

8/26/20 Community Town Hall Questions

Topic: L&D

- Do any staff float between L&D and the rest of the hospital, or is there a dedicated staff that serves only L&D at all times?
- Does the L&D ward have its own external entrance that patients of L&D do not have to enter the main hospital to access?
- Do supply orders for L&D go directly to L&D or is equipment shared with the main hospital?
- Shouldn't the hospital official refer low risk women to out of hospital providers (Midwives and OB's) to reduce the risk of catching COVID and reduce the hospital burden right now?
- Can L&D be moved to another external building with its own entrance (perhaps to the outpatient center across the road?) and have a dedicated staff, NICU and OR that is separate from the main hospital?
- Is moving the Labor Delivery and Postpartum Unit out of the Hospital a good idea? In my humble opinion I think this would be safer. Not sure? Mahalo for response.

Safe OB Care at MMMC

Thank you for your questions and your care and concern for our Maui moms and moms-to-be and their precious 'ohana.

Please be assured that the health and safety of our patients and employees is our number one priority. We have put many hours into planning our care during COVID-19. Our staff have been trained thoroughly and are prepared for the women of Maui. We want only safe outcomes for our patients and their families and would never make recommendations that would put them in harm's way.

We will continue to provide all obstetric care at the main hospital in our L&D and postpartum units. These are going to be the safest locations for delivery. In the hospital we have well established protocols, all the equipment we need, and readily available staff for emergencies. It is not a simple nor feasible task to set up a separate out-of-hospital obstetrical unit. Unfortunately, Maui is not a robust location like New York City where we might have enough community staff members to separate them into main hospital verses obstetric care. More importantly, a separate OB unit would not reduce the risk of COVID exposure. In those locations outside of Maui that have tried to separate COVID and non-COVID patients, they found quickly that they were as likely to end up with COVID patients in their "clean" facility because of asymptomatic spread.

What *does* reduce the risk of infection are the things that we are currently doing:

All patients are now screened at the ER entrance with a temperature check and a thorough risk assessment for symptoms of COVID. Once screened, the patient and her partner, wearing masks, are safely transferred directly to the appropriate location on the OB unit- routine care, or isolated

care for possible COVID cases. The OB unit itself is a closed unit so nobody is passing through from other areas without clearance.

Every mom is getting a COVID screen with admission to further reduce chances of asymptomatic spread of COVID. All staff members wear masks and eye protection and use frequent hand washing to protect themselves and patients.

For those patients that are under investigation for COVID or known to have the infection, there is an isolated area for their care in the obstetric unit. It is quarantined off so that the non-COVID patients on the unit are safe. COVID patients also have a single dedicated nurse who only cares for that patient during their shift, so there is again reduced risk of transfer to a non-COVID patient. All CDC and Hawaii DOH recommendations for PPE use in isolated patients are being followed.

The obstetric nursing staff typically do not float between units. If an OB staff member is floated they do not return to take care of OB patients for the remainder of their shift and they never float to a COVID unit. The providers do care for non-obstetric patients but take extra precautions such as changing scrubs or showering if necessary, before returning to OB care. Other staff such as cleaning staff, lab staff, and RT do move between units, but they have been trained in infection control practices to avoid spread of infection.

There is a dedicated L&D OR and only non-COVID OB patients would have cesarean delivery there. COVID cesarean patients are cared for in a dedicated OR suite in the main OR.

There is no obstetric ICU. Thankfully, it is extremely rare that we ever have an obstetric patient that needs the ICU. If a patient does need the ICU, understand that there are two ICU units in our hospital - one is a “warm” ICU for COVID patients, and currently the other is only for non-COVID ICU patients. The two ICU units are on separate wings of the hospital.

The obstetric unit is generally self-sufficient when it comes to medical supplies. There are rare cases when items might come from another area- for example rarely needed, specialized operating instruments that would not be kept in the L&D OR. Proper precautions are taken to disinfect all equipment in the OB unit.

Unfortunately, a separate entrance cannot be created for OB patients coming to the hospital. The unit is on the third floor of the hospital and cannot be reached directly from an outside entrance; however, as noted above, patients are completely safe entering and making their transition to the unit through the screening process.

ACOG and the AAP do not condone out-of-hospital deliveries due to patient safety and for this reason, we have no providers that would be willing to put patients at risk by providing this service. The midwives of Maui County that are not employed by one of the three major obstetric practices on Maui also do not have a relationship with the hospital. If you are considering the option of using a midwife, we recommend that you research their depth of knowledge in safe obstetric care thoroughly, and at minimum, verify that they are a Certified Nurse Midwife that has gone through an actual bachelor's or master's level program.

We stand by the recommendation to deliver at the hospital as the safest place for moms and babies. I know that patients are scared during this pandemic, but please understand that emergencies can happen in obstetrics very quickly and without much warning. The majority of women needing a true emergent cesarean delivery were not complicated. They were regular, "low risk" moms in labor. Even with an ambulance nearby to your birthing location, it would likely take 20-30 minutes at minimum for a mom to get to the labor and delivery unit and then still need to be assessed for what is going on so further care can occur. In that amount of time, it may be too late to effectively provide the necessary care for a good outcome for mom and/or baby.

For more information about how Maui Health is keeping patient safe, including [Safe OB Care FAQs](#), visit mauihealth.org/safe.

We have also launched a Virtual Maternity Tour that walks you through what to expect here at Maui Memorial Medical Center – from admission, to delivery and post-partum recovery - to help make delivery day as smooth and stress-free as possible. Visit mauihealth.org/maternity to view the virtual tour. We look forward to being a part of your very special first moments with your new ‘ohana.