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Women and Infant Services Response to COVID-19

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Kimberly Carriker, DNP, RNC-OB, NE-BC is the nurse manager for Labor and Delivery at JMC and Hillcrest. She has worked for the UC system since 2011. She recently welcomed her own pandemic baby, Felix, and finished her doctoral program all within the same week.

Ala Garza, MSN, RN, NE-BC is the senior nursing director for Women and Infants Services. She has over 24 years of experience in various nursing roles, including flight nursing, ICU, and ED throughout southern California. Ala exercises sustainable practices, enjoys hiking with her family, and became a cat person in 2021.

Jacqueline Iseri, MSN RNC-NIC is the nurse manager of the Neonatal Intensive Care Unit. She began her nursing career at UCSD Health in 2011 as a NICU new graduate prior to transitioning into leadership in 2015. In 2021, she was awarded overall nurse leader of the year. Jackie enjoys quality improvement, gel pens and PowerPoint.

Team members setting up patient movement out of the L&D patient room.

Being on the frontlines of the COVID-19 pandemic brought unique challenges and innovations for the UC San Diego Health (UCSDH) Women and Infants departments. While many service lines canceled procedures and reduced clinic visits at the beginning of the pandemic, the Women and Infants departments had to remain open and serving patients. As the teams prepared for the inevitable arrival of COVID-19 positive pregnant patients, the Obstetrics (OB) nursing and physician leadership teams started the multidisciplinary OB COVID-19 Taskforce to develop UCSDH policies and guidelines based on early research including the Center for Disease Control (CDC) guidelines and University of Washington policies on pregnant patients with COVID-19. The taskforce was made up of staff from the OB and the Neonatal Intensive Care Unit (NICU)/newborn teams. Unlike most other areas of UCSDH, due to limitations in facilities and resources, the Women and Infants

division needed to care for COVID-19 positive patients within the same unit as non-COVID-19 patients. The taskforce created instrumental new workflows to accomplish patient care safely and maintain quality patient outcomes.

Obstetrics

The OB COVID-19 taskforce was spearheaded by staff who served pre-Pandemic on the OB Drill committee. Taskforce members worked tirelessly to answer questions, meet staff needs and disseminate information. Nurses and other interdisciplinary team members kept up to date about the ever-changing COVID-19 practices, policies and protocols and shared information with presentations, educational handouts, and quick huddle pearls during daily rounding on the units. The taskforce developed “COVID Carts” with necessary OB supplies and Personal Protective Equipment (PPE) for the unique population of infectious pregnant COVID-19 patients. The taskforce created interdisciplinary COVID-19



drills to practice transporting patients throughout the hospital, coordinating with the intensive care units (ICUs), operating room (OR), and the NICU. The teams ran logistics drills for high-risk COVID-19 scenarios by practicing donning and doffing PPE, paths of travel, and resuscitation. The taskforce created a COVID-19 Coordinator role to coordinate deliveries off the unit as well as in the L&D OR.

Given the uniqueness and vulnerability of newborn and neonatal patients, we had to develop policies to encompass all scenarios to protect patients and staff from cross-infection. The OB taskforce prepared new COVID-19 guidelines, paths of travel, and patient education for situations such as admitting a known COVID-19 patient from clinic to inpatient, managing a pregnant patient with COVID-19 in the OR, how to transport a COVID-19 patient for an emergent Cesarean section, neonatal resuscitation of a COVID-19 positive patient in the NICU, room cohorting the positive mother and negative baby, and caring for a newborn and breastfeeding when COVID-19 positive.

Neonatal Intensive Care Unit/ Newborn

The NICU team established three guiding philosophies: Maintain staff safety, continue providing safe care to infants and use resources as necessary, but thoughtfully. These three goals served as a compass to facilitate

decision-making each time a new scenario or problem presented.

There was no doubt that everything nurses had learned about infection prevention, use of resources, change management and teamwork would be tested in new ways during the pandemic. NICU nurses relied on these foundations and layered on COVID-19 specific information obtained from subject matter experts and colleagues through California Perinatal Quality Care Collaborative (CPQCC), the American Academy of Pediatrics and the California Department of Public Health. As a pediatric unit within a health system that primarily cares for adult patients, some guidance needed to be modified.

The NICU's existing staff-led Clinical Practice Committee (CPC) focused on areas such as practice changes, supplies and equipment, workflows, staff education and information systems. They were the ideal team to engage in COVID-19 troubleshooting, creative thinking and information dissemination. For example, while the organization was facing a shortage of IV pumps, the NICU's feeding pumps were identified as a back-up opportunity for fluids and medications. CPC worked together to create guidance on syringe and tubing set-ups. The co-chairs became COVID-19 Coordinators in order to train, lead and support the staff.

Each department in the Women and Infants Services division maintains workgroups with leaders and staff



NICU and L&D team members practicing patient flow for COVID positive patients in the L&D OR corridor.

incorporating the full spectrum of service lines. Women and Infant Services relied on bidirectional information cascades to move in a unified direction. OB-specific taskforces to address patient population health problems will remain useful post pandemic. The Women and Infants service line teams developed new skills and unique bonds while working together and were able to innovate solutions when challenges arose. These skills and workflows have been tested as numbers of births continue to increase. In 2020, there were 3773 births delivered at UCS DH. In 2021, the number increased to 4275, an all-time record. This year, the Women and Infants service line is on pace to exceed that record. Maintaining the standards for high-quality care for ever-increasing numbers of patients will require dedication, flexibility, and communication – all skills honed by the pandemic.

OB Drill members talking though Labor and Delivery patient room to L&D OR patient movement. Discussions regarding path of travel, donning, doffing and ensuring all supplies and equipment were in place were integral pieces to practice.

COVID Taskforce practicing newborn transport.

