Massachusetts Covid-19 Practice Survey #2 Results 5/1-5/5/20

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Participating Hospitals for Survey #2

- Anna Jaques Hospital
- Baystate Medical Center
- Berkshire Medical Center
- BID- Plymouth
- BIDMC
- Boston Children's Hospital
- Boston Medical Center
- Brigham And Women's Hospital
- Cape Cod Hospital
- Emerson Hospital
- Good Samaritan Medical Center
- Health Alliance hospital
- Lowell General Hospital
- Melrose Wakefield Hospital
- Mercy Medical Center
- MetroWest Medical Center
- MGH
- Mount Auburn Hospital
- NWH
- Good Samaritan
- South Shore Hospital
- St Lukes Hospital
- St. Elizabeth's Medical Center
- Steward Hospitals in MA
- Tufts
- Winchester Hospital`

Obstetric and Delivery Practices

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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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What kind of personal protective equipment (PPE) is worn by pediatric providers attending deliveries of COVID-19 positive pregnant women? (check all that apply)

PPE	Responses Survey #2 (5/1-5/5) n =26
N95 mask	25
Regular surgical mask	6
Eye protection	25
Cap	19
Gown	24
Gloves	25
Other	3

Other:

- Full face mask, booties
- face shield (Protects N95 and eyes)

What kind of personal protective equipment (PPE) is worn by pediatric providers attending deliveries of pregnant women that do not have a positive test for COVID-19 or signs and symptoms of COVID-19? (check all that apply)

PPE	Responses Survey #2 (5/1-5/5) n =26
N95 mask	8
Regular surgical mask	18
Eye protection	17
Cap	12
Gown	16
Gloves	24
Other	2

Other:

- All PPE is available to providers to use as they prefer
- face shield is the eye protection and protects N95

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%)

Newborn Care

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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

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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

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Does your hospital generally perform delayed or timed cord clamping for a healthy, term infant born to a mother that is NOT COVID-19 positive or DOES NOT have signs or symptoms of COVID-19?

Delayed or Timed Cord Clamping	Responses (n=24)
Yes	22 (92%)
No	2 (8%)

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)

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%)

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 provision of expressed mother's breast milk among healthy, term infants born to COVID-19 positive mothers? (I.e. milk given in a bottle or syringe but not direct breastfeeding) (Check all that apply)

Approach to Expressed Milk	Survey #1 (3/31-4/5) n= 28	Survey #2 (5/1-5/5) n =26
Infants may be fed expressed mother's breast milk by the mother with precautions	100% (we did not clarify these differences)	14 (54%)
Infants may be fed expressed mother's breast milk by another caregiver		21 (81%)
Feeding infants expressed mother's breast milk is discouraged	0	0

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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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If you do 1 or more tests:

- How many hours after birth is the first infant PCR test usually performed?
  - 24 hours: 4 hospitals
  - 24 hours or more: 1 hospital
  - 24-48 hours: 1 hospital
  - 36 hours: 1 hospital
  - 36-48 hours: 1 hospital

- How many hours after birth is the second infant PCR test usually performed?
  - 48 hours: 3 hospitals

Other testing approach:

- We have not encountered this situation yet (2 hospitals)
- Recent change, plan to test NBs once
- We test once for infants in nursery and twice for infants in NICU
- At least 1 test at 24 hours and then if infant is still in the hospital at 48 hours we do a second test (2 hospitals)
- After 24 h and possibly before discharge

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%)

Discharge

What is your approach to discharge caregiving if a COVID-19 positive mother is ill (but still being discharged home)?

- Encourage healthy caregiver for baby while mom isolates and takes precautions if needing to handle baby.
- Handout with precautions to be maintained
- The plan is that infant would be discharged to healthy caregiver if PCR is negative. Positive mom would discharged via ambulance to home with directions to self isolate once home.
- We do everything we can to identify another caregiver to take care of infant
- One or two providers are not doing red reflexes in the hospital - all others are.
- Encourage a healthy caregiver to care for infant (if available) and go over guidelines about limiting exposure, hand hygiene, mask use, etc
- The infant can home with a well caregiver.
- Encourage help at home of healthy caregiver for baby and mother.
- Home
- Discharge baby home to a healthy care giver, though we haven't had this yet. Precautions discontinued 3 days after fever resolves and 7 days after onset of symptoms. (This will probably change to 10 with new CDC guidelines.)

