-Fetal Medicine, Northwestern University
  - **Rob Abrams, MD**, Executive Director - SIU Center for Maternal - Fetal Medicine, HSHS St. John's Hospital, Springfield
  - **Jeannie Kelly, MD, MS**, Maternal-Fetal Medicine, Barnes Jewish Hospital
- **Discussion of Neonatal Unit Strategies**
  - **Manhal Khilfeh, MD**, Neonatology, John H. Stroger, Jr. Hospital
  - **Malika Shah, MD**, Medical Director, Prentice Newborn Nursery, Northwestern Memorial Hospital, Chicago
  - **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 **May 14, 2020**

## CDC/IDPH: COVID-19 Outbreak



CDC (5.14.2020)

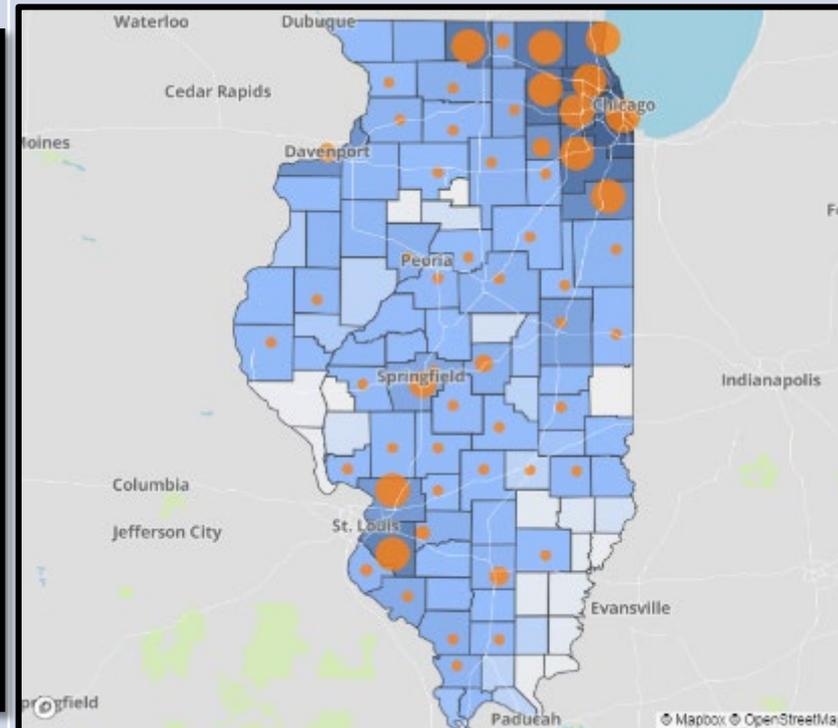
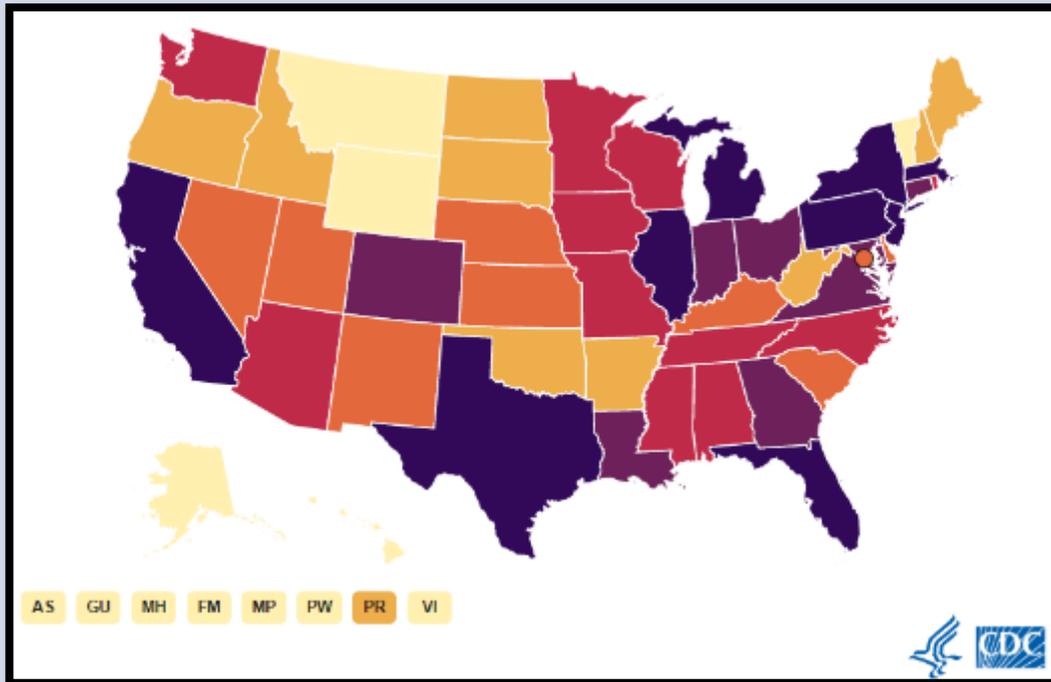
<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

