CHAMPS Webinar: May 27th, 2020

Lactation Care and COVID-19: Clinical Hubs Report Out

Presenters:

Lauren Hanley, MD, OB/GYN, IBCLC, FACOG, FABM, Medical Director of the MGH Lactation Clinic, Fellow of the Academy of Breastfeeding Medicine

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ZOOM Meeting Info:

https://bostonmedicalcenter.zoom.us/j/92846796727

Meeting ID: 928 4679 6727

Dial-in by your location: +1 646 558 8656 US, +1 301 715 8592 US, +1 346 248 7799 US

Use the chat box for questions during the presentation.

Upcoming CHAMPS Webinars

Webinars are held in collaboration with the Mississippi State Department of Health and the Bower Foundation, and are scheduled on Wednesdays from 12-1p CST

CHAMPS COVID-19 Response Webinar Series

- **June 3rd:** CHAMPS Updates: Celebrating Mississippi's Achievements – What's Next?
  - *Presented by the CHAMPS Team*

CHAMPS COVID-19 RESPONSE
***JUNE* WEBINAR SERIES**
COMING SOON!

If there are topics you would like covered, please email CHAMPSbreastfeed@gmail.com.
For log-in information or for slides and recordings of past webinars, visit: cheerequity.org/webinars.html

OB and Lactation Care in the Face of COVID-19: MGH Experience

Lauren Hanley, MD, IBCLC, FACOG, FABM

Assistant Professor of Obstetrics, Gynecology and Reproductive Biology, Harvard Medical School, MGH, Boston, MA, USA

MASSACHUSETTS GENERAL HOSPITAL
OBSTETRICS & GYNECOLOGY

HARVARD MEDICAL SCHOOL


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MGH Obstetric Service

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- 3800 births/ year
- 12 Labor Beds, 5 Triage Beds and 2 ORs
- 35 Post Partum Beds
- 21 Neonatal Intensive Care Beds
- 17 Special Care Nursery Beds

- **Baby Friendly Since 2015, redesignated 2/2020**

Areas of concern in face of COVID-19

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- Outpatient Care
- Inpatient Care
- Telephone Screenings
- In person screenings for symptoms upon arrival to office or hospital
- Cleaning of office/ Spacing of waiting room
- Office site for CoV positive women or PUI/ or CoV Exposed (living in same space as CoV+)

- **Tracking of CoV positive patients and PUIs**
- OB lists through Epic of these patients for daily phone calls for symptom checks
  - MD assigned to call patients daily and enter order for necessary test, scheduling of appointments, referral for immediate care if needed (8 hr/day job in general)
  - RN support for these calls and orders

Prenatal Care

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- Stratification of Risk
- Consolidation of visits
- Ultrasound
- Antenatal surveillance (Nonstress tests and Biophysical Profiles)
- Visitor policy

- **RACC (Routine Ambulatory Care for Covid status patients**)
  - Dedicated multispeciality clinic for essential care, separate floor of our 10 floor outpatient building
  - Patients use separate elevator, greeted and given a mask/ sanitizer, instructions
  - Providers greeted by MA given PPE/ support / must clean room/ interpreters/ lab testing available

Stratification of Risk

- Low (not intermediate or high)
- Intermediate:
  - Chronic HTN no meds
  - Gest Diabetes no meds
  - Advanced Maternal Age >40
  - BMI >30
  - Di/Di twin pregnancy
- High:
  - Chronic HTN on meds, Preeclampsia or Gestational HTN
  - Diabetes pre pregnancy or GDM on medications
  - Monochorionic twins or higher level multiples
  - Other complex maternal/ or fetal comorbidities
  - Cholestasis, abruption, prior stillbirth, autoimmune disease

New schedule to help minimize risk and provide high quality care

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- Discuss obtaining a BP cuff around 20 weeks to help start virtual visits later in the pregnancy.
- Logs in multiple languages for BP and fetal kick counts
- BP cuffs donated for patients unable to afford
- Working on possible insurance coverage of BP cuffs
- Bring cuff to in person visit to make sure concordant with office cuff and teach use

- Consolidate initial prenatal visit with NT scan and all blood work, physical exam around 12 wks.
- RN intake phone call prior
- Genetics consults/Nutrition consults/ MFM Consults/ Social Service consults all available virtually as needed
- However, this system has equity constraints, must be vigilant!

Equity in the time of COVID: what is the problem?

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- Inequity in burden and consequences of disease
  - Living and working circumstances of many of our patients make social distancing and in-home isolation challenging
  - Many public health messages delivered primarily in English
  - Access to testing not uniform by population
  - The prevention mechanism – home confinement – increases risk for gender-based violence, particularly for those with fewer resources
  - Co-morbid conditions (diabetes, asthma, obesity, hypertension) that are risk factors for severe COVID-19 illness are differentially distributed in U.S., due to long-standing inequities in access and quality of care, structural racism
    - In OB, these concerns overlay the maternal mortality/SMM crisis in the U.S., particularly for Black women and infants

Prenatal care: equity considerations

Spacing of outpatient visits and replacing some visits with virtual communications may not work well for all populations

- Medical needs, social needs and their intersection may need more frequent monitoring (e.g. DM + newly unstable housing)
- Differential access to and uptake of electronic communication
  - Fewer patients of color enrolled in electronic messaging: required for some types of video visits
  - Ability to use medical interpreters for virtual visits; ? diminished quality of telehealth visits through interpreter
  - Access to adequate minutes/ data for devices
  - Access to private, quiet space to participate in visits

Clinical care: equity considerations

- Poor health literacy, fear of losing employment, mistrust of medical system and government may contribute to later presentations for respiratory symptoms
- When COVID testing and treatment resources are scarce, algorithms may “inadvertently” disproportionately disadvantage underserved populations
- Discharge for COVID-related and obstetrical admissions require complex planning and resource allocation at a time when teams and services may be thin or constrained

Postpartum Care/ Fourth Trimester

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- Virtual visits (Phone vs. Video) timing/check in (1-3 wks post discharge)
- Routine Postpartum visit 6-8 wks or longer if desire in person for LARC placement
- Contraception (immediate PP LARC being offered) or bridge to LARC if patient would like to come back for placement
- Mood Checks: Virtual but this can be challenging
- Perineal care: (extensive lacerations require in person visits 3-5 days post discharge)
- C/S care: incision checks with suspicion for infection must have in person care
- Postpartum HTN can do virtual as long as have BP cuff
- Visiting Nurses have been very busy and very helpful!

Post Partum period for new mother

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- Cultural norms usually involve mother's mother, aunts, sisters supporting mother by visiting, often for weeks, caring for other children in the home, cooking, cleaning
- Typically a time for family/friends to support new parents, bringing food, gifts
- Now a time of strict isolation.
- Do not want vulnerable older generations visiting
- Underlying mood disorders may be exacerbated
- Will the incidence of postpartum depression change?
- Processing the birth and time in the hospital may be complex for a COVID pos new mother

HAVE YOU GIVEN BIRTH JUST BEFORE OR DURING THE CORONAVIRUS OUTBREAK?

We at Harvard University and Mass General Hospital would like to learn how you, mothers who recently gave birth, are coping with motherhood in the face of the coronavirus (COVID-19) pandemic.

Click here to complete an anonymous survey. Your participation alongside many other women around the globe will help us better understand and raise awareness to the special needs of mothers during this time.

(You can also paste the following into your browser to access the survey: https://is.gd/mothers_coronavirus)

MGH Lactation Clinic

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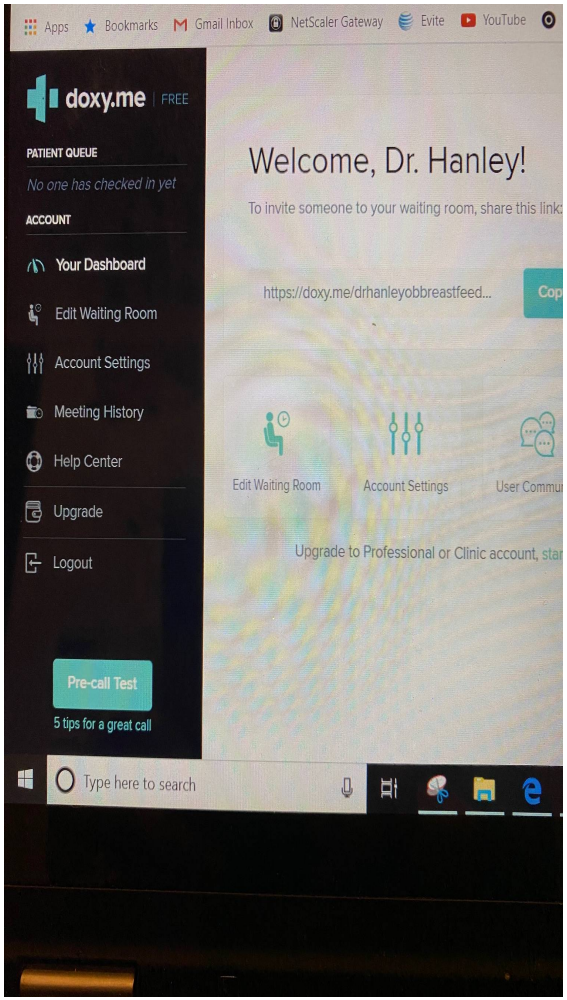
- Transformed to a virtual clinic early in the Pandemic
- Combination of phone/ FaceTime/ Doxy.me
- Zoom “integrated” visits via Epic
- Transition back to in person June 5



