



# Thank You for Joining Us for Today's Webinar

*The program will begin at 1 p.m. ET.*

*The presentation is being recorded and will be emailed to you.*

Catholic health care is on the front lines responding to the coronavirus outbreak in the United States. During this time, we pray for all those affected by the virus. CHA has created a webpage with information, prayers and resources from our members and other reliable sources related to COVID-19, available at:

[www.chausa.org/coronavirus](http://www.chausa.org/coronavirus)



# Catholic Ethics and the Challenge of COVID-19: Part Three

*Co-sponsored by Georgetown University*

April 30, 2020

**RESPONSE TO CRISIS STANDARDS AND ALLOCATION  
OF RESOURCES**

**Allen Roberts, II, MD, MA**

*MedStar Georgetown University Hospital*

**Sarah Vittone, RN, D.Be., MSN**

*Pellegrino Center for Clinical Bioethics, Georgetown University*

**ETHICAL ISSUES IN LABOR AND DELIVERY,  
AND NEONATES**

**Siva Subramanian, MD**

*MedStar Georgetown University Hospital*

# Today's Moderator



**Brian M. Kane, Ph.D.**  
Senior Director, Ethics  
The Catholic Health Association of the United States

# Prayer During a Pandemic

*Loving God, Holy One,*

*Your desire is for our wholeness and well-being.*

*We hold in tenderness and prayer the collective suffering of our world at this time. We grieve precious lives lost and vulnerable lives threatened.*

*We ache for ourselves and our neighbors, standing before an uncertain future.*

*We pray: May love, not fear, go viral.*

*Inspire our leaders to discern and choose wisely, aligned with the common good.*

*Help us to practice social distancing and reveal to us new and creative ways to come together in spirit and in solidarity.*

*Call us to profound trust in your faithful presence,*

*You, the God who does not abandon, You, the Holy One,*

*breathing within us,*

*breathing among us,*

*breathing around us*

*in our beautiful yet wounded world.*

~ Sisters of IHM, Scranton, Pennsylvania

# Our Featured Speakers



**Allen Roberts, II, MD, MA**  
Professor of Clinical Medicine,  
Associate Medical Director, and  
Chair of Ethics Committee,  
MedStar Georgetown  
University Hospital



**Sarah Vittone, RN, DBe, MSN**  
Assistant Professor, School of Nursing  
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Clinical Bioethicist,  
Pellegrino Center for Clinical Bioethics,  
Georgetown University



**Siva Subramanian, MD, FAAP**  
Professor of Pediatrics and  
Ethicist, and Chief of the Neonatal  
Intensive Care Unit,  
MedStar Georgetown  
University Hospital

# Organizational Ethics: Response to Crisis Standards and Allocation of Resources

**Allen Roberts, II, MD, MA**  
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*GEORGETOWN UNIVERSITY*

# Organizational Ethics

The application of an ethical framework to a system of care, including its structure, policies and practices.

Highlighted in Mission statements

Organizations act with Integrity as a Moral Agent

# Catholic Identity in Organizations

- Respect for dignity
- Holistic care
- Promoting workplace justice
- Prioritizing the needs of the poor
- Contributing to the common good
- Financial stewardship



# Organizations Use Ethical Principles

- Beneficence
- Justice
- Solidarity and Participation
- Stewardship and Efficiency
- Reciprocity

# Fundamental Premise

## Ethics

- continues to guide decisions and actions
- is required more (not less) in dire circumstances
- provides a necessary framework in novel circumstances

# Unique Aspects of COVID-19

- Extremely contagious
- Extremes of clinical manifestations:  
25% asymptomatic  $\leftarrow$ ---- $\rightarrow$  respiratory and multi-system failure
- Extremely high mortality in patients > 65 years old on vent
- Death at any age
- Sudden death can follow initial improvement
- Higher incidence, worse outcome in African Americans

# Do everything possible to prolong contingency stage

Decreasing ← **Morbidity and Incident demands** → Increasing

	Conventional	Contingency	Crisis
Space	Usual patient care spaces maximized	Patient care areas re-purposed (PACU, monitored units for ICU-level care)	Non-traditional areas used for critical care or facility damage does not permit usual critical care
Staff	Additional staff called in as needed	Staff extension (supervision of larger number of patients, changes in responsibilities, documentation, etc)	Insufficient ICU trained staff available/unable to care for volume of patients, care team model required & expanded scope
Supplies	Cached/on-hand supplies	Conservation, adaptation and substitution of supplies with selected re-use of supplies when safe	Critical supplies lacking, possible allocation/reallocation or lifesaving resources
Standard of care	Usual care	Minimal impact on usual patient care practices	Not consistent with usual standards of care (Mass Critical Care)
ICU expansion goal	X 1.2 usual capacity (20%)	X 2 usual capacity (100%)	X 3 usual capacity (200%)
Resources	Local	Regional/State	National

