# ILPQC COVID 19 Webinar 4/17/20: Neo Questions/Answers

***Answers represent experiences and strategies related to caring for patients during the COVID-19 pandemic from individual providers and institutions, these example strategies are not meant to be recommendations unless national or state guidelines are referenced.***

## Questions from 4/17/2020 Webinar:

- How to care for mom and baby after delivery is the biggest conversation. There are resources on the website but no one really knows what is safest to separate and pump or garb up and breast feed.
- How are any facilities reacting to patients who refuse testing and/or separation at delivery? In many instances a refusal of care requires the patient to sign a form attesting to the refusal with associated risks. Has anyone inquired to their risk/ethics departments to adopt this practice of a refusal form for COVID testing/newborn separation or, is this a moot point because AAP recommendations differ from those of the WHO & CDC on this?
    - RUMC- We have discussed this extensively within our institution, but have not had ethics/risk weigh in directly. Given the uncertain risks of transmission at this time, we have approached parental refusal of separation recommendations in the context of the CDC/AAP guidance permitting rooming-in with 6 feet of distance as an alternative. We are not asking parents to sign a refusal form but we document our conversation and recommendations. We are currently treating asymptomatic mothers and infants who refuse testing as PUIs (we are universally screening all mother's in LD). In this scenario, the infant will not be separated to the NICU after delivery but will room-in with the recommendation of separation of 6 feet with contact/droplet PPE to protect our staff.
    - ILPQC is aware that some institutions outside of Illinois have adopted a "refusal" form, we are not aware of any Illinois hospitals doing this.

- Share any changes to Resident physician involvement in State II delivery and Neo resuscitations when attending is readily available? FM/PEDS/OB
    - RUMC- We have Neonatal Nurse Practioners or the Neonatologist as the primary team attending deliveries of Covid+ or PUI mothers to minimize unnecessary exposures. In the case that the APN is on transport, we do allow 2nd/3rd year residents to attend deliveries.
    - Most hospitals are limiting exposures and conserving PPE by limiting personelle to those needed in the room for certain. If other personnelle may be needed, they can wait outside the room. If needed, then can quickly don PPE and enter the room.

- Will there be a recommendation for discharge plans for the newborn born to a positive resulted maternal patient?

    - RUMC: AAP Initial Guidelines give current recommendations for discharge in the "*Newborn Birth Hospital Discharge*" section (https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf)

- Has anyone treated any neonates with chloroquine vs hydrchloroquine
    - RUMC: we have not treated infants with these medications
    - ILPQC is not aware of any newborns treated with these medicines.

- After delivery, when baby is separated from covid19+mom, are people still doing full PPE on stable newborn or just contact/droplet until newborns covid tests negative? When to let go back to mom's room.
    - RUMC: We are currently utilizing contact/droplet PPE for healthy newborn infants until negative results. We are using airborne PPE for infants with potentially aerosol-generating respiratory support (>2L high flow nasal canula, CPAP, intubated, nebulizer treatments).
    - There are no guidelines available from AAP or CDC about when infant would go back to mom's room.
    - For stable newborn who are isolated in another room, they would be considered PUIs. Per CDC guidelines, N95 would not be recommended unless doing an aerosolizing procedure.
- How often are you testing the baby and how many hours apart?
    - RUMC: We are currently bathing infant after delivery, testing at 24, 48, and 72 hours. The later testing (72 hours) is based on a case series of later onset of positive infants- this is currently not a recommendation from AAP.
    - The AAP discusses testing infant at 24 and 48 hours if they are in the hospital. However the limitations of availability of testing may restrict testing of asymptomatic infants.
- For a neonatal COVID-19 positive in the case of decompensation, are there any investigational treatments that you would consider
    - RUMC: would defer to your own pharmacy and pediatric infectious disease consultants about suitability of the off-label use of medications, especially in the newborn population.

## Questions from Info Account & Registration

- When neonates are discharged are any special precautions taken to transport to the car? Ex: going in transport isolette
    - RUMC: SARS-CoV-2 negative infants can be discharged in car seat without precautions.

- considerations for restricting parent presence in NICU.
    - RUMC: AAP has provided guidance recommendations/criteria for maternal visitation for COVID-19. There is no clear guidance on other caregivers other than they should be asymptomatic. This is an especially poignant question given that asymptomatic carrier rate may be higher than previously thought (thus the universal testing in LD). Currently,

at RUMC we are following CDC guidance for clearance of symptoms based on clinical criteria for care-providers but are discussing screening of care partners as well.

- Should a Level II nursery also have the same visitation requirements as a NICU (COVID+ mom with 2 negatives testing)
    - In general, yes. Visitation policies will vary by institution.
- How are other sites handling circumcisions?
    - RUMC: all circumcisions are currently on hold due to availability of provider. We are not restricting circumcisions due to PUI status in itself.
    - In general, the AAP recommends continuing to do neonatal circumcisions, even for infants whose mothers have COVID disease. Case by case limitations apply based on availability of staff. Circumcisions that are done after the neonatal period typically require an operating room procedure with a full OR staff and general anesthesia with intubation. Risks vs. benefits of deferring should be decided on a case by case basis.
- Review usage of O2 for Mom/Baby. What about for mother or baby with respitory issue or low sats? NeoPuff vs Ambu bag
    - RUMC: We are currently using a t-piece for resuscitation of PUI infants with a viral filter placed between mark and t-piece device. Our resuscitation teams are wearing full airborne PPE precautions for deliveries in case of need for potentially aerosol-generating procedures (intubation, CPAP, PPV).
    - There are no guidelines on whether a specific device (t-piece device vs self-inflating device) is more likely to be more aerosolizing. The viral filters are not widely available at this time due to supply chain issues.
- what are the guidelines to say an OB patient has cleared COVID and no longer needs isolation from baby?
    - RUMC: There is no definitive recommendation at this time, however the most conservative approach would be to have both clinical and molecular clearance similar to visitation guidelines for COZVID positive mothers in the NICU (AAP guidelines). Please see the OB discussion as well on this topic.
    - The above approach, however, may not be practical in many situations. This should be handled on a case by case basis. There is unfortunately no definitive recommendation from the CDC or the AAP at this time.