Visits conducive to Telehealth Lactation

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- Prenatal consults
- Medication use and Breastfeeding
- Induced Lactation initial consult (but can't do cardiac exam and breast exam)
- Pain
- Oversupply
- Clogged ducts/nipple blebs
- Mastitis

Lactation Challenges with virtual approach:

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- Low milk supply if need to do pre and post weight checks
- Latch (initial visit) but follow ups may be easier
- Possible tongue tie/assessment of oral anatomy
- Nipple trauma or infection (possible need for milk culture)
- Abscess care (may need to take out wound dressing, assess and repack wound
- Mass which needs evaluation (can order imaging but can't do physical exam)

Know your community resources

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- Who else is doing telehealth lactation in your community and make sure OB/peds/family doctors are aware
- Communicate whenever you can!
- WIC virtual and phone support
- Virtual support groups /new mothers groups/breastfeeding support
- Virtual prenatal education /breastfeeding education

- Books, videos, other options that are easy to view/read during isolation?
- Patient can watch with a partner/support person
- Bobbi's book!

Follow up Post Telehealth Lactation

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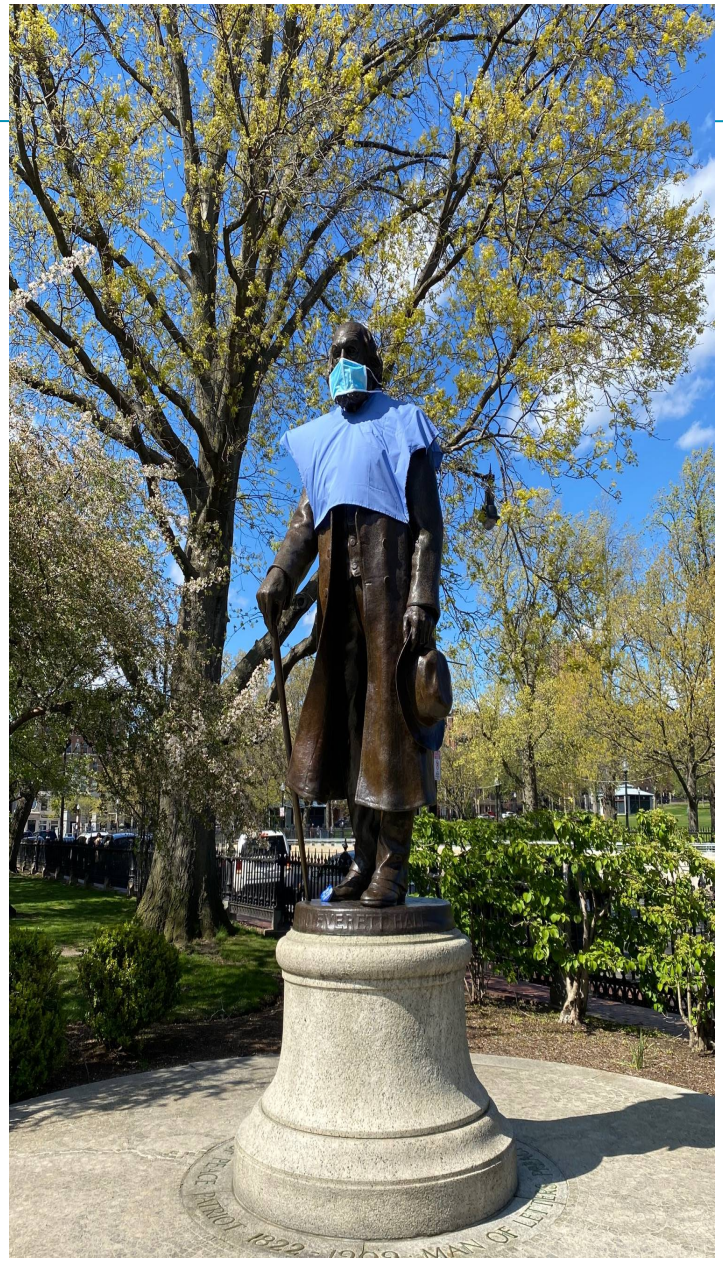
- Follow up communication through Email portal or phone
- Does the office have the support staff to help with this?
- Lactation RN, CLC in our clinic who has been instrumental!
- Now starting to bring in dyads in June who need in person support



In Hospital Care

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- Antepartum /Admitted to hospital while pregnant
- Labor and Delivery Care
- Postpartum Care
- Discharge Timing

Universal testing for COVID-19 on L&D

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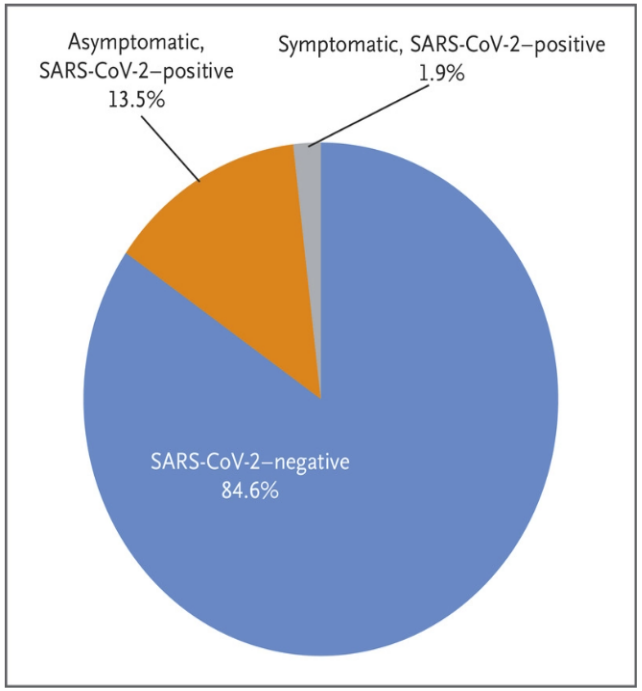
- March 22 and April 4, 2020, 215 pregnant women admitted to one hospital, **all tested**
- 15.5% were positive
- Of those positive, 89.9% were asymptomatic at the time of presentation.
- **Now becoming more common on L&D's in urban areas**

Figure 1.



Symptom Status and SARS-CoV-2 Test Results among 215 Obstetrical Patients Presenting for Delivery.

Sutton D et al. NEJM April 13, 2020

L&D protocols: How are we determining who has the virus or is a PUI?

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- Hospitals have gone in 2 directions:
  - TEST all admissions to L&D
  - SCREEN based on symptoms and /or exposures
  - Depends on access to testing and local prevalence

- Either way: **Intrapartum fever is relatively common**: approx. 7%

- Intrapartum or PP fever can be from Obstetric causes or COVID-19.
- 2 most common obstetrics causes: epidural use/chorioamnionitis
- Fever can also be the first sign of COVID dz
- Patient may test negative on admission and then become a PUI during hospitalization may get 2 or more tests during stay