- Total cases: **1,384,930 confirmed**
- Total deaths: **83,947 confirmed**

IDPH

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

- **87,937** Confirmed Positive Cases
- **3,928** Deaths



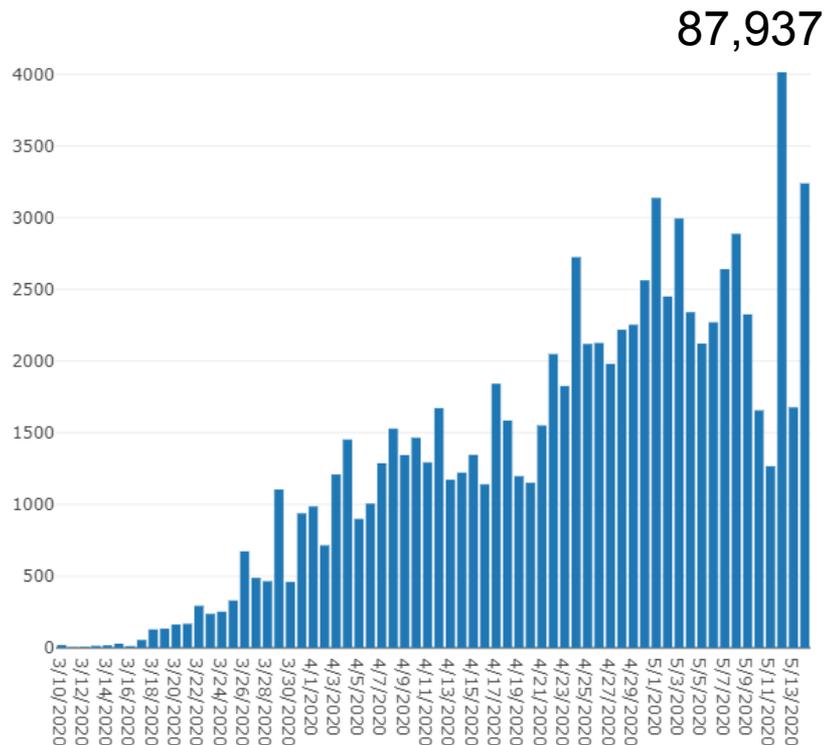
# Data Update **May 14, 2020**

## IDPH: COVID-19 Outbreak

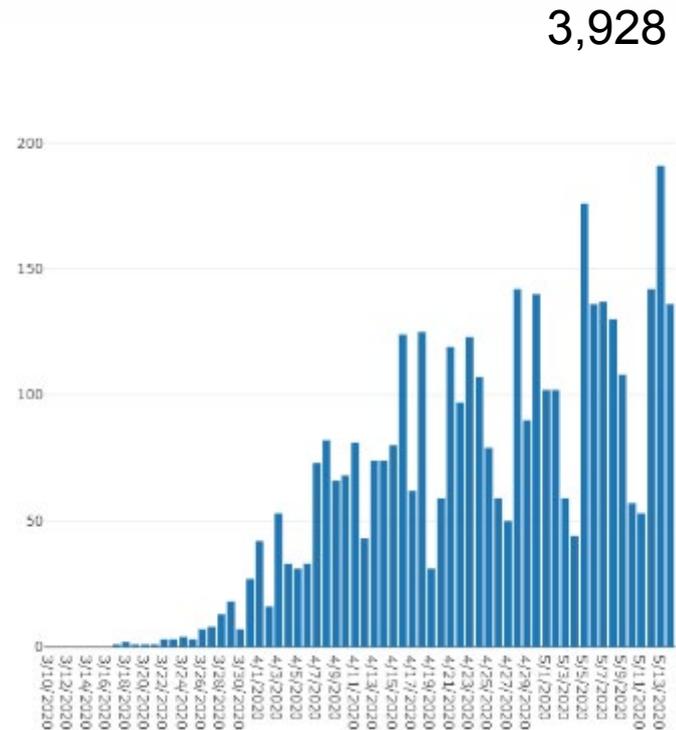
<https://www.dph.illinois.gov/covid19>



### IL Positive Cases Over Time



### IL Deaths Over Time



Data Update **May 14, 2020**

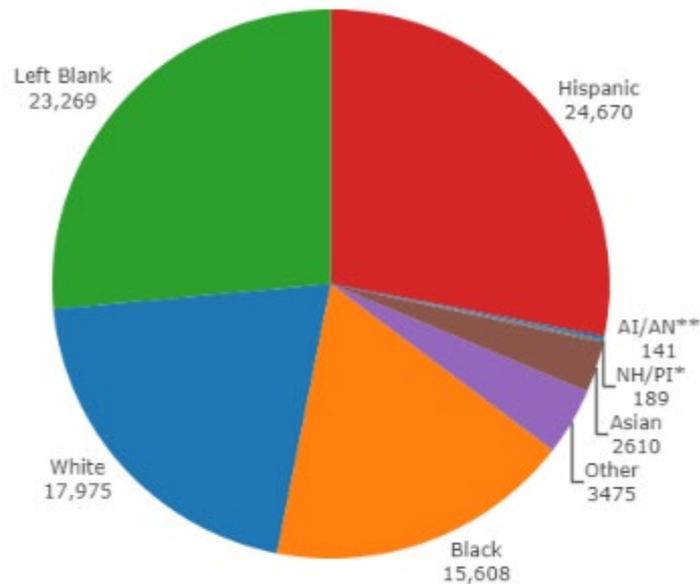
IDPH: COVID-19 Outbreak

# Race Demographics

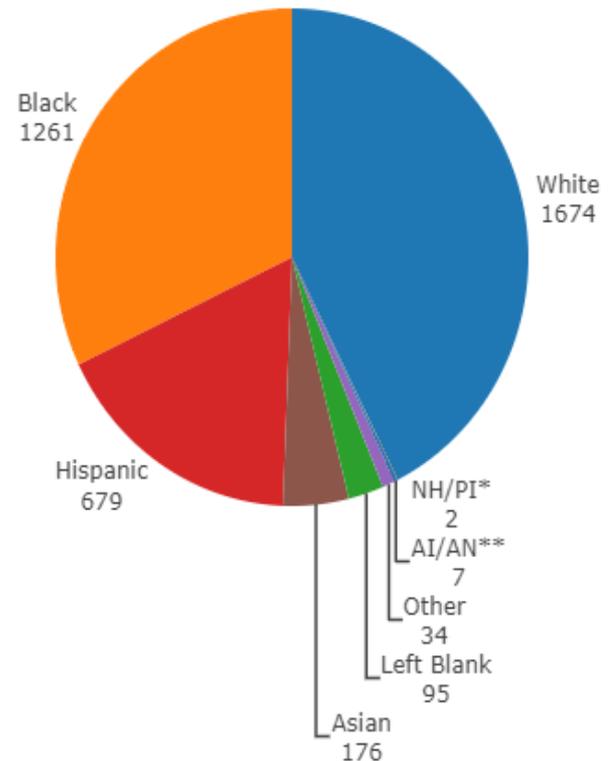
<https://www.dph.illinois.gov/covid19>



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. We will continue to provide national and state sources regarding the care of pregnant women and newborns during the COVID-19 crisis and will add to our monthly team webinars, we will also share COVID-19 information as it is available and hold a space for teams to share experiences as you are able. Our thoughts are with those affected and continue to be affected by this crisis. Please stay safe and healthy.' A 'Resources' section lists links for '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'. A blue text box on the right contains the text: 'ILPQC posts national guidelines and OB &amp; Neonatal COVID-19 example hospital protocols &amp; resources please note dates as guidelines are changing rapidly'.

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

# IDPH Communications



- [IDPH - Coronavirus Disease 2019 \(COVID-19\)](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Press Releases / Briefings](#)
- [IDPH - Coronavirus Disease 2019 \(COVID-19\): Frequently Asked Questions](#)
- [Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE](#)
- [CDC Homepage for Coronavirus Disease 2019 \(COVID-19\)](#)
- IDPH: [COVID-19 Considerations for Healthcare Providers in ANY Healthcare Setting \(4.26.2020\)](#)
- CDC: [Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19 \(5.3.2020\)](#)
- IDPH: [Changes to Isolation Period for COVID-19 Cases \(5.7.2020\)](#)
- **IDPH PAC Statement: Obstetrical & neonatal care during the COVID-19 pandemic (5.15.2020)**
- IDPH: [COVID-19 Elective Surgeries & Procedures \(4.24.2020\)](#)