What is your approach to discharge caregiving if a COVID-19 positive mother is ill (but still being discharged home)? Cont.

- We have not faced this scenario, but in our planning discussion we agreed to recommend that baby be discharged to a healthy caregiver or home to mom with precautions.
- Discuss having a healthy caregiver care for the baby and mother to keep 6 feet separation from baby and wear mask and gloves if caring or feeding baby.
- Ideally finding healthy caregiver. Otherwise instructions on precautions for home
- On case by case - depending on availability of caregivers
- Encourage separation & care of baby by a healthy support person
- Identify healthy caregiver to care for baby, accompany to PCP. Mom is separate room if possible.
- If the mother has only mild symptoms, therefore she does not need continuous medical support in a hospital , the baby will be discharged home with mom.
- Healthy caregiver cares for newborn . Mothers continues to isolate per CCD guidelines
- Have not encountered yet. Probably need help creating a uniform approach
- Case by case assessment regarding availability of other healthy caregiver. Extensive teaching regarding precautions to be taken, including good hand hygeine and mask. Frequent check in by PCP
- combined video teaching with demonstration as applicable with mom and support person
- Discharge with a healthy unexposed family member.
- Instruction sheet on care of the newborn with recommendation that a healthy caregiver provide care, separation for 7 days from onset of sx AND improved symptoms AND >3 days without fever without the use of anitpyretics.

What is your approach to discharge caregiving if a COVID-19 positive mother is not ill?

- Mask/hand hygiene/gloves for 2 weeks.
- Handout with precautions to be maintained
- Infant would be discharged to healthy care giver if the infants' PCR is negative. Positive mom would discharged via ambulance to home with directions to self isolate once home.
- n/a, discuss recommendation for continued separation with mask wearing and hand hygiene if mother breastfeeds.
- We try to identify another caregiver to take care of the infant
- Speak with PCP, arrange for f/u. Send home with scale if unable to go to office and bili is not a problem. Send home with package containing disinfectant wipes, hand sanitizer, masks, instructions.
- Encourage a healthy caregiver to care for infant (if available) and go over guidelines about limiting exposure, hand hygiene, mask use, etc
- The infant can home with mother we are encouraging a well care giver to care for the infant.
- Education on ways to minimize transmission, discharge baby with mother to home.
- Discharge home to a healthy care giver if available. Otherwise, to mother. Either way with instruction on how to maintain precautions with 6 feet of separation, hand hygiene, and mother wearing mask and gloves (can be provided by Lowell Board of Health). Precautions discontinued 7 days after positive test, if mother asymptomatic. (This will probably change to 10 with new CDC guidelines.)

What is your approach to discharge caregiving if a COVID-19 positive mother is not ill? Cont.

- As above.
- Same as above.
- Same. More likely to allow home with mom on precautions. OK to drop precautions if not developed symptoms after 10 days from positive test.
- We would discharge with additional teaching
- Encourage separation & care of baby by a healthy support person
- Educate mother in the hospital and plan accordingly to home/family circumstances. Individualized case bay case. Taking into consideration the possibility of other parents with Covid, then suggest other caregiver.
- Discharge home baby with mom. Inform DPH for COVID+ registry.
- Healthy caregiver cares for newborn . Mothers continues to isolate x 10 days if asymptomatic or till has 2 neg tests
- Extensive teaching regarding precautions to be taken, including good hand hygiene and mask. Breastfeeding, expressed breastmilk feeds will be shared decision prior to discharge. Frequent check in by PCP
- Discharge with a healthy unexposed family member.
- Instruction sheet on care of the newborn with recommendation that a healthy caregiver provide care, separation for 7 days from onset of sx AND improved symptoms AND >3 days without fever without the use of anitpyretics. Mother may provide care with good hand hygiene and mask.

In general, has the timing of discharge of NON-COVID-19 positive mother-infant dyads changed?