MGH experience much different than NYC

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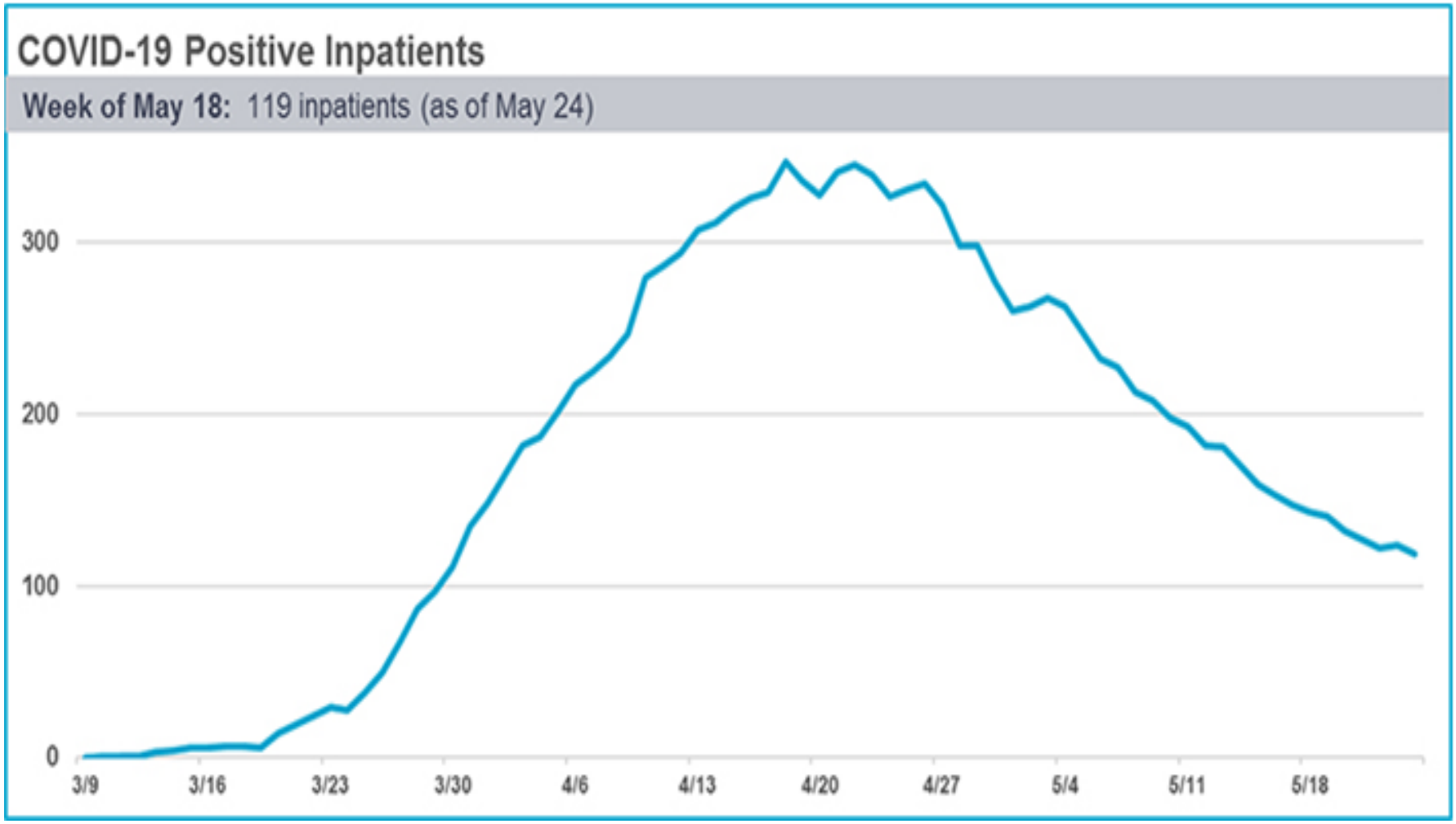
- Partners Healthcare asymptomatic rate on admission to any hospital = 1.1%
- OB rate at MGH slightly higher
- Rate much lower than NYC
- Range of critically ill women on ventilator to asymptomatic positive women
- Approx 50-60 patients in our practice are positive being managed at home
- Approx 7 women needing ICU level of care, 4 on ventilators

- RN tests patients when decision to admit is made OR 24 hours prior to planned admission
- Partner is screened, not tested. If partner becomes ill during the stay they are asked to leave, another support person can come in.
- Support person must stay in room, cannot come and go.



Maternal illness severity:

- **Location of mother**: postpartum unit for "well" mothers, otherwise, may go to a COVID unit for specialized care with OB consulting
- We will be discontinuing COVID units over time but mother's location based on her status
- May need ICU level of care
- May need intubation
- May need prone positioning
  - Generally unable to express milk if prone

- May be completely asymptomatic: DPH does recommend testing of all household contacts of positive person

Location of infant: Shared decision making model

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- Start discussion in outpatient during pregnancy
- Our Facility favors rooming in based on space and personnel and we believe it is safe and preferable for most dyads
- Upon admission, review feeding goals and options depending upon maternal illness severity
- Risks and benefits reviewed
- Plan for location and feeding documented

- One visitor has been preserved throughout the pandemic for L&D and postpartum
- Engage the patient and support person in asking questions, supporting goals

ORGANIZATION	RECOMMENDATION FOR LOCATION	RECOMMENDATION FOR FEEDING	REFERENCE
Canadian Paediatric Society	"should not be separated" "should be allowed to remain together" "shared decision making"	Direct Breastfeeding and skin to skin	https://www.cps.ca/en/documents/position/breastfeeding-when-mothers-have-suspected-or-proven-covid-19
Public Health Agency of Canada	No overt language but recommend skin to skin and direct Breastfeeding so unlikely to recommend separation	Direct breastfeeding and skin to skin	https://www.canada.ca/content/dam/phac-aspc/documents/services/diseases-maladies/pregnancy-advise-mothers/pregnancy-advise-mothers-eng.pdf
Union of European Neonatal and Perinatal Societies	Asymptomatic or "Paucisymptomatic" should room in "Severely symptomatic" will need separation Mother's status will guide along with shared decision making	An approach involving the routine separation of the newborn from the SARS-CoV-2 positive mother may have an adverse effect on the mother-child relationship, and may represent a belated intervention to prevent a contagion already occurred in the pre-symptomatic phase.	https://www.uenps.eu/wp-content/uploads/2020/03/14marzo.SIN_UENPS0.pdf
WHO Europe	"...even if a mother has COVID-19, she is encouraged to touch and hold her baby, breastfeed safely with good respiratory hygiene, hold the baby skin-to-skin, and share a room with the child""	Direct breastfeeding and skin to skin	http://www.euro.who.int/__data/assets/pdf_file/0010/437788/breastfeeding-COVID-19.pdf?ua=1
CDC	"The determination of whether or not to separate a mother with known or suspected COVID-19 and her infant should be made on a case-by-case basis using shared decision-making between the mother and the clinical team. "	Recommend shared decision-making to determine if newborn will be separated vs. co-located in the same room	https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html
AAP	"While difficult, temporary separation of mother and newborn will minimize the risk of postnatal infant infection from maternal respiratory secretions." "In addition to the known benefits of breastfeeding, mothers' milk may provide infant protective factors after maternal COVID-19. Promoting breast milk feeding and supporting establishment of maternal milk supply may offer additional benefits to well and sick newborns."	Recommend separation if facility has the space Support breast milk feeding	https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf

ORGANIZATION	RECOMMENDATION FOR LOCATION	RECOMMENDATION FOR FEEDING	REFERENCE
National Perinatal Association	"NANN and NPA encourage the ideal scenario, which is to keep mother and newborn together…"	Direct breastfeeding	http://www.nationalperinatal.org/resources/Documents/COVID-19/NPA%20and%20NANN%20Press%20Release.pdf
National Association of Neonatal Nurses (NANN)	"NANN and NPA encourage the ideal scenario, which is to keep mother and newborn together…"	Direct breastfeeding	http://nann.org/uploads/About/PositionPDFS/Position%20Statement%20COVID-19_NPA%20and%20NANN
Royal College of Obstetricians and Gynaecologists	"…we advise that the benefits of breastfeeding outweigh any potential risks of transmission of the virus through breastmilk."	Direct breastfeeding	https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05-13-coronavirus-covid-19-infection-in-pregnancy.pdf
Royal Australian and New Zealand College of Obstetricians and Gynaecologists	"Women who wish to breastfeed their babies should be encouraged and supported to do so. At the moment there is no evidence that the virus is carried in breastmilk and, therefore, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of COVID-19 through breastmilk. If the mother has COVID-19 infection she should not be automatically separated from her baby, but should take enhanced precautions with general hygiene and consider a face mask when feeding."	Direct breastfeeding	https://ranzcog.edu.au/statements-guidelines/covid-19-statement/information-for-pregnant-women