- For purposes of this policy guidance, an elective inpatient procedure is defined as an elective procedure in which the patient being considered for that procedure is likely to remain in the hospital for more than 23 hours, starting from the time of registration and ending at the time of departure. For a hospital to perform inpatient procedures, all criteria listed in both Section (C) and Section (D) below must be satisfied.
- Preoperative Testing for COVID-19. Facilities must test each patient within 72 hours of a scheduled procedure with a preoperative COVID-19 RT-PCR test and ensure COVID-19 negative status. Patients must self-quarantine until the day of surgery after being tested. A temperature check must also be completed on the day of arrival at the facility with results of less than 100.4 degrees prior to proceeding with an elective procedure. When clinically acceptable, providers should consider using telemedicine for preoperative visits. In such cases, face-to-face components of the exam can happen after the result of the preoperative COVID-19 test result is known to be negative

# Updated OB/Neo Resources



- [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 \(4.14.2020\)](#)
- ACOG: [COVID-19 FAQs for Obstetrician-Gynecologists, 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 \(Shared 4.23.2020\)](#)
- AJOG: [False-Negative COVID-19 Testing: Considerations in Obstetrical Care \(4.28.2020\)](#)
- SMFM: [Management Considerations for Pregnant Patients With COVID-19 \(4.29.2020\)](#)
- ACOG: [Early Acute Respiratory Support for Pregnant Patients With Coronavirus Disease 2019 \(COVID-19\) Infection \(4.29.2020\)](#)
- JACC: [Association of Treatment Dose Anticoagulation with In-Hospital Survival Among Hospitalized Patients with COVID-19 \(5.6.2020\)](#)
- **ACOG reopening women's health: <https://www.acog.org/clinical-information/policy-and-position-statements/position-statements/2020/resumption-of-comprehensive-womens-health-care-policies-and-processes> (5.06.20)**
- **ACOG Health Equity in Covid 19: <https://www.acog.org/clinical-information/policy-and-position-statements/position-statements/2020/addressing-health-equity-during-the-covid-19-pandemic> (5.11.20)**
- **AJOG MFM: Coronavirus Guidance - [https://www.ajog.org/coronavirus\\_guidance\\_ajog\\_mfm](https://www.ajog.org/coronavirus_guidance_ajog_mfm)**
- **Nature: Coronavirus Blood Clot Mysteries Intensifies: <https://www.nature.com/articles/d41586-020-01403-8> (5.13.20)**

