

## VCHIP CHAMP VDH COVID-19

April 10, 2020 | 12:15-12:45pm Call Questions and Answers\*

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### **Practice Issues – Mother/Baby Care**

The AAP guidance had suggested strict separation of mothers and infants. The UVMHC flowsheet that was distributed previously had bifurcated at a strict separation versus a modified parent preference such as the opportunity to remain together per parent's preference. In addition, community hospital RNs made us aware that WHO had issued a statement in favor of no separation or at least being less stringent. There is information on the WHO website that mothers can breastfeed safely with good respiratory hygiene, mothers can hold their newborns skin-to-skin and can share a room with their babies.

As we have been talking about the Abbott machines, there have been comments about considering prioritizing the machines in the L & D settings. We have gone back to the AAP Initial Guidance: Management of Infants Born to Mothers with COVID-19 that was released on 4/2/20. This guidance was based on what Puopolo, Hudak, Kimberlin and Cummings described as "current limited evidence as of 3/30/20". Additional epidemiological data had come out after the AAP guidance was released. VDH had endorsed this guidance by circulating it through HAN on 4/3/20.

Transmission to newborns from infected women may occur, but considerable uncertainty exists. One recommendation included considering having neonates born to women with COVID-19/testing pending as PUIs for infection (may not be universally applicable; there is some wiggle room based on the physical environment and policies at the local level). The guidance also stated that the delivery room attendants proceed per "normal center-specific policies" but there may be reevaluation of the institutional mandatory attendant policies and allowing more of a "standby" situation. There is also a lot of information in the guidance for use of PPE if infant stabilization was required, and how and when to apply airborne/droplet/contact precaution.

Additional key points pulled from the AAP Initial Guidance are below.

- When physical environment allows, separate newborns from mothers with COVID-19
- Mothers with COVID-19 can express breast milk to be fed by uninfected caregivers
- Newborn with or at risk of COVID-19 requires frequent outpatient follow-up through 14 days after D/C
- Mother maintains separation after D/C and uses mask/hand hygiene for newborn care within 6 ft until they meet criteria
- Infected mother whose newborn requires hospital care maintains separation per criteria

The updated UVM Children's Hospital and Mother and Baby Care admission rubric was also shared on today's call. It has not been completely approved by Incident Command at UVM, but we were told it is reasonable to share it. Some of the comments we heard include affirmation that this algorithm recommends the separation of mothers and infants but has a pathway for cohorting parents and caregivers who preferred not to be separated. This reflects the divergence with the WHO document and recommendation. We know

\*Note: This is a paraphrased synopsis of the call and is not a word-for-word transcription.

most women would opt to room in but we want parents and caregivers to really understand the implications of this choice. Dr. Benjamin Lee reminded us at this time, UVM does not recommend testing of healthy, asymptomatic newborns. Please see attached document titled UVMLD Algorithm 4-2-20 draft.

### **Questions/Discussion**

**C: Commissioner Levine mentioned on a call this morning that cases were over 700.**

*A: Breena Holmes, MD, VDH: We tested all of the staff and inmates in St. Albans, so there was a big jump today.*

**Q: Household positive contacts for that young child was positive? Do we know the young child's exposure history? Family or unknown?**

*A: Breena Holmes, MD, VDH: I'm not sure. What I meant was one of our staff was in charge of calling the child and assessing the household, and the child was doing well. I can try to find out more.*

**Q: How accurate is the current test for COVID-19? I had heard ~ 70%.**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: A report in China suggested 70% based on CT as the gold standard. The NYT article last week suggested 70%, but I really do not know. In theory, the sensitivity should be high. In theory, the specificity is high. The problem is that we have little forward facing data on this topic and there are lots of test kits in use across the state and nation.*

**Q: Since we are all being asked to wear masks out in the community, are hospitalized patients, including laboring moms, asked to wear a mask?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: We are wrestling with that issue now. We are recommending universal masking so adults who are with their children will need to wear cloth face masks in the hospital.*

*A: Barbara Kennedy, MD, Timber Lane Pediatrics: All mothers at CVMC are being asked to wear masks.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: The challenge is that women in labor may not always be able to tolerate wearing a mask the whole time.*

**Q: Does anyone know how many mothers in labor and delivery have been positive or PUI thus far?**

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I don't believe at UVMMC there have been any positive thus far. At least not any who have delivered, although there have been a few pregnant women who tested positive I believe.*

*A: Michelle Perron, MD, Timber Lane Pediatrics: I had a mother that was a PUI.*

*A: Valerie A Rooney, MD, Just So Pediatrics: I think it WOULD be helpful to test the infants when moms are positive, in case they get sick later on after d/c, or while inpatient.*

**Q: Dr. Raszka, do you wait 24 hours to test the NICU admissions or do you test as soon as they enter the NICU, which would be within an hour of delivery?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Alex, we follow the AAP guidelines and test at 24 hours and then 24 hours later (this is for the infants going to the NICU).*