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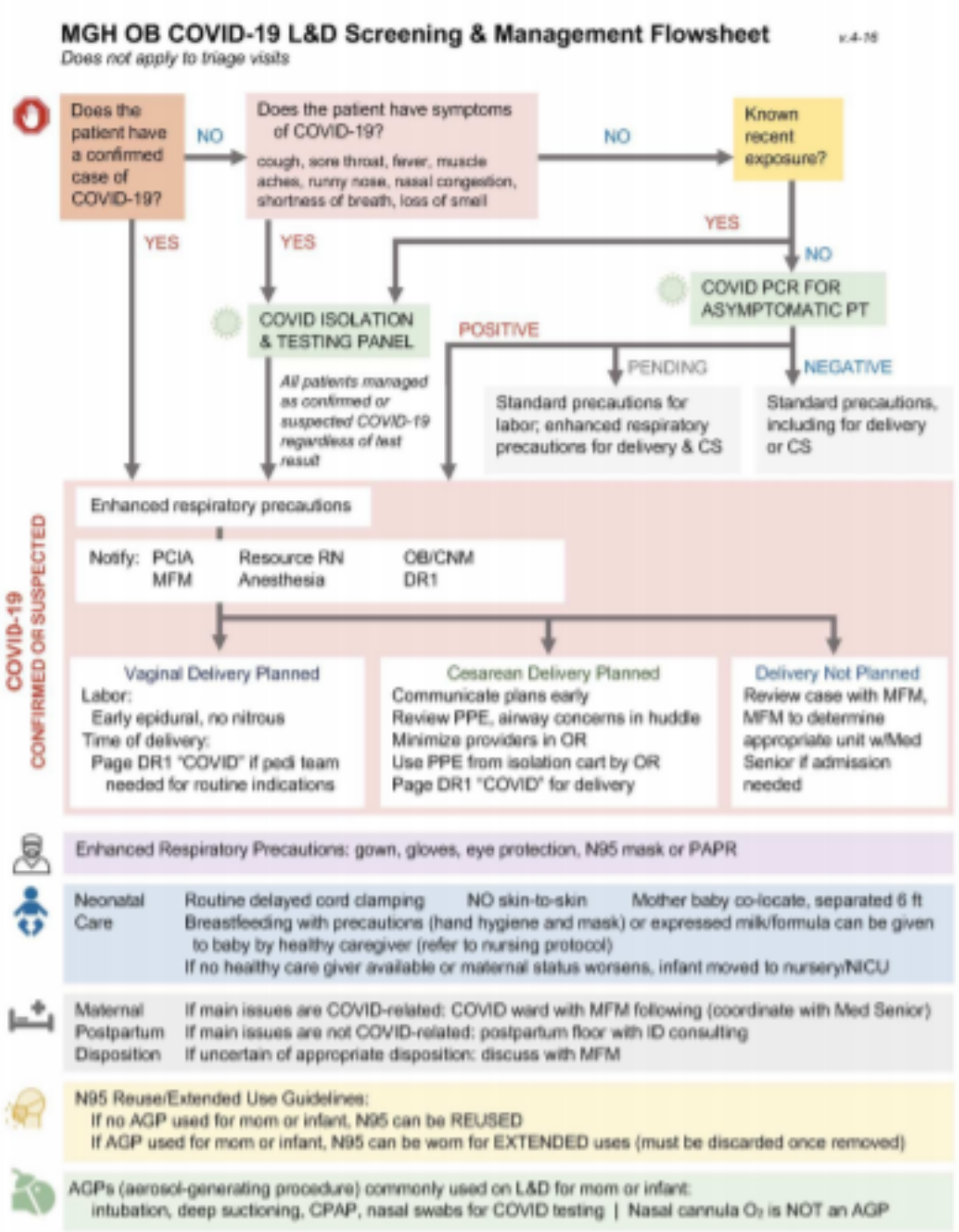
ORGANIZATION	RECOMMENDATION FOR LOCATION	RECOMMENDATION FOR FEEDING	REFERENCE
ACOG	”facilities may consider temporarily separating (eg, separate rooms) patients who have confirmed COVID-19 or are persons under investigation from their newborns” “determination on case by case basis”	“take all possible precautions to avoid spreading the virus to her infant, including breast and hand hygiene and wearing a face mask, if possible, while breastfeeding ”	https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019



PPE

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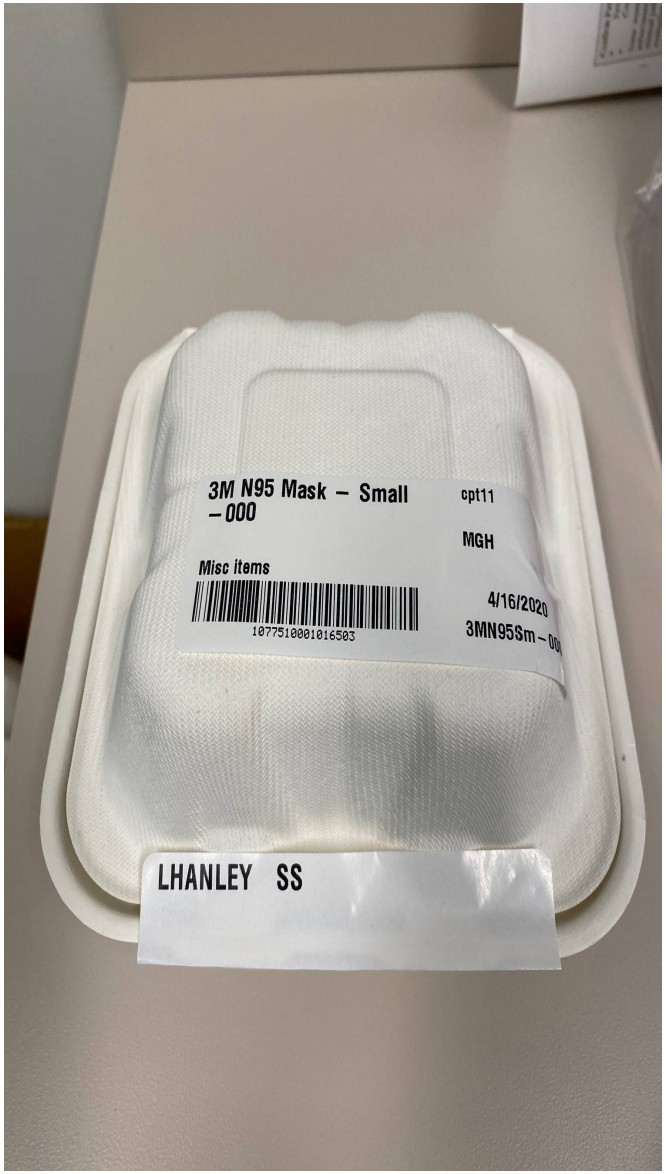

Drills/Simulation for CoV+ urgent Cesarean

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- Everything takes more time than we think
- Teams need to coordinate (OB, Peds, Anes)
- Donning PPE
- Anesthesia needs time to prep in OR
- Alerting Peds team

- Lower threshold when fetal decelerations occur, better to get patient to OR and then reassess.
- Maternal respiratory status may cause move to Cesarean earlier due to lower maternal reserve

MGH Protocol

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Breastfeeding

- Mothers can make the decision to breastfeed or provide expressed breastmilk/formula while they are potentially contagious with Covid-19.
- If the mother chooses to breastfeed:
  - Mother should wear a facemask and perform hand hygiene prior to holding infant.
  - Care should be taken to protect mother's breast from respiratory droplets both during and in between nursing sessions.
  - If there is a concern that the skin of the breasts may have respiratory secretions, washing with soap and water is advised. A clean gown and baby blanket should be used at the start of each feeding session
- If the mother chooses to provide expressed breastmilk or formula:
  - The unit will provide a dedicated breast pump.
  - Prior to expressing breast milk, mothers should practice hand hygiene
  - After each pumping session, all parts that come into contact with breast milk should be thoroughly washed (in hot soapy water) and the entire pump should be appropriately disinfected per the manufacturer's instructions.
  - The expressed breast milk or formula should be fed to the newborn by a healthy caregiver if available. Mothers who elect to feed their babies should be instructed wear a mask and practice careful hand hygiene prior to interacting with the infant.
  - See nursing protocol for techniques for transporting bottles if mother and baby are not co-located. https://hospitalpolicies.ellucid.com/documents/view/21014/active/

Early Discharge

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- Specific criteria for mother and baby to be discharged early

IV. Maternal Criteria: Below must be met for eligibility:

Vaginal Delivery: PPD 1≥ 24hrs	Cesarean Delivery POD2 ≥ 48hrs [1]
No antepartum, intrapartum, PP HTN disorder	No antepartum, intrapartum, PP HTN disorder
Afebrile without antibiotics >24hrs	Afebrile without antibiotics >24hrs
No postpartum hemorrhage	No postpartum hemorrhage
OB anesthesia postpartum assessment complete	OB anesthesia postpartum assessment complete
No maternal comorbidities requiring prolonged observation (provider discretion)	No maternal comorbidities requiring prolonged observation (provider discretion)
Established plan for mode of infant feeding	Established plan for mode of infant feeding
If mother COVID +, newborn COVID swab must be complete prior to discharge	If mother COVID +, newborn COVID swab must be complete prior to discharge
Absence of family or social risk factors [2]	Absence of family or social risk factors [2]
Maternal stability established by physical exam and relevant laboratory findings	Maternal stability established by physical exam and relevant laboratory findings

1. Mothers with unscheduled cesarean delivery who request POD2 discharge and otherwise meet these criteria are also eligible for POD2 discharge at ≥ 48hrs postpartum.