# ILPQC COVID-19 Webpage Resources

- Please click [here](#) for COVID-19 resource webpage

### Updated OB/Neo Resources



- IDOH: Recommended Guidelines for the Care of Pregnant Women and Newborns During the COVID-19 Pandemic (3.20.2020)
- 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)
- NFIM: *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)

### COVID-19 OB & Neonatal National Registries



**OB Registry:**

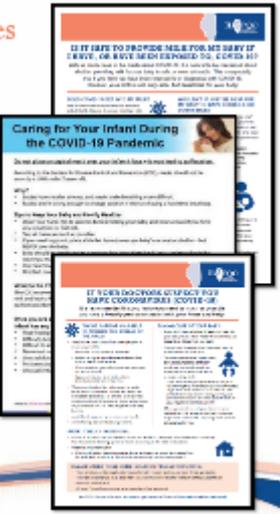
- **PRIORITY:** Nationwide registry established by UCSF for pregnant and postpartum women with suspected COVID-19 or confirmed diagnosis. The goal is to gather a high volume of nationwide data on COVID-19 in pregnancy.
- CDC is collecting data on COVID-19 through a national COVID-19 Clinical Research Form (CRF), which should be completed for all COVID-19 cases. The **CRF can be found here.**

**Neonatal Registry:**

- Section on Neonatal COVID-19

### 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)



### 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?

You are not alone.

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



Registration Closes  
Today, 5/15 at 5pm  
CST!

## 2020 OB & Neonatal Face-to-Face

ILPQC will email all attendees  
link to F2F webpage which has  
eAgenda, eFolder, and  
Storyboards!

### OB Teams: May 20, 2020

Meeting: 9:00a – 3:00p

Mothers & Newborns affected by Opioids - OB (MNO-OB)  
Immediate Postpartum LARC (IPLARC)  
Improving Postpartum Access to Care (IPAC)  
Promoting Vaginal Birth (PVB)

### Neonatal Teams: May 21, 2020

Meeting: 9:00a – 3:05p

Mothers & Newborns affected by Opioids - Neonatal (MNO-Neonatal)  
Babies Antibiotic Stewardship Improvement Collaborative (BASIC)

**Register now!** <https://ilpqc.eventbrite.com>

This activity has been submitted to the Ohio Nurses Association for approval to award contact hours. The Ohio Nurses Association is accredited as an approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)

**NEW VIRTUAL MEETING – FREE!!**

<https://ilpqc.Eventbrite.com>

Illinois Perinatal Quality Collaborative  
633 N. St. Clair, 20th Floor  
Chicago, IL 60611

# OB Face-to-Face Agenda



9:00-9:30am	Welcome & Overview; Working together in 2020	Ann Borders
9:30-10:15am	OB Teams Panel: Sharing Strategies for success	Barb Parilla, Meg Puente, Lori Stevenson
10:15-10:25am	<i>Break</i>	
10:25-11:10am	Promoting Vaginal Birth: Lessons Learned from FPQC	Jessica Brumley
11:10-11:30am	Unpacking the PVB Toolkit	Ann Borders
11:30-11:40am	Team QI Excellence Awards	
11:40-12:30pm	Virtual Team Storyboard and Lunch Break	
12:30-1:15pm	Breakout Session #1	All
1:15-1:30pm	<i>Break</i>	
1:30-2:15pm	Breakout Session #2	All
2:15-2:30pm	<i>Transition to plenary</i>	
2:30-3:00pm	A Mom's Recovery Story: Helena Giouard	Helena Giouard
3:00 – 3:15pm	Wrap-up and Evaluation	Ann Borders

# Neo Face-to-Face Agenda



9:00 – 9:30 am	<b>Goals for Today, MNO-Neo Celebration, and Planning for Babies Antibiotic Stewardship Improvement Collaborative (BASIC) 2020 Statewide QI Initiative</b>
9:30 – 10:15 am	<b>MNO-Neo Hospital Team Panel: Sharing Strategies for Success</b>
10:15 – 10:25 am	<b>Break</b>
10:25 – 11:10 am	<b>Neonatal Antibiotic Stewardship: the North Carolina Story- Martin McCaffrey, MD,</b>
11:10 – 11:25 am	<b>QI Awards</b>
11:25 – 12:15 pm	<b>Lunch, and Team Story Board Session- Opportunity to Share</b>
12:15 – 1:00 pm	<b>Keeping the Torch Lit: Practical Strategies Using Data for Lasting Change- Sangeeta Schroeder, MD</b>
1:00 – 1:10 pm	<b>Break and Transition to Breakouts</b>
1:10 – 1:55 pm	<b>Breakouts: Small Group Key Topic Discussions on Implementation Strategies</b>
1:55 – 2:15 pm	<b>Break</b>
2:15 – 3:00 pm	<b>Breakouts: Small Group Key Topic Discussions on Implementation Strategies</b>
3:00 to 3:05 pm	<b>Transition back to wrap up</b>
3:05 – 3:20 pm	<b>Summary, Evaluation, and Wrap-up</b>



