

WELCOME to

Caring for Mother/Baby Dyad  
during the COVID Era ECHO

Session will start in less than 15 minutes



# Conflict of Interest Disclosure Statement

I have no Conflicts of Interest

I will be discussing some prepublication articles



# ECHO

# COVID-19 POSTPARTUM CARE

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# Goals

- Background
- Maternal Mortality
- Preeclampsia
- Hypercoagulability
- Contraception
- Discharge Planning
- Care of the healthy PP patient in the context of COVID-19 pandemic



# Background

- Paucity of information makes it difficult to address best practice. Rapid changes in information and recommendations.
- Postpartum care relatively smaller part of the focus.
- OVID, Google Scholar, ACOG, CMQCC, WHO, AHWONN, SMFM – minimal information or guidance.
  - New ways to gather and share information – LinkedIn, FaceBook COVID-19 Obstetric leadership Group
  - Personal communication
  - Prepublication



# Case

## CORONAVIRUS DEATH

# Chicago Mother Dies From Coronavirus Days After Giving Birth to First Son

Eli Solano, 26, died April 23 after a three-week battle with the coronavirus

Published April 25, 2020 • Updated on April 25, 2020 at 10:53 pm





# Case

- Eli Solano, 26, was admitted to AMITA Health Saints Mary and Elizabeth Medical Center following an ultrasound appointment.
- After Solano tested positive for coronavirus, doctors performed an emergency cesarean section and delivered her newborn son.
- Discharge on POD 3.
- At home, Coronavirus symptoms worsened, and she had swelling
- Taken to Loyola University Medical Center where she died HD 12, April 23, 2020

NBC5 report



# Maternal Mortality

Projected increase in maternal mortality from 17.4 deaths to 18.7 deaths / 100,000 livebirths.

Actual maternal mortality rate in 2020 may be higher:

- resources reallocation

- reduction in face-to-face prenatal visits

- economic impacts

- United Nations has demonstrated a ~30% increase in domestic violence against women worldwide

In the period of 3/1/2020 –12/31/2020, projected 3,308 severe and 681 critical cases, with about 52 COVID-19 related maternal mortalities during delivery hospitalization in the United States.

Continuing efforts in mitigating the downstream effects of COVID-19 need to be made to prevent worsening of these projected numbers.

Putra M, Kesavan MM, Brackney K, Hackney DN, Roosa MKM,  
Forecasting the Impact of Coronavirus Disease During Delivery Hospitalization: An Aid for Resources  
Utilization *American Journal of Obstetrics & Gynecology MFM* (2020), doi: <https://doi.org/10.1016/j.ajogmf.2020.100127>.





# Maternal Mortality

SARS-CoV-2 enters cell via ACE2 receptor, which is upregulated in pregnancy

Upon binding, SARS-CoV-2 downregulates the ACE2 receptor

vasoconstriction, inflammation, pro-coagulation effects

association with increased risk of preeclampsia

worsening COVID-19 and preeclampsia both assoc with inc LFT and thrombocytopenia

high rates of DVT, stroke, and PE in pts with COVID-19

Putra M, Kesavan MM, Brackney K, Hackney DN, Roosa MKM,

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# Maternal Mortality

**Thromboprophylaxis** is recommended for COVID-19 patients and should be considered for pregnant and postpartum patients.

**Preeclampsia** is a risk, so have a high index of suspicion.

Resist early discharge.

Have a plan for BP check.

Educate about and monitor for symptoms

Putra M, Kesavan MM, Brackney K, Hackney DN, Roosa MKM,

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# Contraception

Should be based on patients' needs and desires

LARC, BTL with CS, progestin methods

We are not currently allowed to offer PP BTL

we have had 2 unintended pregnancies so far

## **Combined Hormonal Contraceptive**

consider waiting until 6-8 weeks rather than 3+ weeks

consider formulations less thrombogenic

Challenges to effective contraception access

earlier discharge, communication difficulty



# Discharge planning

- Where do you live, Who do you live with?
- How many people share the kitchen/space you use for food prep?
- How many people share the bathroom you use?
- At home, are you able to isolate/quarantine yourself until you have recovered?
- What additional phone numbers/contact information can we contact you at (besides your primary cell phone number)?
- If the patient does not have a phone, make sure they know what number to call for emergencies.