2. Risk factors many include, but not limited to: hx of child abuse or neglect; lack of social support; no permanent home, hx of unevaluated domestic violence. If identified, discharge should be delayed until OB Social work evaluation.

Early discharge cont

V. Maternal Stability Criteria: For both Vaginal or Cesarean Delivery

Following minimal physical exam findings and laboratory results:
• Vital signs are within normal limits
• Ambulate with ease and has adequate pain control
• Able to eat and drink with ease
• Fundus firm and lochia appropriate for duration of recovery
• No abnormal physical or emotional findings
• Urinating with ease and output is adequate
• Any surgical repair or wound has no evidence of infection and appears to be healing without complications
• Relevant laboratory results are available

Instructions for CoV +/Exposed Families

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- Printed instructions and Detailed review
- Availability of Hotels in Chelsea/Revere area
- Review of Social Determinants of Health
- Phone number confirmation
- Are they connected to our email portal for further communication/ virtual visits
- Is there a healthy care giver in the home?
- Access to masks/soap/sanitizer
- Quarantine kits distributed on discharge
- What is the follow up for the mother and for the baby?

Discharge Quarantine Kits

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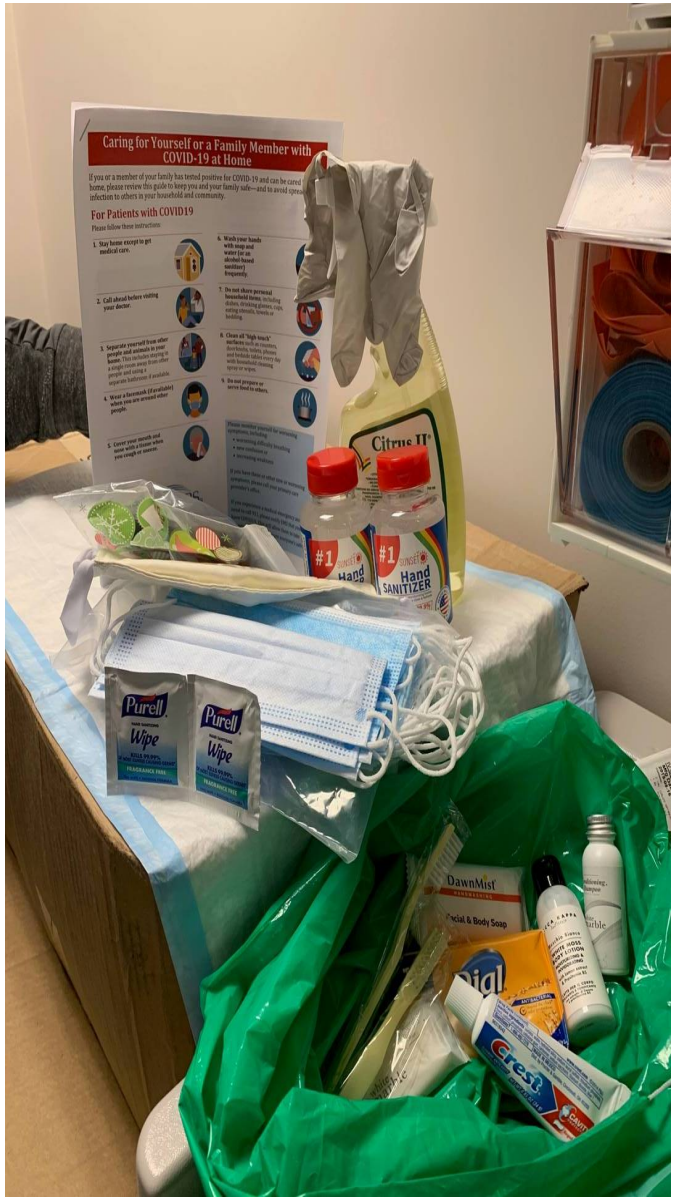

THANK YOU!

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The NeoQIC Network Now

CHAMPS COVID-19 Response Webinar Series

Wednesday May 27, 2020

neoQIC
Neonatal Quality Improvement Collaborative of Massachusetts

What are we up to normally?

- Perinatal Opioid Project
- Respiratory Care Collaborative
- Family Engagement and Disparities

What are we doing now?

- COVID-19 Perinatal Support!!

- Webinars ~ q2 weeks
  - Hospital sharing
  - Experts
  - Review of literature and professional guidelines
- Practice surveys
- Data collection (starting)

neoQIC
Neonatal Quality Improvement Collaborative of Massachusetts

Massachusetts Covid-19 Practice Survey Results

www.neoqicma.org

neoQIC
Neonatal Quality Improvement Collaborative of Massachusetts

What is the approach to COVID-19 testing of pregnant women that present to labor and delivery and are anticipated to deliver?

Testing Approach	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Universal testing to all pregnant women regardless of signs and symptoms	0%	21 (84%)
Testing for pregnant women based on signs and symptoms	93%	2 (8%)
Testing is not routinely available for pregnant women at our facility		0 (0%)
Other	7%	2 (8%)

Other:

- All pregnant women tested at 38 wks, and those not done screen for testing.
- Testing scheduled CS and inductions and if symptomatic

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Neonatal Quality Improvement Collaborative of Massachusetts

What is your approach to support persons accompanying pregnant women on labor and delivery (L&D)?

Approach to Support Persons	Responses Survey #2 (5/1-5/5) n =26
No support persons may be present on L&D	0 (0%)
Only 1 support person may be present on L&D	25 (100%)
2 or more support persons may be present on L&D	0 (0%)

neoQIC
Neonatal Quality Improvement Collaborative of Massachusetts

What is the preferred approach for location of newborn care for a healthy, term newborn born to a COVID-19 positive mother at your hospital?

Newborn Care Location	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Care of the mother and infant in separate rooms	39%	5 (20%)
Care of the mother and infant in the same room with some precautions to maintain separation (e.g. crib 6 feet away, curtain or barrier between mother and infant, etc.)	5 % (didn't clarify this difference)	5 (20%)
Care of the mother and infant in the same room, with no precautions		0 (0%)
Decisions about location of mother and infant care are based on shared decision making on a case-by-case basis	43%	12 (48%)
Other		2 (8%)

Other:

- Standard would be to separate, but if after discussion w/Neo may have baby in room in isolette 6 ft away

neoQIC
Neonatal Quality Improvement Collaborative of Massachusetts

What is your approach to skin-to-skin care in the first hour after birth for a healthy, term infant born to a COVID-19 positive mother?

Skin to Skin	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Prohibited	93% (didn't clarify this difference)	10 (40%)
Discouraged		14 (56%)
Encouraged with precautions	7%	1 (4%)
Encouraged with no precautions		0 (0%)

Other:

- Standard would be to separate, but if after discussion w/Neo may have baby in room in isolette 6 ft away

Does your hospital generally perform delayed or timed cord clamping for a healthy, term infant born to a COVID-19 positive mother?

Delayed or Timed Cord Clamping	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Yes	44%	14 (58%)
No	41%	10 (42%)
Other	15%	(not an option)

Note: At baseline, 92% of hospitals perform delayed or timed cord clamping

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Is your hospital performing early baths for healthy, term infants born to COVID-19 positive mothers?

Early Bath	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Yes	67%	21 (84%)
No	30%	4 (16%)

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What is your approach to direct breastfeeding among healthy, term infants born to COVID-19 positive mothers?

Approach to Direct Breastfeeding	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Direct breastfeeding is encouraged with precautions	60%	7 (27%)
Direct breastfeeding is discouraged, but permitted if family strongly desires	This wasn't an option	16 (62%)
Direct breastfeeding is prohibited	28%	3 (11%)

What is your approach to PCR testing healthy, term newborns for COVID-19 born to COVID-19 positive mothers?

Testing Healthy, Term Newborns	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Although in-patient testing is available at our hospital, we generally do not test newborns	12% (we didn't separate these last time)	3 (12%)
Testing is not available for infants		0
We do 1 test	32%	8 (31%)
We do 2 tests	48% (option was 2 or more tests)	7 (27%)
More than 2 tests		1 (4%)
Other	8%	7 (27%)

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More than 2 tests		1 (4%)
Other	8%	7 (27%)

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How have the following newborn hospitalization discharge processes changed among healthy, term infants born to COVID-19 positive mothers?