# OB Breakout Sessions

1. MNO-OB: Finishing Strong / Key Strategies for Success
2. MNO-OB: Preparing for Sustainability
3. MNO-OB: Optimize Narcan Counseling & Access
4. Immediate Postpartum LARC (IPLARC): Sustainability & Billing
5. Improving Postpartum Access to Care (IPAC): Sustainability & Billing
6. PVB: Data Collection Strategies
7. PVB: Unpacking the Toolkit / Getting Started
8. Obstetrics Chair / Obstetrics Leadership Breakout
9. State & Community Partner Breakout

Click Breakout Sessions Link between 11:40 to 12:15 to be assigned and moved into a breakout “room”

Breakout sessions run from  
#1: 12:30-1:15  
#2: 1:30-2:15

# Neo Breakout Sessions

Join Breakout  
Sessions at  
1:00pm!

1. MNO-Neonatal: Finishing Strong
2. MNO-Neonatal: Preparing for Sustainability
3. MNO-Neo: Engaging Pediatricians
4. QI: Using QI Data to Drive Change
5. QI: Building a Strong Interdisciplinary QI Team
6. BASIC: Preparing your QI Team for BASIC
7. State & Community Partner Breakout

[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  
Qeios Collaborative

ADDCS COMMUNITY  
HEALTH  
NETWORK  
TRANSFORMING COMMUNITY HEALTH CARE

I PROMOTE IL  
ILLINOIS OFFICE OF COMMUNITY DEVELOPMENT  
OFFICE OF COMMUNITY DEVELOPMENT  
OUR DISAPPROVED STATE  
DEPARTMENT

UIC  
OFFICE OF COMMUNITY DEVELOPMENT  
OUR DISAPPROVED STATE  
DEPARTMENT

IDPH

UIC

Center of Excellence in  
Maternal and Child Health

AllianceChicago  
POWERING THE FUTURE TOGETHER

WEST SIDE UNITED: Building Blocks  
to Better Health



Topics:

- COVID-19 & Pregnancy
- Prenatal Care
- Nutrition
- Stress Management
- Labor and Delivery
- Family Planning
- Postpartum Care
- Breastfeeding
- Much More.....

<http://www.cvent.com/events/supportive-pregnancy-virtual-groups-/event-summary-973b69bfc5dc46ff93a407f4417fb609.aspx>

# SUPPORTIVE PREGNANCY VIRTUAL GROUP

Join an informative, interactive group via Zoom that will help you connect with other people who are pregnant and due about the same time you are. There is also a postpartum group for those who have recently had their baby, and there is also a group in Spanish.

Registration link is below. For more information, please contact MCH Director, Ashley Phillips, [aphillips@marchofdimes.org](mailto:aphillips@marchofdimes.org)

15 weeks Long: April 30-August 6

REGISTRATION: <http://www.cvent.com/events/supportive-pregnancy-virtual-groups-/event-summary-973b69bfc5dc46ff93a407f4417fb609.aspx>

# WIC is Open

- Services and office hours may look different, with many offices offering phone services and curbside pick-up of WIC benefits. Call or check your WIC office FaceBook page or website for specifics.
- To find a clinic near you: <http://bit.ly/WICOfficeLocator> or call 217-782-2166
- WIC does not require proof of Citizenship or immigration status.
- Serving: Pregnant, breastfeeding and postpartum women, infants, and children up to 5.
- Providing nutrition education, breastfeeding support and healthy foods: Whole grains, cereal, milk, eggs, cheese, peanut butter, beans, and fruit/vegetables

IL WIC: [Here for You During COVID-19 Fact Sheet](#) (4.3.2020)

# **DISCUSSION OF OB UNIT STRATEGIES**

# OB Discussion Panel



- **Audre Pocius, MSN, RNC-NIC** - Director Women's Services & NICU, Amita Health Saint Joseph Hospital, Chicago
- **Soti Markuly, MD** -OB Hospitalist, Northwest Community Hospital, Arlington Heights
- **Emily Miller, MD** – Maternal-Fetal Medicine, Northwestern University
- **Rob Abrams, MD**, Executive Director - SIU Center for Maternal - Fetal Medicine, HSHS St. John's Hospital, Springfield
- **Jeannie Kelly, MD, MS**, Maternal-Fetal Medicine, Barnes Jewish Hospital