# Discharge Planning

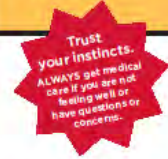
**SAVE YOUR LIFE:**

## Get Care for These POST-BIRTH Warning Signs

Most women who give birth recover without problems. But any woman can have complications after giving birth. Learning to recognize these POST-BIRTH warning signs and knowing what to do can save your life.



<b>Call 911</b> if you have:	<input type="checkbox"/> Pain in chest <input type="checkbox"/> Obstructed breathing or shortness of breath <input type="checkbox"/> Seizures <input type="checkbox"/> Thoughts of hurting yourself or someone else
<b>Call your healthcare provider</b> if you have: <small>(If you can't reach your healthcare provider, call 911 or go to an emergency room)</small>	<input type="checkbox"/> Bleeding, soaking through one pad/hour, or blood clots, the size of an egg or bigger <input type="checkbox"/> Incision that is not healing <input type="checkbox"/> Red or swollen leg, that is painful or warm to touch <input type="checkbox"/> Temperature of 100.4°F or higher <input type="checkbox"/> Headache that does not get better, even after taking medicine, or bad headache with vision changes



Tell 911 or your healthcare provider:

"I gave birth on \_\_\_\_\_ and  
(Date)  
 I am having \_\_\_\_\_"  
(Specify warning signs)

These post-birth warning signs can become life-threatening if you don't receive medical care right away because:

- Pain in chest, obstructed breathing or shortness of breath (trouble catching your breath) may mean you have a blood clot in your lung or a heart problem
- Seizures may mean you have a condition called eclampsia
- Thoughts or feelings of wanting to hurt yourself or someone else may mean you have postpartum depression
- Bleeding (heavy), soaking more than one pad in an hour or passing an egg-sized clot or bigger may mean you have an obstetric hemorrhage
- Incision that is not healing, increased redness or any pus from episiotomy or C-section site may mean you have an infection
- Redness, swelling, warmth, or pain in the calf area of your leg may mean you have a blood clot
- Temperature of 100.4°F or higher, bad smelling vaginal blood or discharge may mean you have an infection
- Headache (very painful), vision changes, or pain in the upper right area of your belly may mean you have high blood pressure or post birth preeclampsia

**GET HELP** My Healthcare Provider/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Hospital Closest To Me: \_\_\_\_\_



This program is supported by funding from Merck, through Merck for Mothers, the company's 10-year, \$500 million initiative to help create a world where no woman dies giving life. Merck for Mothers is known as MSD for Mothers outside the United States and Canada.

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# After Discharge

## Ideas and Ideals

- PPE for newborn care and family members
- Care Package – thermometer, BP cuff, pulse oximeter, newborn scale, diapers
- Education for patient and family
- Daily phone call until 2 weeks, or phone call then telemedicine
- Telemedicine for postpartum visit and lactation support
- VNA
- Anticoagulation teaching





# Care of the *healthy* postpartum patient in the COVID-19 Pandemic

- Consider expedited discharge
- Mental health and social work resources for patients experiencing anxiety or at increased risk of IPV
- Contraception – provision may change with new limitations (PPTL)
- Changes to the family’s support system and resources
- Postpartum care and visits - initial visit by phone or telehealth when possible, comprehensive visit may be delayed to 12 weeks if feasible



# PRIORITY STUDY

<https://priority.ucsf.edu>

[Home](#) > For Healthcare Providers

## For Healthcare Providers

**HEALTHCARE PROVIDERS:  
CLICK HERE TO REFER A  
PATIENT**

**PATIENTS: LEARN MORE  
ABOUT ENROLLING**

**CLICK HERE TO MAKE A  
GIFT TO PRIORITY**

Questions?

**CONTACT THE PRIORITY  
STUDY TEAM**

Thank you for your interest in the PRIORITY Study!

**[CLICK HERE TO DOWNLOAD STUDY FLYER](#)**

### Frequently asked questions

Is my patient eligible to enroll? ▼

We are enrolling women in the registry who:

- Are currently pregnant or has been pregnant in the last six weeks
- Suspected or under investigation for COVID-19 or have a confirmed COVID-19 diagnosis

How do I refer a patient to PRIORITY? ▼

- If you have a patient that you believe is eligible to enroll, please ask the patient if you can share their name and contact information with UCSF to discuss the study.
- You may share the patient contact information by:

**[CLICKING HERE](#)**



# References

ACOG, AWHONN, SMFM

<https://covidprotocols.org/protocols/obstetrics/>

NBC news

preeclampsia.org

Putra M, Kesavan MM, Brackney K, Hackney DN, Roosa MKM,

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