Normal ← **Operating Conditions** → Extreme

CHEST 2014 146e1S-e16SDOI: (10.1378/chest.14-0733)

# Unique Issues for Organizations During Pandemic

## Duty to Care, Plan, Safeguard and Guide

- Public/Community
- Personnel and Resources
- Business/Fiscal/Admin

# Organization: Obligations to Patients and the Public

- To provide care
- Community partner
- Families of patients
- Vulnerable populations
- The “unaddressed health needs” of patients

# Organization: Obligations to HCW

## To Plan

- Protect: Lessen Disproportionate Risk
  - Reciprocity
    - Physical, emotional, spiritual
    - Family support

## To Guide: Communication

# Organization: Stewardship of Resources

- Coordination with local, state, federal
- Stockpiling versus hoarding
- PPE – Personal Protective Equipment
- Beds, medication, staff
- Testing



# Organization: Fiscal and Policy Obligations

To Guide

- Compliance and Regulation
- Transparency and Stakeholders
- Ethics Services
- Ongoing Systematic Review
- Comprehensive After Action

# If Crisis Occurs

- Keep treating COVID-19 as you would others
- Keep adjusting, mitigate
- Avoid alarm and anxiety
- Collaborate - Clinical, Administration and Ethics



# Organizational Ethics

Duty to Care  
Duty to Plan  
Duty to Safeguard  
Duty to Guide

# References

- American College of Healthcare Executives (ACHE)
- Berlinger, N. et al (2020) Ethical Framework for Health Care Institutions Responding to Novel Coronavirus SARS-CoV-2 (COVID-19) Guidelines for Institutional Ethics Services Responding to COVID-19 Managing Uncertainty, Safeguarding Communities, Guiding Practice. Hastings Center
- Ethical Framework for Decision Making in HPC During the COVID-19 Pandemic (2020) nhpco.org/coronavirus
- NHPCO Guide to Organizational Ethics in Hospice Care [https://www.nhpco.org/wp-content/uploads/2019/04/Ethics\\_Guidelines.pdf](https://www.nhpco.org/wp-content/uploads/2019/04/Ethics_Guidelines.pdf)
- Tuohey (2007) A Matrix for Ethical Decision Making in a Pandemic. Health Progress. A Matrix for Ethical Decision Making in a Pandemic. Health Progress. (/docs/default-source/health-progress/a-matrix-for-ethical-decision-making-in-a-pandemic-pdf.pdf?sfvrsn=2)
- US Conference of Catholic Bishops (2018) Ethical and Religious Directives for Catholic Health Care Services, 6<sup>th</sup> ed
- World Health Organization (2016) Guidance for Managing Ethical Issues in Infectious Disease Outbreaks
- <https://www.uscatholic.org/articles/201503/what-makes-catholic-hospital-catholic-29861>

# Ethical Issues in COVID-19 During PREGNANCY, NEONATES AND CHILDREN

## Some Ethical Challenges

Siva Subramanian, MD, FAAP  
Professor of Pediatrics/Ob & Gyn  
MedStar Georgetown University Hospital

# COVID-19 IN PREGNANCY, NEONATES AND CHILDREN

- Data from China, Italy, and the USA suggest pediatric coronavirus disease 2019 (COVID-19) cases might be less severe than cases in adults, and children might experience different symptoms than adults.
- In these preliminary descriptions of pediatric COVID-19 cases, relatively few children with COVID-19 are hospitalized.
- Pediatric COVID-19 patients might not have fever or cough. In general, fewer children than adults experience fever, cough, or shortness of breath.
- Severe outcomes have been very rarely reported in children, and only 3 deaths in the USA have been described so far.
- Nonetheless, patients with less serious illness and those without symptoms (i.e., children) likely play an important role in disease transmission.  
Consider fecal-oral transmission from carrier children!