# Northwest Community Healthcare

- 489 bed hospital with main campus in Arlington Heights, Illinois. Non-profit independent facility with additional outpatient sites and immediate care centers.
- Level III Perinatal services
- 2525 births in 2019
- 291 NICU admissions in 2019
- 16 bed single room NICU with 8 designated level III beds
- 12 bed Labor and Delivery unit with 3 OR suites
- 9 bed Antepartum/Triage
- 34 bed OB postpartum/gyne



Sotirios Markuly, D.O.  
OB Hospitalist



Excellence Starts Here

# Case Study

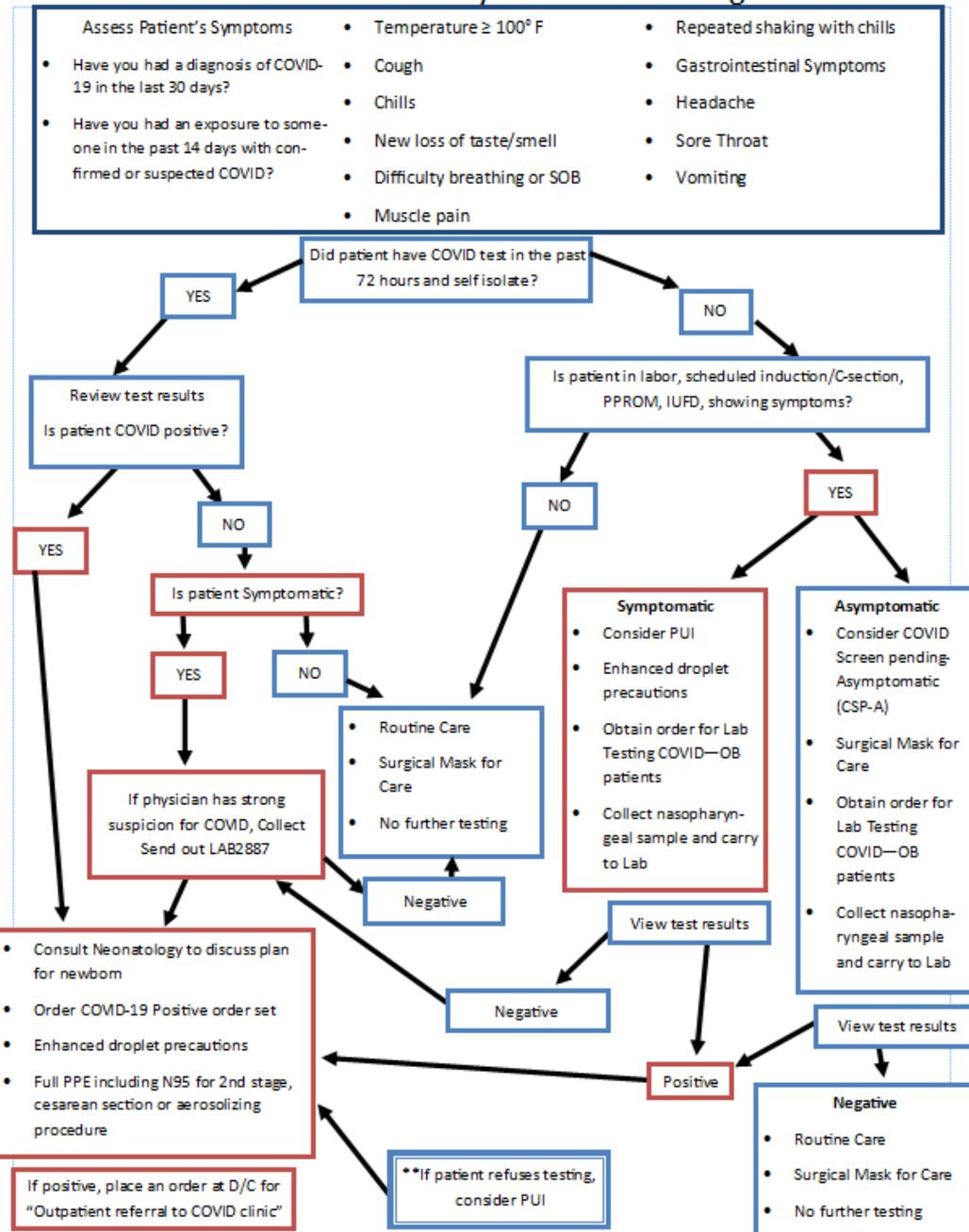
- G3P2002 @ 37w 6d Hispanic in her 20s presents for IOL for oligohydramnios.
- Asymptomatic for COVID
- VS on admission: BP 123/72, HR 93, RR 18, SpO2 95%, T 34.4° C (99.4° F)
- FHR category 1
- No contractions
- SVE- 2/50%/-1
- Admission Labs: H/H 8.3/36.7, WBC 12.1, Plts 253
- SARS-COV-2 PCR (Cepheid)- Positive (NCH Lab)
- Asked again regarding symptoms
  - Admits loss of smell
  - Pt's mother COVID + in March. No contact since. Pt's S.O. ↑ Temp in March
  - Lives with S.O. and 2 children
- Neonatology consult- Decision to room-in with baby
- Prior to delivery- Maternal temperature 37.9° C (100.2° F)
- NSVD, Viable Female, 3190g, Agpars 9-9
- Postpartum course unremarkable
- VSS- Afebrile
- PPD#1- H/H 8.7/32.7, WBC 10.3, Plts 207
- Neonate COVID test negative



