Coronavirus: Midwives on the Front Line

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AUDIENCE IS CURRENTLY MUTED FOR SOUND QUALITY
PLEASE USE QUESTIONS OR CHAT FEATURE IF YOU NEED ASSISTANCE OR EMAIL NPFAAFFL@GMAIL.COM
USE THE QUESTION FEATURE TO SUBMIT QUESTIONS FOR SPEAKERS DURING THE PRESENTATION. THESE WILL BE ADDRESSED DURING THE Q&A
THIS WEBINAR IS BEING RECORDED AND WILL BE AVAILABLE IN A FEW DAYS
Dr Aviva Romm
Q&A

PLEASE TYPE YOUR QUESTION
PREPARING YOUR BIRTH CENTER FOR COVID-19

Dr. Amy Johnson-Grass ND, LN, LM, CPM

President – American Association of Birth Centers
Owner – Health Foundations Birth Center + Women’s Health Clinic
Goals

■ Maintain the birth center as a place of wellness.
■ Decrease exposure to staff + other clients.
■ Decrease spread to help “flatten the curve”.
■ Preserve the midwives.
■ Develop a staffing contingency plan in the event staff are sick.
Modified Prenatal Schedule

■ Virtual consultation or tour

■ Virtual intake visit
  - Initial paperwork is emailed for client to complete + email back to clinic.
  - Nurse has virtual visit with client to take history + provide orientation/teaching.

■ First prenatal visit at 12 wks

■ Prenatal visits at: 20, 28, 33, 36, 38, 39, 40, 41 weeks
  - Space visits. Room clients quickly from waiting area.
  - All prenatal teaching is recorded for clients to watch prior to their appointment.
  - Clients required to sign-up for MyChart for labs results + clinic communication.
  - Required mid-pregnancy ultrasound done at 20 wk visit.
  - Schedule based on the World Health Organization guidelines.
Postpartum Visits

■ Consider administering Rhogam before leaving birth center.

■ 24-48 hour home visit
  - Nurse to call family to ask screening questions prior to going to home visit.
  - If anyone in family exhibiting symptoms, baby to be seen by peds instead of HFBC.

■ One week check-in by phone with midwife.

■ Two week visit done virtually by midwife.

■ Six week visit seen in clinic.

■ Lactation consultation visits available for HFBC families.
COVID-19 Late Transfer Guideline
Health Foundations Birth Center + Women’s Health Clinic

- Must be low-risk
- Primip – 37 weeks
- Multip – 39 weeks
- Must have completed all late transfer practice requirements by the onset of labor to deliver at the birth center.
COVID-19 Late Transfer Agreement
Health Foundations Birth Center + Women’s Health Clinic

- Complete a virtual consultation or tour
- Complete records must be received – client responsibility
  - No records = No appointment
- Must have had mid-pregnancy ultrasound
- Transfers after 28 wks must have completed gestational diabetes screening
- Transfers after 36 wks must have GBS results
- Any pertinent missing labs to be drawn by our practice, must receive results prior to the onset of labor.
- Encouraged to have a doula
Limiting Exposure

- All non-essential appointments canceled.
  - *List of names kept to reschedule when appropriate.*
- Signs posted on all entrance doors + front desk.*
- Front desk asks screening questions to every person entering the clinic.
  - *If they have symptoms they will not be seen.*
- All clients wash hands when enter clinic.
- Only client can come to prenatal visits.
- Toys + magazines removed from all clinic spaces.
- Rooms + equipment disinfected after each visit.
- Routine cleaning of high touch surfaces.
- Limiting two people to accompany birthing person in labor: partner + doula.
  - *If they are exhibiting symptoms, they are not allowed at the birth center.*
- Birth rooms only used for births.
Staff Health

- Foam in, Foam out of clinic rooms.
- Wash hands frequently.
- No community food. No food sharing.
- No dishes left out on kitchen counter or sink, must be put in dishwasher.
- Administration staff work from home.
- Distancing staff working spaces. Phone sharing guideline.
- Consultations, tours, intakes, required classes + 2 wk pp visits are virtual.
- Midwives not accompanying antepartum transfers to the hospital. Will not remain at hospital once appropriate to leave after intrapartum transfer.
Staff Exhibiting Symptoms

- Staff exhibiting symptoms (cold, flu, strep, seasonal allergies, COVID-19):
  - Test for Influenza A + B and Strep in clinic.
  - History of seasonal allergies? Try taking an antihistamine.
  - COVID-19 Test-based + Non-test-based strategy

COVID-19 Test-based + Non-test-based Strategy

- **Test-based strategy.** Exclude from work until:
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV)].