# COVID-19 IN PREGNANCY, NEONATES AND CHILDREN

- INFANTS and NEONATES
- **Very Limited Burden, Very Limited Severity**
  - Two main case series, so far:
    - China: 37 neonates
    - Italy: 12 neonates
    - 80% to 90% are asymptomatic
    - 10% to 20% have only mild respiratory distress, feeding instability, sometimes fever and rash

# COVID-Positive Mothers and Neonatal Outcomes

- In the literature noted, there are reports of **140+ COVID-positive mothers** who gave birth to only **8+ COVID-positive neonates** (5 from China and 3 from Italy)
- Infected neonates were mostly asymptomatic
- A few had mild respiratory distress, instability, sepsis-like symptoms, likely attributable to concomitant conditions (such as prematurity or sepsis)



# Is COVID-19 a Problem During Pregnancy or Delivery?

- **We do not know at this time if COVID-19 would cause problems during pregnancy or affect the health of the baby after birth.**
- **Can COVID-19 be passed from a pregnant woman to the fetus or newborn?**
- No confirmed maternal-neonatal VERTICAL transmission, so far: We still do not know if a pregnant woman with COVID-19 can pass the virus that causes COVID-19 to her fetus or baby during pregnancy or delivery. No infants born to mothers with COVID-19 have tested positive for the COVID-19 virus. In these cases, which are a small number, the virus was not found in samples of amniotic fluid or breast milk.
- **If a pregnant woman has COVID-19 during pregnancy, will it hurt the baby?**
- We do not know at this time if any risk is posed to infants of a pregnant woman who has COVID-19. There have been a small number of reported problems with pregnancy or delivery (e.g., preterm birth) in babies born to mothers who tested positive for COVID-19 during their pregnancy. It is not clear, however, that these outcomes were related to maternal infection.

# Summary of Current Treatment Options and Management for Adults and Children

- No definitive treatment available to pregnant woman who is seriously ill or to the children – Remdesivir! Safety, efficacy, reduction in mortality
- Several anecdotal reports of treatment with multiple drugs

**Anti-inflammatory, immune modulatory treatment**

**Anti-viral treatment**

**Respiratory management**

**Inhibitors of viral entry into the cell**

**Plasma transfusion from past COVID-19 infected persons**

**Just in: Vaccine from OXFORD institute!**

**No human studies on disinfectants (probably harmful)**

**or light therapy so far.**

# ETHICAL ISSUES IN PREGNANCY AND CHILDREN with COVID-19

- Next, let us review some ethical principles that are generally applied in clinical situations.
- Specific situations in pregnancy, newborn, and children
- Allocation issues in Extremely Low Birth weight Infants

## Basic Premises

- Circumstances do not change the ETHICAL principles
- Apply ETHICAL principles to whatever circumstances that one encounters
- With extraordinary circumstances, one needs the ETHICAL principles even more than before

Dan Sulmasy

# Ethical Principles

- Beneficence and non-maleficence
- Principle of Autonomy – respect the patient as a person and as moral agent
- Principle of Justice – Equity and Fairness
- Solidarity

# VIRTUES – SPECIFIC TO MEDICINE

- Competence
- Altruism
- Fidelity to trust
- Compassion
- Humility
- Integrity

# ETHICAL ISSUES IN PREGNANCY AND CHILDREN with COVID-19

- Separation of COVID19+ve or PUI mom and significant other during delivery
- Separation of mom and the baby after delivery
- Breastfeeding of the baby while at hospital
- Visiting by parents who are COVID19+ve or PUI
- Discharge to home to a non-COVID-19 caretaker or with mother
- Allocation of resources TO PREGNANT WOMEN and if the baby is EXTREMELY PREMATURE

# ETHICAL ISSUES IN PREGNANCY AND CHILDREN with COVID-19

- Separation of COVID19+ve or PUI mom and significant other during delivery
- Separation of mom and the baby after delivery

The first one is on the basis of fear of exposure to the HCWs but does diminish the autonomy of the parents but is followed in all hospitals in USA for the sake of common good

Whereas separation of mom and baby after delivery has limited or no evidence



# ETHICAL ISSUES IN PREGNANCY, INFANCY AND CHILDREN with COVID-19

- **How to protect the Infant?**
- 1. Maternal vaccine
- 2. Infant passive immunization
- 3. Breastfeeding

# ETHICAL ISSUES IN PREGNANCY, INFANCY AND CHILDREN with COVID-19

- **Importance of Maternal Transfer of Antibodies to the Fetus**
- The first 3–4 months are the MOST CRITICAL
  - The neonate and young infant are protected ONLY through ANTIBODIES FROM THE MOTHER: Transfer through placenta during pregnancy from immune mothers
  - Transfer through placenta during pregnancy after boosting with a maternal vaccine
  - Transfer through fresh breast milk