*A: Alex Bannach, MD, North Country Pediatrics: Such a tricky question. In theory, even if the baby is presumed negative, the baby will still go home to a positive family, could convert later and then come into the practice positive.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: This also gets to the negative predictive value of a swab in a newborn at 24 hours. If negative, it doesn't mean they couldn't convert to positive later.*

**Q: Are folks planning to manage these infants once outpatient? Does anyone have a written plan for that? How do you safely see them in clinic, and how often? It's challenging to have a safe adult bring the infant in.**

*A: Wendy Davis, MD, VCHIP: The AAP guidance is frequent follow-up, which could be by phone, telemedicine, or in-person based on the situation.*

*A: Carolyn Lorenz-Greenberg MD, MD, CVMC, Pediatric Primary Care (Berlin): We are generally seeing WCE/newborns in the a.m. and sick visits in p.m., but these infants would likely need to be seen in the p.m. It's a bit of a logistical problem and wasn't sure if anyone else has hashed out a policy.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The key issue is the adult (as you point out).*

*A: Ashley Miller, MD, South Royalton Health Center: Carolyn, since the infant can't wear a mask, I would see them in the parking lot, preferably in the back of the family's car. For instance, the trunk hood up, lie the patient on the floor for exam, (leave the infant in the car seat, the provider removes the infant, the parent stays 6 ft. away and masked). I bring my infant scale out there and then hose everything down. I saw a healthy infant this way per family preference. It worked great! The family didn't want the baby exposed to my office.*

*A: Alex Bannach, MD, North Country Pediatrics: We do a fair number of car visits for sick visits but I would hesitate to undress a newborn in these temperatures in the car.*

*A: Alicia Veit, MD, Timber Lane Pediatrics: I think the conundrum is that our physical exam is not from 6 feet away.*

*A: Denise Aronzon, MD, Timber Lane Pediatrics (North): I love the car visit idea. Some groups are doing tents in the parking lot.*

**Q: Drs. Raszka and Lee, I am seeing a disconnect between the latest data about COVID regarding aerosolization by normal talking/breathing in pre-symptomatic patients, the health care community's response to PPE and how we see patients. If aerosols are truly a risk, shouldn't we be wearing N95's for all patient/parent contact?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: The terminology is very confusing and how this is reported is confusing. I think that if you are close enough to smell what someone ate for lunch, you might be able to acquire the disease without that person coughing. The risk of aerosolization from routine interaction and from a distance of six feet is very, very low. I would not use N95 masks routinely.*

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: I think the nature of the interaction is also important. Asymptomatic people in close proximity (and singing together!) for prolonged periods of time probably increases the risk, but very brief encounters, even if face-to-face, are still likely a much lower risk.*

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: Interestingly, there is a study in a patient in MICU who underwent multiple aerosol generation procedures including intubation and only 1/48 HCW with exposure (as defined by CDC) ever had a positive test. As you can see, it is all over the place.*

**Q: We do not have adequate numbers to tell how many babies will be positive for up to 2 weeks after delivery. Might they be contagious even if they're not sick?**

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: To my knowledge the several reported newborns who tested positive soon after birth were all symptomatic. If symptomatic, they will be tested.*

*A: Valerie A Rooney, MD, Just So Pediatrics: I also agree. The risk to providers from asymptomatic is high. I read the report of tracing contacts in Singapore, and people just sat in the same pew as initial patients and got sick.*

**Q: The children aren't likely transmitting disease, right?**

*A: William Raszka, MD, UVM Children's Hospital & Larner COM Department of Pediatrics: I suspect that if everybody is masking, then the risk should be low.*

*A: Alex Bannach, MD, North Country Pediatrics: We are now recommending that parents and patients wear masks (cloth) when they come into the office for that reason.*

**C: I had been giving 3 vaccines at 15 months and unless there are issues, I am holding off on the 18 months Hepatitis A until things settle down.**

*A: Ashley Miller, MD, South Royalton Health Center: I agree. WCC's are important in person. I am not doing any on the telephone. If families don't want to come in, I'm scheduling out to the summer. We have been very successful convincing parents well visits in the a.m. are safe.*

*A: Breena Holmes, MD, VDH: Kate McIntosh is thoughtful about this.*

**Q: If they are not coughing or signing in our exam room, is the risk pretty low, especially if the parent and ourselves are masked? Parents of infants I mean.**

*A: Benjamin Lee, MD, UVM Children's Hospital & Larner COM Dept. of Pediatrics: If all are masked then yes, I think the risk would be low (and don't forget the hand hygiene!).*

**C: Was there any follow-up regarding telehealth and telephone coverage?**

*A: Stephanie Winters, MD, Vermont Medical Society (VMS): I haven't heard back yet from DVHA. I did include more information and FAQ on Medicaid Retainer in yesterday's AAPVT & VTAFP newsletter.*

*A: Breena Holmes, MD, VDH: We found out that this is not a policy decision and it was a glitch. Payments will be retroactive. I would love to get more feedback. Some of you are able to get the special retainer and some aren't. Maybe link those who have been able to those who have not in the chat so we can learn a bit more.*