Test	Have not changed our process	Changed process, but occurs during newborn hospitalization	Changed process and deferred until after discharge
Hepatitis B (n=26)	24 (92%)	2 (8%)	0 (0%)
Bilirubin Checks (n=26)	22 (85%)	4 (15%)	0 (0%)
Newborn Screens (n=26)	24 (92%)	2 (8%)	0 (0%)
CCHD (n=26)	23 (88%)	3 (12%)	0 (0%)
Circumcisions (n=26)	12 (46%)	8 (31%)	6 (23%)
Hearing Screening (n=26)	18 (69%)	6 (23%)	2 (8%)
Red Reflex (n=24)	21 (88%)	2 (8%)	1 (4%)

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Some Aggregate Data

Laura Cardello

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Newborns with COVID-19+ Parent

Hospital	Number
Beverly*	5
Beth Israel*	24
Boston Medical Center*	26
Brigham and Women's*	24
Cambridge Health Alliance	4
Mass General	17
Newton Wellesley	2
South Shore	2
Winchester	1
Total	105

* Included in subsequent slides

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Some demographics

Male	41%
Female	59%
< 32 weeks	4%
32-35 weeks	19%
36+ weeks	77%
C-section delivery	53%
Vaginal delivery	47%

N=74

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Location of Care

Same room as mother for all	38%
Same room as mother for part	16%
Separate room from mother throughout	46%
Among separated, reason:	
Hospital policy	52%
Maternal illness	15%
Family preference	7%
Infant status	54%
Other	4%

N=74

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Breastmilk

No human milk	27%
Expressed milk	30%
Donor milk	7%
Breastfed	45%

N=74

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Infant COVID-19 testing

Positive	6%
Negative	80%
Not tested	11%

N=74

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National COVID-19 Newborn Practice Survey is LIVE

- 5-7 minute survey to assess COVID-19 Newborn Practices
- Goal to understand regional variation
- Open 5/26 to 6/1

- We can provide aggregate data at state-level if interested

- **https://redcap.bumc.bu.edu/surveys/?s=RYRW4PDXJE**

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Thank you!

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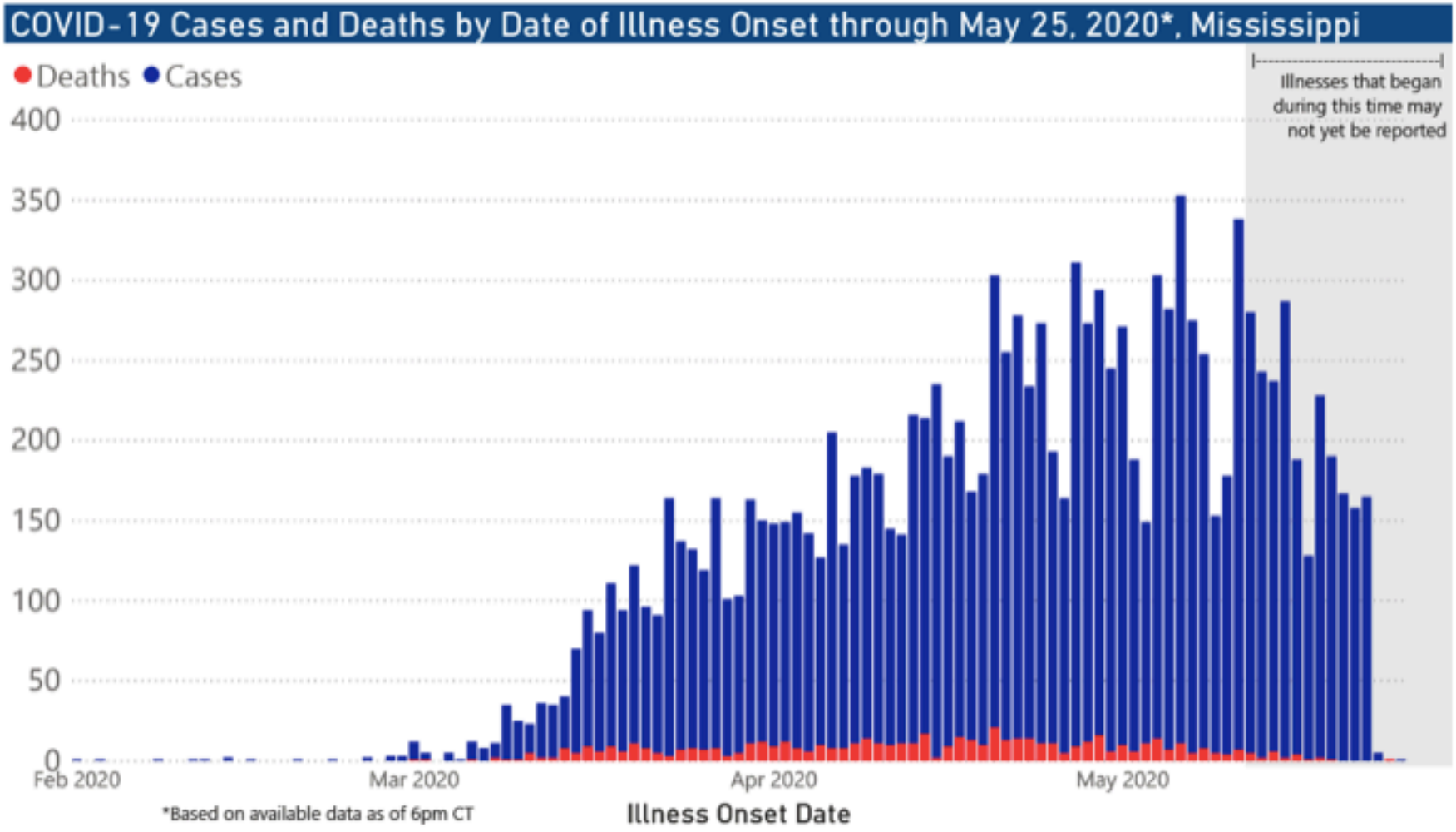
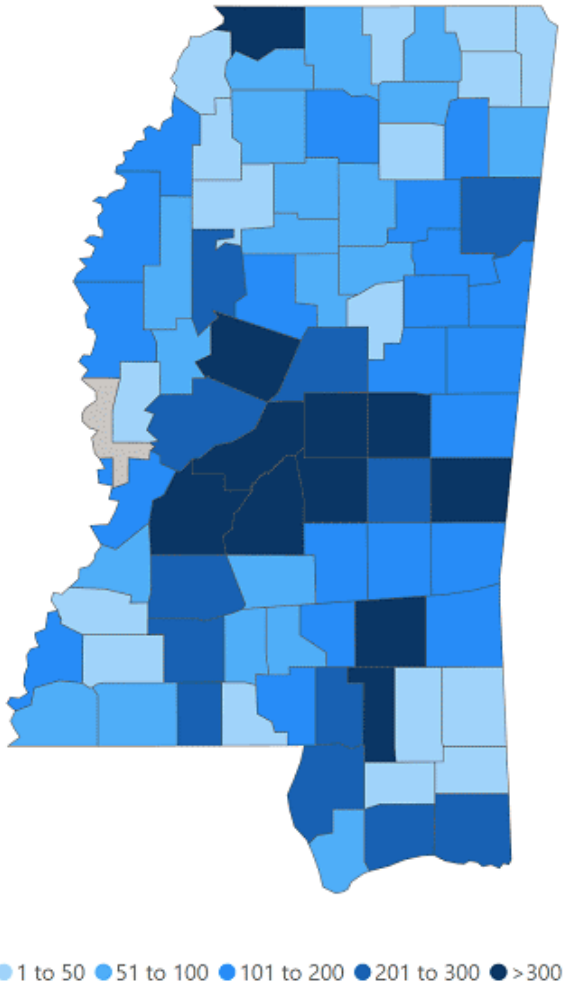
COVID-19 MS CHAMPS May 2020

- Updates on MS situation
- COVID 19 survey results from MS CHAMPS hospitals
- 18 hospitals replied by May 21st



Note: Values up to two weeks in the past on the Date of Illness Onset chart above can change as we update it with new information from disease investigation.