# Guidance for Neonatal Management in the Nursery and for Breastfeeding

- **AAP document (USA):** Recommends to consider separating mother and neonate in many situations (Puopolo KM, et al. *Pediatrics*. 2020)
- **SIN-UENPS document (ITALY-EUROPEAN UNION):** Recommends not to separate mother and neonate, unless in very limited situations (Davanzo R, et al. *MaternChild Nutr*.2020, in press) (Davanzo, ADCFN 2020, in press)
- **BRAZILIAN PEDIATRIC SOCIETY document:** the same as Europe (Procianoy, Silveira, Manzoni, Sant'Anna. *J Pediatr*. 2020, in press)

# Guidance by WHO

- **All recently pregnant women with COVID-19 or who have recovered from COVID-19 should be provided with information and counselling on safe infant feeding and appropriate IPC measures to prevent COVID-19 virus transmission.**
- **At this point, there is no evidence that pregnant women present with increased risk of severe illness or fetal compromise. Pregnant and recently pregnant women who have recovered from COVID-19 should be enabled and encouraged to attend routine antenatal, postpartum care as appropriate. Additional care should be provided if there are any complications**

# WHO Guidance

**As with all confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practicing skin-to-skin contact or kangaroo mother care should practice respiratory hygiene, including during feeding (for example, use of a medical mask when near a child if the mother has respiratory symptoms), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.**

**Breastfeeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19.**

- Mothers and infants should be enabled to remain together and practice skin-to-skin contact, kangaroo mother care and to remain together and to practice rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19.**

# ETHICAL ISSUES IN PREGNANCY, INFANCY AND CHILDREN with COVID-19

- Applying evidence there is no basis for separation of COVID19+ve mom and the term baby. Breastfeeding should be encouraged with of course all precautions – masks, handwashing before and after breastfeeding, and in between keep the baby at a distance. Expressed BM is an alternative way.
- Ethically the Principles of Beneficence and non-maleficence and Autonomy all will come in to play.
- We have written to the experts in AAP and hopefully this recommendation to separate will change!

# ETHICAL ISSUES IN PREGNANCY, INFANCY AND CHILDREN with COVID-19

- Visiting by parents who are COVID19+ve or PUI
- Discharge to home to a non-COVID-19 caretaker or with mother

Ban on visiting by the significant other or parent/s if the baby is in the NICU is an issue based on benefitting the common good. The way the facilities are constructed (NICUs particularly), there is no private way for parent/s to come and visit while the baby is in the hospital and hence this guideline for separation of baby and parents till they are cleared.

Discharging the baby is another challenge to a COVID19+ve mom since the spouse will be a PUI and there may not be any others to care for. So one ends up discharging the baby to mom with instructions.

# ETHICAL ISSUES IN PREGNANCY, INFANCY AND CHILDREN with COVID-19

- Allocation of resources TO PREGNANT WOMEN and if the baby is EXTREMELY PREMATURE:

“Neonatal units have ventilators, some adaptable for adults. This raises the question of whether, in crisis conditions, guidelines for treating extremely premature babies should be altered to free-up ventilators. Some adults who need ventilators will have a survival rate higher than some extremely premature babies.”



# ETHICAL ISSUES IN PREGNANCY, INFANCY AND CHILDREN with COVID-19

- “But surviving babies will likely live longer, maximizing life-years. Empiric evidence demonstrates that these babies can derive significant survival benefits from ventilation when compared to adults. When ‘triaging’ or choosing between patients, JUSTICE demands FAIR guidelines. Premature babies do not deserve special consideration; they deserve EQUAL consideration. SOLIDARITY is crucial, but must consider needs specific to patient populations and avoid biases against people with disabilities and extremely premature babies.”

Marlyse Haward et al AJOE

# ETHICAL ISSUES IN PREGNANCY, INFANCY AND CHILDREN with COVID-19

- Principles and values that we laid out in the beginning still hold good for pregnant women, neonates and children even during this pandemic
- Evidence-based decision is also ethical if applied fairly and equally across the spectrum of age, gender, race, and NOT change the ethical principles and values just because there is a pandemic of COVID-19

# COVID-19 IN PREGNANCY, NEONATES AND CHILDREN

•THANKS!

- With permission from Annenberg Nutritional Center and Dr. Paolo Monzoni of Italy and Dr. Dan Sulmasy for some of the slides

# Key Takeaways

- The COVID-19 epidemic is an unprecedented challenge for all health care systems worldwide.
- Pediatricians need to know that children MAY be affected, but usually with less severity.
- Children MAY be carriers of the virus.
- Gastrointestinal symptoms and fecal-oral transmission are frequent in children.
- No vertical transmission demonstrated to date.
- Neonates can occasionally experience mild-to-moderate forms of the disease.
- No specific treatment nor vaccine exists to date.

# Thank You for Attending

An email will be sent with a recording of the webinar.

**CHA Service Center is here for you!**

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