

Progeny Newsletter

Iowa's Statewide Perinatal Care Program

June 2020

News



stephanie-radke@uiowa.edu

INQC Iowa Neonatal Quality Collaborative



https://www.iowaneogc.com/

HRSA Grant



UIHC in partnership with IDPH receives \$10 million grant aimed towards improving maternal health outcomes in Iowa.

The Daily Iowan
October 9, 2019

COVID-19: Perinatal Implications

On March 11, 2020 the World Health Organization (WHO) declared COVID-19, the disease caused by novel coronavirus SARS-CoV-2, a pandemic. The WHO defines a *pandemic* as a global outbreak of a new disease with sustained transmission throughout the world. The term is most often applied to new (novel) influenza viruses that are able to infect people easily and spread from person to person in an efficient and sustained way in multiple regions. Gov. Kim Reynolds reported the first cases of COVID-19 in Iowa on March 8, 2020. Community spread of the disease has subsequently affected all 99 counties. The Iowa Department of Public Health (IDPH) sponsors a website with ongoing, updated information on COVID-19 in Iowa. Most people infected with COVID-19 will have only a mild illness. The elderly and those with chronic health conditions remain the most vulnerable to serious illness from COVID-19.

The American College of Obstetricians and Gynecologists (ACOG) has developed the Practice Advisory: Novel Coronavirus 2019 (COVID-19) to aid clinicians in the assessment and management of pregnant women with suspected or confirmed COVID-19. These guidelines are currently being updated to reflect new data and relevant information related to the care of obstetric patients. Previous experiences with other influenza like illnesses have shown that pregnant women could be at a higher risk of severe illness, morbidity, or mortality. However, current available data regarding COVID-19 do not indicate that pregnant women are at an increased risk of infection or severe morbidity (e.g., need for ICU admission or mortality) compared with nonpregnant people in the general population. Pregnant patients with comorbidities may be at increased risk for severe illness consistent with the general population with similar comorbidities. The timing of delivery for most women should not be dictated by maternal COVID-19 infection. However, preterm birth has been reported among infants born to mothers who are positive for COVID-19 during pregnancy. Some birth defects are associated with high fevers early in pregnancy. These women should be monitored closely. The Centers for Disease Control and Prevention (CDC) provide specific guidelines for hospitals providing care to pregnant patients with suspected or confirmed coronavirus disease (COVID-19) in inpatient obstetric healthcare settings, including OB triage, labor and delivery, recovery and inpatient postpartum settings.

Transmission of SARS-CoV-2 to neonates is thought to occur primarily through respiratory droplets during the postnatal period when newborns are exposed to mothers, other caregivers, visitors, or healthcare personnel with COVID-19. Some concern has been raised regarding the possibility of intrapartum or peripartum transmission from mother to baby, but the extent and clinical significance of vertical transmission by these routes is unclear. Clinical signs associated with neonatal COVID-19 infection are reported to include fever, lethargy, rhinorrhea, cough, tachypnea, increased work of



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Upcoming Education

Black Mortality Conference August 17, 2020 7:30 am ~ 4:45 pm Virtual Meeting: UI Carver College of Medicine Registration link

UIHC Children's & Women's Fall Conference
October 1, 2020
8:00 am ~ 3:00 pm
Virtual Meeting for OB,
NICU & Pediatric Providers
Registration opens in July

OB Simulation Train-the-Trainer Course for Simulation Champions November 19, 2020 UIHC (More information to come)

OB/Gyn Postgrad
Conference 2020
November 20, 2020
7:00 am ~ 5:00 pm
Live Meeting: Coralville, IA
Carver College of Medicine

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breathing, vomiting, diarrhea, and feeding intolerance or decreased intake. The extent to which SARS-CoV-2 infection contributed to the reported signs of infection and complications is unclear, as many of these findings can also be seen commonly in term and preterm infants for other reasons (e.g., transient tachypnea of the newborn or neonatal respiratory distress syndrome). The majority of term infants (≥37 weeks gestational age) in recent case reports had asymptomatic or mild disease and recovered without complication. However, severe illness requiring mechanical ventilation has been reported in COVID-19 positive neonates. The CDC provides guidance related to the evaluation and management considerations for neonates at risk for COVID-19. Based on current limited evidence, the American Academy of Pediatrics (AAP) also offers guidance and answers to frequently asked questions regarding the initial management of infants born to mothers with confirmed and suspected COVID-19.

Additional Resources

Centers for Disease Control and Prevention (CDC):

<u>Information for Healthcare Professionals about Coronavirus (COVID-19)</u>
<u>Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)</u>
<u>Care for Breastfeeding Women</u>

If You Are Pregnant, Breastfeeding, or Caring for Young Children Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance)

American College of Obstetricians and Gynecologists (ACOG): COVID-19 FAQs for Obstetricians-Gynecologists

Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN): Novel Coronavirus (COVID-19) Updates & Information

American Academy of Pediatrics (AAP): Clinical Updates on COVID-19

Vermont Oxford Network (VON):

COVID-19 in Newborn Care: Initial Lessons From the Pandemic
(Recorded May 28, 2020)

National Perinatal Association & National Association of Neonatal Nurses: Joint Position Statement, May 2020: Mothers with COVID-19 and Their Newborn Infants

For questions or comments, please contact: **Penny Smith BSN, RNC-NIC**

Neonatal Nurse Specialist Iowa's Statewide Perinatal Care Program 200 Hawkins Drive, Iowa City, IA 52242

penny-smith@uiowa.edu (319) 356-1855