- **Non-test-based strategy.** Exclude from work until:
  - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**, 
  - At least 7 days have passed since symptoms first appeared

If HCP were never tested for COVID-19 but have an alternate diagnosis (e.g., tested positive for influenza), criteria for return to work should be based on that diagnosis.
Contingency Staffing Plan

- Talk with other midwives in your community about helping each other.
  - Retired midwives? New grads? Practices covering each other?
- Advanced midwife students
- Nursing students
- Who can help in clinic?
- Who can help with home visits?
- Who can help birth assist?
  - NRP + CPR certified
- Talk with your hospitals about a plan for transfers.
Billing + Regulatory Considerations

- Centers for Medicare & and Medicaid Services (CMS) expanded Medicare coverage for telehealth visits (3/17/2020).
- HHS Office for Civil Rights (OCR) announced it will waive potential HIPAA penalties for good faith use of telehealth during the COVID-19 emergency.
- HHS Office of Inspector General (OIG) provided flexibility for healthcare providers to reduce or waive beneficiary cost-sharing for telehealth visits paid by federal healthcare programs.

Dr. Amy Johnson-Grass
ND, LN, LM, CPM

Health Foundations Birth Center + Women’s Health Clinic
Saint Paul, Minnesota

www.healthfoundations.com

American Association of Birth Centers
www.birthcenters.org
Birth Centers, Midwifery Care, and COVID-19

Seattle, Washington, USA
March 19, 2020
Tina Tsiakalis, LM, CPM

Source: Kaiser Health News, March 18, 2020
www.kff.org/coronavirus-covid-19/
Implications for Birth Centers

Implications for Community-Based Midwifery Care
Birth Center

- Accommodating Increased Demand
- Slowing transmission of virus
  - Limiting people on site
  - Screen everybody
  - Increased sanitation
  - Protocols for symptomatic clients or staff
- Larger Role?
Midwifery Care

- Three components to our approach to limiting spread of coronavirus
  - Reducing social contact by using video-conferences in place of some in-person prenatal visits
  - Limiting number of people at appointments
  - Sanitizing environment between clients
Topics

- Who is MAMAS?
- COVID-19 protocols
  - Prenatal, intrapartum, and postpartum care
  - Home visits and Community Care™
  - Labs/ultrasounds
  - Immediate postpartum and newborn care
- Transfers
  - Possible pitfalls
  - ACOG algorithm
- Collaboration
LOTS OF THINGS HAVE TO CHANGE

WHO IS MAMAS?

- Three CNMs
- One administrator
- Birth Assistants

PREVIOUS MODEL

- Community Care™
  - Group visits
  - Home visits
- Non-maternity Services

WHY IT HAS TO CHANGE . . .
Why we are minimizing direct contact

Dr. Robert Signer and graphic designer Gary Warshaw
COVID 19 Clinical Practice Guidelines

PRENATAL CARE
- On-line only at 20 wks
- In-Person visits
  - 16wks and 28 wks (our space)
  - 36wks supply check (home)
  - 37-40 (1 home visit from each midwife)
  - 41 and later (either our space or theirs)
- On-Line group/office belly checks
  - 24, 31, 34, and 38 wks
  - Ultrasound to fill in (12, 20, 41+)

INFECTION CONTROL
- Clean (soap and water)
- Disinfect
  - 70% or more alcohol
  - 10% Clorox
- Pay attention to
  - Door knobs
  - Common surfaces
  - Faucets
  - Steering wheel/radio/gear shift
  - Phone/computer/nails/rings
COVID 19 Clinical Practice Guidelines

LABS
- Drawing our own when we are there
- Sending to lab otherwise

ULTRASOUNDS
- Can substitute for in-person visit
- Only when necessary
COVID 19 Clinical Practice Guidelines