# Testing

- All scheduled induction and cesarean section will be tested with a send out lab, at a drive-thru testing sight 72 hours before scheduled time. They will be required to self-isolate
- Patients who present with IUFD, PPROM, in labor or requiring a cesarean section who did not go to pre-testing, or symptoms will be tested with Cepheid upon admission
- If the either of the tests are negative with symptoms with strong suspicion of COVID , a repeat test will be obtained with the send out lab

## Labor and Delivery Patient Screening





Excellence Starts Here





# AMITA Health Saint Joseph Hospital Chicago

Presented by: Audre Pocius, MSN, RNC-NIC  
Director, Women's Services & NICU

## FACILITIES

- Founded 1868
- Overlooks Lake Michigan & Lincoln Park
- Licensed beds – 360
- Employees – 1058
- Teaching facility – 6 independent Residency Programs

## THE FAMILY BIRTHPLACE

- Obstetric/Gynecology Residency Program fully accredited
- 2019 Deliveries – 824
- Level III Perinatal Center Facility with 20 bed NICU
- Labor/Delivery/Recovery Postpartum (LDRP) suites
- Baby Friendly USA Designation 2016



# Case Presentation

- 38y/o G2P0010 with di-di twin gestation at 34w2d by IVF who was admitted for BP monitoring.
- Presented in triage with severe range BP of 178/85. P-75bpm.
- Patient denied H/A, vision changes, N/V, RUQ/epigastric pain.
- + nasal congestion.
- Negative UCX.
- Fetal movement: normal.
- HELLP labs drawn, repeat 24 hour urine protein.
- MFM consulted. Decision made for admission for management of severe BP's in the setting of cHTN.
- Due to new screening guidelines, patient was tested for COVID-19, and positive.
- Plan for delivery via cesarean section due to cHTN with superimposed preeclampsia with severe features.

# Case Presentation

- Infant twin A – APGARS 4, 7, and 8.
- Infant twin B – APGARS 4, 7 and 8.
- Twins separately taken to NICU under isolation in transport isolette. Admitted to dedicated NICU/Newborn COVID-19 isolation room.
- Infant twin A course: RDS, hypoglycemia, R/O sepsis, jaundice. 24 and 48 hours COVID-19 swabs negative.
- Infant twin B course: RDS, hypoglycemia, R/O sepsis, PFO, probable albinism. 24 and 48 hours COVID-19 swabs negative.
- Mother's course: PPD#1 transferred to ICU for Nicardipine drip, worsening respiratory symptoms – PPD#3 transferred to OB, improving cough, S/p Nicardipine drip – PPD#6 worsening pulmonary infiltrates, desaturations, transferred to Telemetry – PPD#8 repeat COVID-19 PCR positive - PPD#10 discharged home.
- Mother's discharge instructions include isolation 1 week, repeat COVID-19 PCR x2, before visiting NICU.
- Mother reunited with infants on day 20 of life.
- Twins discharged to mother on day 21 of life.

# Highlights/Lessons Learned

- 1<sup>st</sup> COVID-19 screening for severe BPs. Patient moved to three different rooms. **Current:** universal screening, immediate COVID-19 rapid testing for severe BPs, PUI while waiting on results, proper PPE, dedicated COVID-19 triage room.
- Cesarean section in bronchoscopy OR. Unfamiliar setting, tight space, different floor from OB, challenges with transporting supplies/equipment/patients. **Current:** established COVID-19 OR workflows, negative anteroom was built to our positive OB OR.
- 3 unit transfers for mother, premature transfer back to OB? **Goal:** Multi-disciplinary/departmental huddle for plan of care.
- Mother only received pictures of her babies the 1<sup>st</sup> week. Coordinated use of two ipads and FaceTime 2<sup>nd</sup> week of hospitalization.
- Newborn/NICU dedicated COVID-19 isolation room is open-bay. No break of PPE for nurses. **Current:** If patient status allows, place portable monitor outside room, and monitor patients from outside room- a break from PPE.

# OB Questions/Discussion

- Questions from chat box
- Questions from registration
- [Q/A from 5.8.2020](#) webinar (OB answers)
- Q/A from 5.01.2020 – questions answered webcast
- [Q/A from 4.24.2020 webinar](#) ([OB answers](#))
- [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



- **Manhal Khilfeh, MD**, Neonatology, John H. Stroger, Jr. Hospital
- **Malika Shah, MD**, Medical Director, Prentice Newborn Nursery, Northwestern Memorial Hospital, Chicago
- **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

- Prenatal center
- 54 Bed level 3 NICU
- 956 births
- Neonatal-prenatal fellowship
- Peds residency
- Ob/Gyn Residents (Northwestern)