Mississippi COVID-19
Cases and Deaths by Race with Ethnicity
as of 6 pm CT, May 25, 2020



Total Cases

13,731

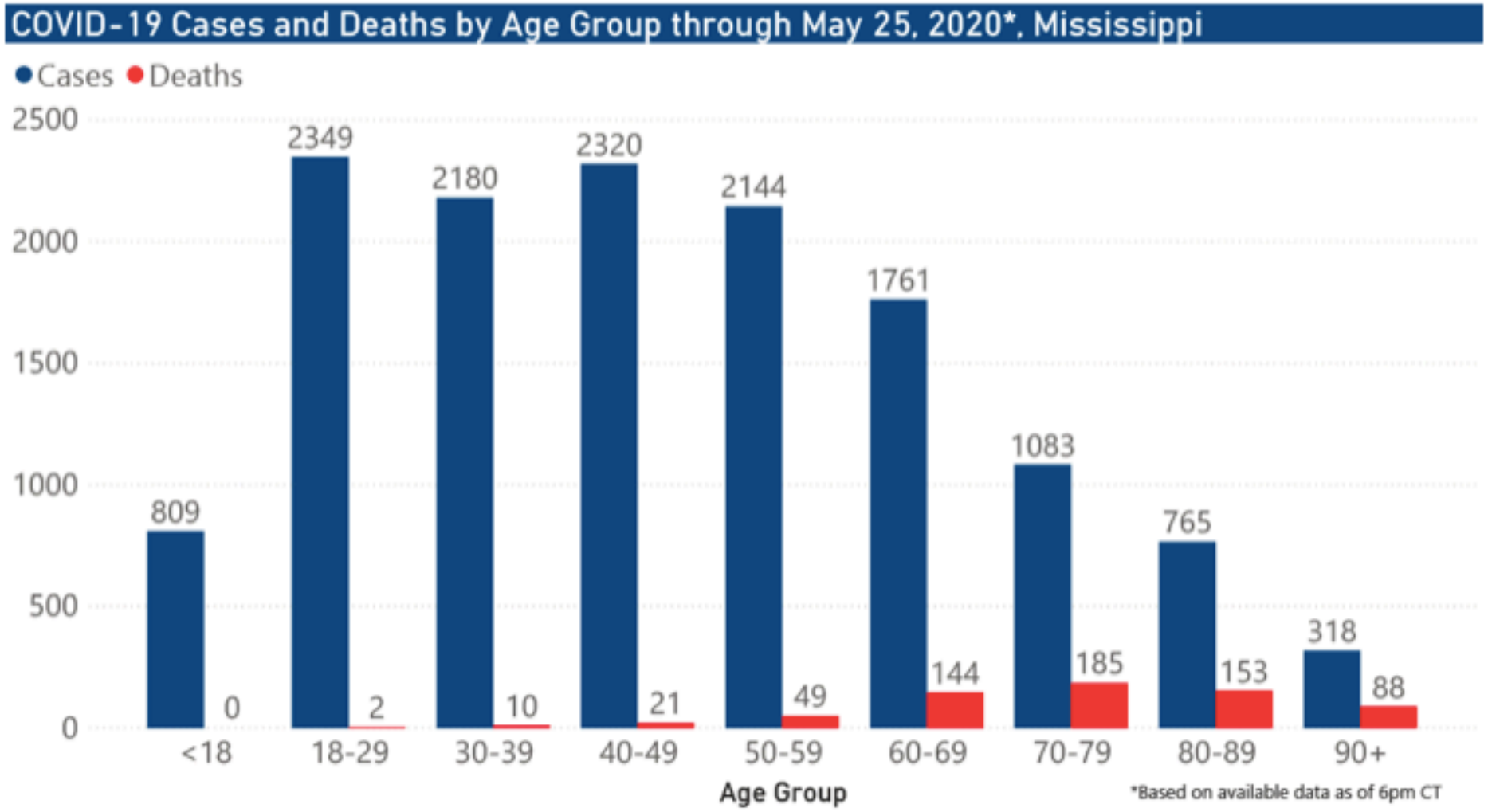
	American Indian or Alaska Native	Asian	Black	White	Other	Unknown
Non Hispanic	162	47	6879	3588	153	20
Hispanic	4	1	24	174	534	14
Unknown Ethnicity	354	5	536	389	335	512

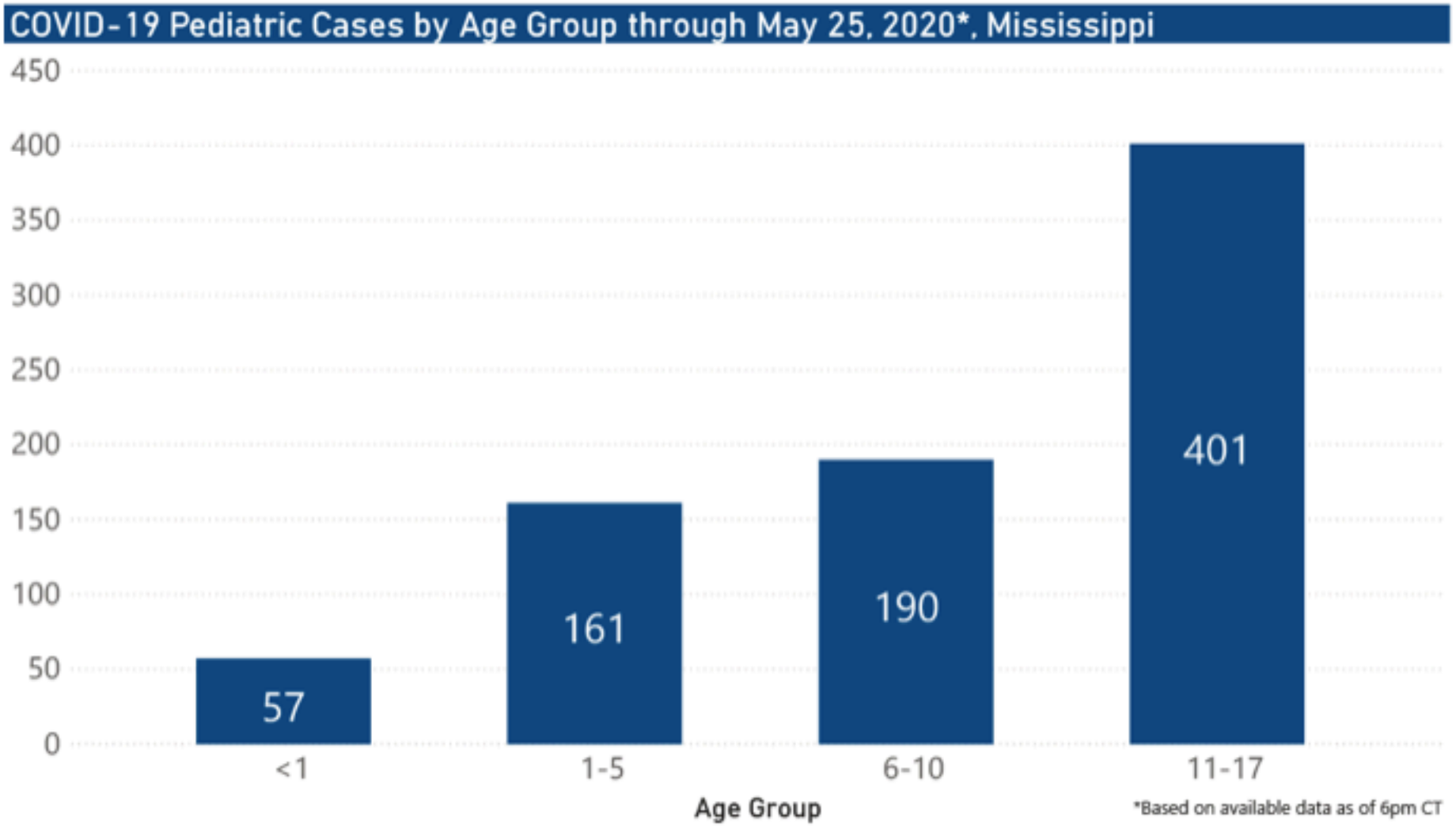
Total Deaths

652

	American Indian or Alaska Native	Asian	Black	White	Other	Unknown
Non Hispanic	20	0	333	269	0	0
Hispanic	1	0	0	3	5	0
Unknown Ethnicity	3	0	6	10	2	0

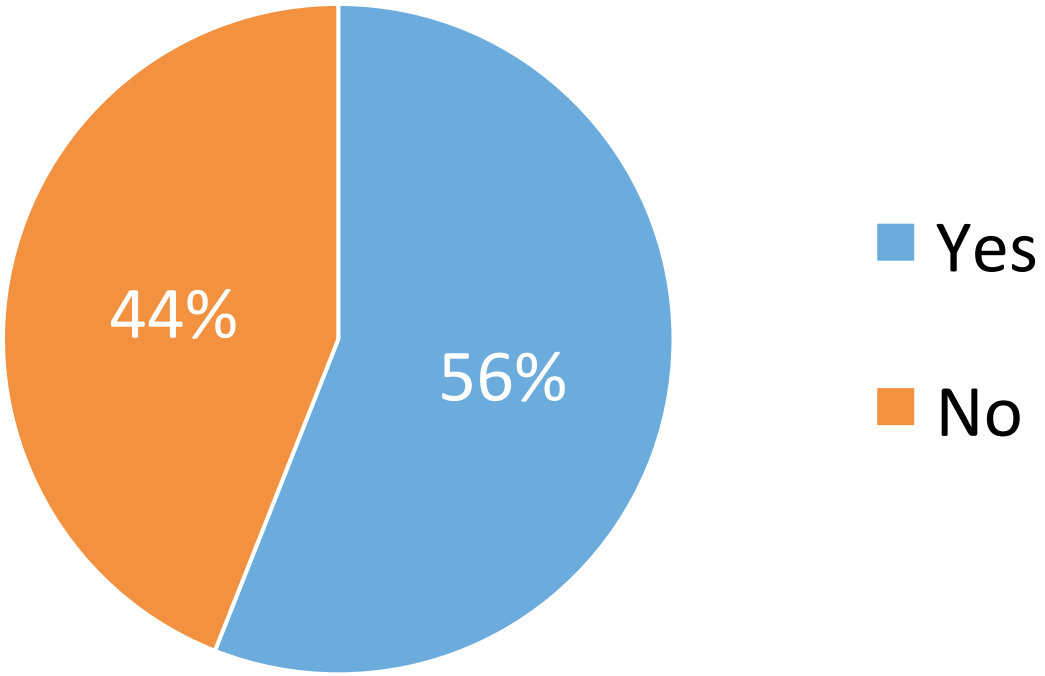
Note: In our charts by race, "Other" includes American Indian and Asian.