**Intrapartum Care**

- Arriving for birth
  - Family prepares
  - Clothes, hands, PPG
- During birth—Social Distance?
  - Midwife team
  - “extra” humans
- Leaving the birth/entering car
- Arriving home
- Staging area—dirty clothes/towel, body, clean clothes
Immediate postpartum and newborn care

- Skin to Skin
- Breastfeed within first hour
  - China was separating, now not so much
  - UK keeping dyad together
  - CDC recommending separation
  - COVID19 doesn’t pass through to breastmilk

March of Dimes 2020
COVID 19 Clinical Practice Guidelines

Postpartum and Pediatric Visits

- 1 day, 3 day PP visits
- 2 day pediatric visit
- Midwife may need extra visit, depending on peds
COVID 19 Clinical Practice Guidelines

Transfers

- Possible pitfalls
  - Full
  - Lots of sick mamas
  - Client resistant

- ACOG algorithm
  - Need to follow your own CPGs
  - Don’t let emotion cloud our judgment
ACOG COVID-19 protocols

Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19)

Unlike influenza and other respiratory illnesses, based on a limited number of confirmed COVID-19 cases, pregnant women do not appear to be at increased risk for severe disease. However, given the lack of data and experience with other coronaviruses such as SARS-CoV and MERD-CoV, diligence in evaluating and triaging pregnant women is warranted.

This algorithm is designed to aid practitioners in promptly evaluating and triaging pregnant persons with known exposure and/or those with symptoms consistent with COVID-19 (persons under investigation [PUI]). If influenza viruses are still circulating, influenza may be a cause of respiratory symptoms and practitioners are encouraged to use the ACOG/SMFM influenza algorithm to assess need for influenza treatment or prophylaxis.

Please be advised that COVID-19 is a rapidly evolving situation and this guidance may become out-of-date as new information on COVID-19 in pregnant women becomes available from the Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/coronavirus/2019-ncov/index.html

Assess Patient's Symptoms

Symptoms typically include fever >38°C (100.4°F) or one or more of the following:
- Cough
- Difficulty breathing or shortness of breath
- Gastrointestinal symptoms

Yes

Conduct Illness Severity Assessment

- Does she have difficulty breathing or shortness of breath?
- Does she have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does patient cough more than 1 teaspoon of blood?
- Does she have new pain or pressure in the chest other than pain with coughing?
- Is she unable to keep fluids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused when talking to her?

No Positive Answers

Any Positive Answers

Elevated Risk

Recommended immediate work up in an emergency department or equivalent unit that treats pregnant women. When possible, send patient to a setting where she can be isolated.

Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility.

Adhere to local infection control practices including personal protective equipment.

Assess Clinical and Social Risks

- Comorbidities (hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasias, and people on immunosuppressive medications)
- Obstetric issues (e.g., preterm labor)
- Inability to care for self or arrange follow-up if necessary

No Positive Answers

Any Positive Answers

Low Risk

- Refer patient for symptom care at home including hydration and rest
- Monitor for development of any symptoms above and re-start algorithm if new symptoms present
- Routine obstetric precautions

If no respiratory compromise or complications and able to follow-up with care

Admit patient for further evaluation and treatment

Review hospital or health system guidance on isolation, negative pressure and other infection control measures to minimize patient and provider exposure

If yes to respiratory compromise or complications

Abbreviations: ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.
LOTS OF THINGS HAVE TO CHANGE

- Collaboration
  - With other midwives
  - With physicians/hospitals/health depts
- Cross coverage
  - Formal arrangements
  - Informal prn agreements
- Minimizing inter-midwife contact
THINGS THAT WE CAN CONTINUE DOING:

- Our respect for the birthing person at the center of care
- Preserving whatever we can of their birth plans
- Finding ways to create community in new paradigms
- Holding the space for physiologic birth and breastfeeding
- Our calm and loving center and desire to help
- Our patience and fortitude.