Timing of Discharge	Responses (n=25)
No, timing of discharge hasn't really changed	3 (12%)
Some mother-infant dyads are being discharged early	9 (36%)
Many mother-infant dyads are being discharged early	13 (52%)
All mother-infant dyads are being discharged early unless there is a medical contraindication	0 (0%)

What is your approach to visitation of NON-COVID-19 positive mother-infant dyads during the newborn hospitalization?

Visitation in Postpartum Area	Survey #2 (5/1-5/5) n =26
No support persons are allowed to visit mothers and infants in the postpartum area	24 (96%)
1 support person may visit mothers and infants in the postpartum area	1 (4%)
2 or more support persons may visit mothers and infants in the postpartum area	0 (0%)

Do you have any comments about obstetric and/or newborn care practices at your hospital during the COVID-19 Pandemic?

- Also wearing N95's during active labor process. Full face shields for all patient facing care.
- We fortunately have had only PUI then Negative moms. One patient was screened on PPD1 so baby was allowed to stay with mom since exposure had already occurred. The baby was not allowed to return to nursery so all procedures were done in patient's room.
- If the support person leaves, he/she cannot return.
- The obstetricians are reporting an increase in first trimester miscarriages.
- It has been a challenge to keep up with constantly changing recommendations, and to reconcile the differences between the WHO, CDC and AAP recommendations.
- They are fluid!
- Support person can stay with mother and the baby, but if leaves hospital can't come back
- Support person is not allowed to leave mother's room - once they leave the post-partum/L&D floor, they are not allowed back in
- Awaiting for literature on outcome of rooming in. Our OB providers would like to see more rooming in, pediatricians have a more conservative approach, neonatologists in the middle!

Do you have any comments about obstetric and/or newborn care practices at your hospital during the COVID-19 Pandemic? Cont.

- I think mom COVID+ and newborn (+ or -) should not be separated at birth if clinically stable. Separation generates multiple problems: 1. It is an emotional burden for the mom that is separated from the baby in absence of an acute clinical threat. 2. It suggests that it is a dramatic occurrence if the baby may result COVID + (for interaction with mom) while we know that the large majority of newborns do not have symptoms or only mild disease. In addition, it is almost inevitable that at some point if mom remains positive there would be neonatal or infant exposure to the virus. 3. If mom is asked to keep mask and precautions at home testing should be available for her in the weeks following birth. And also for other persons that live at home.
- Support person must remain in patients room for entire hospitalization trays will be brought to room
- We are following AAP guidance
- It is constantly changing based on new information and standards at our Level III affiliate (BIDMC). We try to educate family and incorporate their desires for feeding. Due to facility logistics encourage rooming in. Have not had many COVID+ mothers but we have had PUIs, especially with considering any fever in labor (even if clearly chorio) a PUI until results return.

Are there other ways that NeoQIC can help your hospital or the hospitals in the state during the COIVD-19 pandemic?

- Webinars are helpful! Thank you.
- It would be helpful to understand if there are a lot of newborns readmitted with covid symptoms and course of illness.
- Encourage final recommendation for Breast feeding
- Continue to encourage the sharing of information. Maybe send out an update periodically if materials on the website are updated, and to encourage people to share or update materials.
- Continue to give info on different hospital's strategies to help with decision making.
- Help re-evaluate our approach in light of new WHO recommendations on breastfeeding, skin-to-skin, etc.
- Thank you for this work
- Maintain a blog, where people can connect, ask questions, bring new challenges etc
- I have noticed a concerning separation between "task forces" providing recommendations and the reality of the day-by-day health care. If a practice it is NOT 100% guaranteed to make a difference it should not be recommended and local institutions should be free to work with the resources they have. I believe the biggest medical support to a community under COVID pandemic should take place outside the hospital.
- Instructions for pediatricians and families after discharge that make sense and are easy to be followed. Help with state-wide, mandated, universal testing of women in labor.
- A cohesive guidance regarding infant discharge when both parents are ill/positive COVID19 and non availability of other healthy caregivers
- standardized pathway for newborn education
- Continue to provide information on how units are managing as this validates what we are doing or makes us consider changes.

Thank you!

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