## Stroger Hospital of Cook County



COOK COUNTY  
**HEALTH**

# Case presentation

14 days old male infant presented to ER with fever for one day

No cough, no respiratory symptoms, no vomiting no diarrhea

C/s at 39 2/7 weeks for macrosomia, birth weight 4640 grams

CBC, Blood culture, Urine culture, spinal tap, CSF culture and COVID swap

CBC: Hgb 17.7, platelets 261K, WBC 11K (N17% Lymph 57)

CSF: RBC 2 WBC 2 (93% lymph 7% mono)

Blood culture negative, CSF culture negative, Urine culture contaminated

CSF for HSV1, HSV2, HZV negative

COVID 19 RT PCR positive

Pustular, maculopapular rash in groin and abdomen

HSV PCR lesion smear: negative

Pustule swab fluid morphology WBC no organisms, culture sent

Baby discharged after 3 days with out any symptoms



# NEONATAL QUESTIONS/DISCUSSION

# Considering Patient Centered Decision Making for mom/babies



- SSM Health: [Perinatal Isolation & breastfeeding decision information](#) (4.8.2020)

# Patient-Centered Decision Making for Moms/Newborns

- **You can help decide how we take care of you and your baby after delivery** by choosing whether you would like “least risk” or “reduced risk” care for your baby when it comes to separation and breastfeeding.
  - “Least risk” care means eliminating contact with your baby to minimize the risk of getting COVID-19. You are trading contact with your baby to minimize risk of infection.
  - “Reduced risk” care means reducing normal levels of contact with your baby and taking other steps we believe can reduce the risk of infection with COVID-19.
- Currently, the CDC recommends babies remain 6 feet from a mother who has (or might have) COVID-19. We will help you know when it is safe to end this separation. The American Academy of Pediatrics currently recommends feeding these babies expressed (pumped) breast milk, but also gives advice for mothers wishing for baby to feed at their breast. We will support your decisions.



## Least Risk

**Isolation:** Baby will stay in a separate room until you are discharged or until you are fever free for 72 hours AND at least 7 days past the start of your symptoms AND having improvement of other symptoms.

**Breastfeeding:** You will pump expressed breast milk and this milk will be given to baby. You will be shown how to pump safely. (This option may still be chosen if you choose “Modified standard” isolation)

## Reduced Risk

**Isolation:** Baby will stay in your room, but will stay at least 6 feet away from (except when feeding or having close contact with you baby, if desired). Once you are fever free for 72 hours AND 7 days past the start of your symptoms AND having improvement of other symptoms you can resume close contact. Placing baby in an incubator may further reduce risk.

**Breastfeeding:** You will breastfeed after careful cleaning of your hands and breasts with soap and water. You will wear a mask while breastfeeding.

# Multisystem Inflammatory Syndrome in Children (MIS-C)

- In New York, 102 children have presented with symptoms suggestive for MIS-C with similarities to atypical Kawasaki disease. Many of these children tested positive for Covid-19 infection. Cases have also been reported from Europe.
- Signs and symptoms included fever, rash, abdominal pain, vomiting or diarrhea. Some had overlapping features of toxic shock syndrome and atypical Kawasaki disease. Some patients required mechanical ventilation and blood pressure support. Myocarditis with elevated troponin was also seen. Elevated CRP and ferritin levels were also reported.
- Three deaths have been reported in the New York.
- CDC Health Advisory: <https://emergency.cdc.gov/han/2020/han00432.asp>
- Factsheet 5/9/20: Multisystem Inflammatory Syndrome in Children <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/covid-19-pmis.pdf>

# Multisystem Inflammatory Syndrome in Children (MIS-C): CDC Case Definition



- An individual aged <21 years presenting with fever<sup>i</sup>, laboratory evidence of inflammation<sup>ii</sup>, and evidence of clinically severe illness requiring hospitalization, with multisystem ( $\geq 2$ ) organ involvement (cardiac, renal, respiratory, hematologic, gastrointestinal, dermatologic or neurological); **AND**
- No alternative plausible diagnoses; **AND**
- Positive for current or recent SARS-CoV-2 infection by RT-PCR, serology, or antigen test; or COVID-19 exposure within the 4 weeks prior to the onset of symptoms
- <sup>i</sup>Fever  $\geq 38.0^{\circ}$  C for  $\geq 24$  hours, or report of subjective fever lasting  $\geq 24$  hours
- <sup>ii</sup>Including, but not limited to, one or more of the following: an elevated C-reactive protein (CRP), erythrocyte sedimentation rate (ESR), fibrinogen, procalcitonin, d-dimer, ferritin, lactic acid dehydrogenase (LDH), or interleukin 6 (IL-6), elevated neutrophils, reduced lymphocytes and low albumin
- Additional comments
- Some individuals may fulfill full or partial criteria for Kawasaki disease but should be reported if they meet the case definition for MIS-C
- Consider MIS-C in any pediatric death with evidence of SARS-CoV-2 infection

# Neonatal Questions/Discussion

- Questions from chat box
- Questions from meeting registration
- [Q/A from 5.8.2020](#)
- Q/A from 5.01.2020 – questions answered webcast
- Q/A from 4.24.2020 webinar ([Neonatal Answers](#))
- 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)



THANKS TO OUR

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**Family Foundation**

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