**REMEMBER TO PUT ON YOUR OWN OXYGEN FIRST!**
RESOURCES

World Health Organization
https://www.who.int/emergencies/diseases/novel-coronavirus-2019

CDC Info for Health Care Professionals

ACNM Monitoring Coronavirus
https://www.midwife.org/monitoring-covid-19

CDC Environmental Cleaning and Disinfection Regulations
Mairi Breen Rothman, CNM, DM
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Wishing you a sharp mind, strong heart, and steady hands
❤️
HOME BIRTH

PROTOCOLS

For prevention of community
spread of COVID19

Dr. Susanrachel Condon LM DM
GUIDELINES FOR HOMEBIRTH

- Educational Topics to Emphasize with Families:
  - Pregnancy does not elevate risk of developing COVID19; however morbidity may be more severe with serious respiratory illness in pregnancy – social distancing critically important.
  - Vertical transmission appears to be low, based on limited data.
  - COVID19 positive individuals have experienced preterm birth but numbers are low so we cannot assume COVID19 is the cause of prematurity.
  - Evaluate travel history of family members and support people.
  - Anyone in contact with someone two days before symptoms or a positive test should be isolated from pregnant, laboring, or postpartum people (and everyone).
  - Breastfeeding is considered safe in most cases.

ADVISE YOUR CLIENTS: STAY HEALTHY

• Avoid going out unnecessarily.
• Avoid groups of more than 10 people and stay 6 feet from anyone.
• If you must go out, wash hands for 20 seconds with soap and water when you get home.
• Regularly sanitize doorknobs and other commonly touched surfaces such as light switches.
• Boost the immune system – avoid processed foods, get fresh air, hydrate, eat probiotic foods for gut support, take vitamins C and D, omegas, and get restful sleep
• Self care: exercise, meditation, calming breathing, essential oils, enjoyable activities
• Call your midwife right away if you feel ill: fever, dry cough, body aches or any flu like symptoms
MIDWIFERY VISIT PROTOCOLS

• Assure clients they can call any time (anxiety, potential exposure, symptom check)

• Optional remote self care during social distancing – BP cuff, weight checks, urine dips PRN

• Telecare: Zoom, Skype, FaceTime prenatal visits for regularly scheduled times and relationship building

• Extended hands-on prenatal visit schedule: 4 weeks becomes 6 weeks in mid-trimester until 36w
VISIT PROTOCOLS

• Postpartum: if birth uncomplicated, day 1 visual remote/interview, day 3 on site, day 7 on site, day 14 remote, 6 weeks TBD (can leave scale?)

• Weekly hands-on prenatal 36w and beyond – “all business” visits

• Consider referring sick visits needing labs to urgent care to minimize office traffic and midwife exposure vs. testing

• Postpone all annual visits but see problem visits especially if requiring labs – UTI, vaginitis, sinus infection, mastitis etc. (less traffic)
CLIENTS ADVISED...

• Do not come into the office if you are feeling ill, with sick children, or with sick children at home. We are restricting sick traffic so it is safe to come in.
• We are faithfully washing our hands and sanitizing surfaces.
• If pregnant and going to urgent care, please notify a midwife.
• Email is the best way to request Rx refills – helps track and we reply when done.
• All clients are asked to wash hands upon arrival at the office.
• We wash hands before exams and don gloves so we don’t touch equipment that touches people. Wipe down equipment after.
A FEW BARS ON LATE TRANSFERS

• Midwives receiving calls from families anxious about hospital birth in the next weeks and months asking to transfer to home birth care
• Many are unfamiliar with home birth paradigm – changing from fear
• Boundaries for the midwives – already committed to families/safety of own families
• Some are reaching out in disrespectful ways
• It takes work to accept a late transfer (obtaining records, consents, auth for billing, lower insurance pay)
• The work of building a relationship in a short span of time (8 minute rule)
• Recommend making clear parameters and stick to them without exceptions: examples - cutoff for gestational age, parity, support system, distance, financial status, billing insurance or not, covering call if the midwife is febrile or at another birth
Thank you for joining us!

- **Engaging Consumers: Powering Improvements in Public Health Policy Co-Hosted by NACPM and the Big Push for Midwives**
  Thursday, March 26, 2020 1:30-3:00 ET

- **Midwives & the U.S. Census: Making Sure Every Child Counts**
  Thursday, April 23 1:00-2:30 ET

- The webinar recording will be available in the next week at nacpm.org

- Please **complete** the follow-up survey to give us feedback on your experience.

- Support the important work of NACPM by joining today:
  - [http://nacpm.org/](http://nacpm.org/)