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

Becky Hunt, MD
Interim Medical Director, Inpatient Obstetrics, MMC
5/21/20
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
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.
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
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.
Maternal Mortality

SARS-CoV-2 enters cell via ACE2 receptor, which is upregulated in pregnancy. Upon binding, SARS-CoV-2 downregulates the ACE2 receptor, resulting in vasoconstriction, inflammation, pro-coagulation effects, and association with increased risk of preeclampsia. Worsening COVID-19 and preeclampsia both are associated with increased liver function test (LFT) and thrombocytopenia. High rates of deep vein thrombosis (DVT), stroke, and pulmonary embolism (PE) in patients with COVID-19 are noted.
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

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.
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 delays to 12 weeks if feasible
For Healthcare Providers

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

https://priority.ucsf.edu
References

ACOG, AWHONN, SMFM

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

NBC news

preeclampsia.org

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