COVID-19 MS Survey Results

Has a patient with suspected or confirmed COVID-19 given birth at your facility?



COVID-19 Survey: Screening and testing

- 100% of hospitals SCREEN all maternity care patients

- 44% TEST all maternity care patients
- 22% test women who screen positive
- 1 facility does not test at all

- All those who were testing used a nasopharynx sample

COVID-19 Survey Live Poll: Question 1 – Results from live webinar in red

When do you think your maternity unit will stop screening patients for COVID 19?

- Within the next 1-2 months: 6%
- Within the next 2-6 months: 20%
- It will be more than 6 months before we stop screening: 74%

COVID-19 Survey Results

What is your approach for testing newborns for COVID-19? (check all that apply)

Response	N	%
We test all newborns whose mothers test positive	12	60%
We test newborns whose mothers are PUIs	3	15%
We are not currently testing newborns	1	5%

COVID-19 Survey Results

What is your current visitation policy for maternity care patients?

Response	N	%
No one except hospital staff	0	0%
Only the father or partner	1	6%
Only one support person (mother's choice, does not have to be the father/partner)	15	83%

COVID-19 Survey Results

How does your unit manage skin-to-skin (STS) care in the 1st hour after birth for healthy mothers and babies?

Response	N	%
We adhere to our normal STS practices	11	65%
We encourage STS along with new practices to prevent infection	1	6%
We use a “shared decision making” approach	3	18%
We counsel mothers against STS	0	0%
We do not allow STS	1	6%
Other	1	6%

COVID-19 Survey Results

How does your unit manage or plan to manage STS care in the 1st hour after birth for women who are COVID+/PUIs?

Response	N	%
We adhere to our normal STS practices	1	6%
We encourage STS with new practices to prevent infection	2	11%
We use a “shared decision making” approach to STS	8	44%
We counsel mothers against STS	1	6%
We do not allow STS	3	17%
We have no plan for STS for COVID+/PUI mothers	1	6%
I don’t know	1	6%
Other	1	6%

COVID-19 Survey Results

How does your unit manage rooming-in for healthy mothers and babies?

Response	N	%
We adhere to normal rooming-in practices	14	78%
We are strengthening our rooming-in recommendations, to keep mothers and babies in the same room and limit the baby's risk of exposure to COVID-19 in the hospital	4	22%

COVID-19 Survey Results

How does your unit manage or plan to manage rooming-in for a mother who is PUI for COVID-19?

Response	N	%
We adhere to our normal rooming-in practices	0	0%
We encourage rooming-in along with new practices to prevent infection (for example, mother using a mask)	5	28%
We use a “shared decision making” approach	6	33%
We counsel mothers against rooming-in	0	0%
We do not allow rooming-in	1	6%
We do not have a plan	0	0%
I don’t know	1	6%
Other	5	28%

COVID-19 Survey Results

How does your unit manage or plan to manage rooming-in for a mother who is PUI for COVID-19?

Other responses:

- After test is negative, rooming in is begun for PUI
- Would get feedback from the pediatricians as to their preference
- Policy development in progress
- We no longer have PUI 100% testing; we have not discussed this

COVID-19 Survey Results

How does your unit manage or plan to manage rooming-in for a mother who has a confirmed COVID-19 diagnosis?

Response	N	%
We adhere to our normal rooming-in practices	0	0%
We encourage rooming-in along with new practices to prevent infection (for example, mother using a mask)	2	13%
We use a “shared decision making” approach	5	31%
We counsel mothers against rooming-in	1	6%
We do not allow rooming-in	5	31%

COVID-19 Survey Results

Has your hospital changed length of stay in response to COVID-19?

Response	N	%
Yes (Please explain)	5	28%
• All hospitals had decreased mothers time in the hospital		
No	12	67%

COVID-19 Survey Results

Has your hospital changed how it follows-up with infants after discharge because of COVID-19?

Response	N	%
Yes (Please explain)	5	28%

- Outside clinic visit
- Some clinics are using telemedicine
- Phone contact, no in person visits
- Sooner after discharge
- Upon arrival, the family member is to call and notify staff they have arrived and to await farther

COVID-19 Survey Results

What is your unit recommending as a feeding plan for mothers who are COVID-19 positive, or PUIs? (All that apply)

Response	N	%
Direct, exclusive breastfeeding	3	13%
Direct, exclusive breastfeeding, but advises these mothers to wash their hands before breastfeeding and to wear a mask while breastfeeding	5	22%
Direct, exclusive breastfeeding but advises mothers to clean the breast before breastfeeding	3	13%
My hospital advises feeding expressed milk to the baby instead of feeding the infant directly from the breast	8	35%
My hospital advises formula feeding	1	4%

COVID-19 Survey Results

What guidance did you use to create your practice guidelines for COVID +/suspected patients?

Response	N	%
CDC	16	37%
AAP	12	28%
WHO	8	19%
ABM	3	7%

COVID-19 Survey Results

Other actions that affect maternity care practices

- Policy development still in process; currently case by case management
- Visitors wear masks. Mother does not have to if testing is negative
- Hospital support persons must remain with the patient till discharge.
- Only 1 person is allowed on the return visit for newborns
- All employees, visitors and patients are provided masks upon entry into the building. L/D staff and surgery staff are wearing full PPE in all deliveries (vaginal and C/s) including gown, eye protection and N95
- All staff wear a surgical mask at all times. Mothers who test positive are placed in a negative pressure room for delivery. We also have a dedicated OR for COVID + mothers only.
- Staff are required to wear a cloth mask or surgical mask at all times.

COVID-19 Survey Live Poll: Question 2 – Results from live webinar in red

Do you think changes made for COVID 19 will result in long term changes in maternity care at your hospital?

- Yes, I think some of the changes will continue after: 88%
- No, I think everything will go back to 'normal': 12%
- We have not made any changes due to COVID 19: 0%

COVID-19 Survey Live Poll: Question 3 – Results from live webinar in red

Was the concept of “shared decision making” in use on your unit before COVID 19 came along?

- Yes, we were already using “shared decision making” to guide practices: 28%
- I knew the phrase “shared decision making” before COVID 19, but we were not practicing it: 48%
- Honestly, I had never heard the phrase “shared decision making” before COVID 19 came along: 24%

National/International Guidance on COVID-19 and Maternal and Infant Care

- **Centers for Disease Control:**
  - Pregnancy and Breastfeeding: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html
  - Clinical Care for Pregnant Women: https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html
- **World Health Organization:**
  - Frequently Asked Questions: Breastfeeding and COVID-19: https://www.who.int/docs/default-source/maternal-health/faqs-breastfeeding-and-covid-19.pdf
  - Publication on Pregnancy, Childbirth, breastfeeding and COVID-19: https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-pregnancy-ipc-breastfeeding-infographics/en/
  - Breastfeeding Advice from the Regional Office for the Eastern Mediterranean: http://www.emro.who.int/nutrition/nutrition-infocus/breastfeeding-advice-during-covid-19-outbreak.html
- **Association of Breastfeeding Medicine Statement:**
  - https://www.bfmed.org/abm-statement-coronavirus
- **Commentary in *Breastfeeding Medicine* by Dr. Alison Stuebe**
  - https://www.liebertpub.com/doi/pdf/10.1089/bfm.2020.29153.ams
- **Ad Interim Indications of the Italian Society of Neonatology, Endorsed by the Union of European Neonatal & Prenatal Societies**
  - https://www.uenps.eu/wp-content/uploads/2020/03/14marzo.SIN_UENPS0.pdf

Questions?

Use the chat box to send in any questions you might have

Think of a question after the webinar?

Email the CHAMPS Team at champs.breastfeed@gmail.com!

Thank you for joining!

Tune in on June 3rd for the next webinar in the series,

CHAMPS Updates: Celebrating Mississippi's Achievements – What's Next?

Presented by:

The CHAMPS Team