

## ILPQC COVID 19 Webinar 4/10/20

### Neo Panelist Questions:

- **Question about the care newborn requiring oxygen; if a mother is not a PUI or positive for covid - requiring oxygen support, should this baby be placed in a regular room with n95's or regular masks?**
  - If the mother is does not have confirmed or suspected COVID-19, routine care should be given based on your hospitals PPE recommendations for all patients.
- **If a baby of a positive or PUI is born requiring oxygen, should they be automatically intubated with a filtered airway with staff following n95 PPE?**
  - This will have to be a decision made at the hospital level, some places suggest if needs CPAP intubate others suggest that CPAP in closed isolette with N95 is ok. Some of these decisions will be made by level of risk. An infant with worsening pulmonary status and suspected COVID may have a different approach, than a baby born to a COVID positive mother who is immediately separated and brought to the NICU.
- **Is there a preferred oxygen method for either the unknown or the positive / PUI baby?**
  - There is not a preferred management strategy. It seems like BCPAP requires nurses and respiratory therapists adjusting devices more frequently.
- **Pls comment on news articles that newborn separation "not supported by medical evidence"?**

We are aware that the current AAP recommendations differ from other societies. I believe this particular article was trying to make the point that we have a lot of evidence regarding the benefits of skin-to-skin, rooming-in, and directly breastfeeding, in contrast to the proposed mother/baby separation. This is a fast-moving situation, and many professional organizations are doing the best they can to apply what we know about infectious processes.

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- **Can you please address visitor policies in general of NICUs? Our institution has instituted a no visitor including all parents regardless of PUI or COVID status, can you please comment on this?**
  - Many NICUs have limited visitors to one parent at a time. Some are limiting all visitors. This decision need to be made with the medical leadership and administration taking into account local circumstances and burden of COVID.
- **Would you use donor milk from a milk bank if mom isn't able to provide breastmilk but intends to provide breastmilk? Yes**
- **At time of discharge of the infant - how are they being taken to the car? Via car seat or isolette.**
  - In a car seat if the baby has a negative test.
- **With CDC revisions to no longer separate, hope AAP follows that and considering CDC requires SEAPAERTION for flu but who does that?**
  - We are aware that the current AAP recommendations differ from other societies.
- **Would it be better to have the child seen in clinic at last appointment of the day, rather than first?**
  - Individual pediatric practices should develop strategies to accommodate PUIs and COVID positive children, including newborns. This should be based on local facilities and practices.

- **When should a pediatrician follow up the baby as outpatient?**
  - In general, newborns should be seen at the currently recommended timing for all newborns, typically within 48 hours after discharge after a hospital stay <48 hours. Infants determined to be infected by molecular testing or whose status cannot be determined due to lack of testing, but with no symptoms of COVID-19, may be discharged home on a case-by-case basis with appropriate precautions and plans for frequent outpatient follow-up contacts (either by phone, telemedicine, or in-office) through 14 days after birth. Specific guidance regarding use of standard procedural masks, gloves and hand hygiene should be provided to all caretakers. See <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html> Uninfected individuals >60 years of age and those with comorbid conditions should not provide care if possible.
- **I don't think the topic of filters for ambu bags and T-piece resuscitators have been addressed yet. We are using HME filter for any aerosolizing interventions (CPAP, hand bag ventilation, etc). Is anyone else using a filter for the babies?**
  - Some hospitals are using a HEPA filter between the mask and the bag/t-piece. The filters are currently on back order. There are examples posted on the ILPQC website.
- **What are centers doing about routine circumcisions as this is a largely cosmetic surgery and Ean entirely elective procedure.**
  - The AAP recommends doing all routine discharge tests and procedures, including circumcisions if desired by parents.

#### Questions from ILPQC info email account for all Neo panel

- **What are the guidelines for testing newborns - if they are discharged and asymptomatic are they to come back for more testing - if they are discharged and develop symptoms where are they to be directed to go?**
  - Newborn viral testing: Where testing capacity is available, neonates should be tested for SARS-CoV-2 infection using available molecular assays. If testing is not readily available and/or is in short supply, centers may opt for clinical monitoring only.
  - Molecular assay testing should be done first at ~24 hours of age
  - Repeat testing should be done ~48 hours of age. For well newborns who will be discharged prior to 48 hours of age, clinicians may consider not obtaining this test.
  - At each test, consider using swabs of throat and nasopharynx. One swab that samples first the throat and then the nasopharynx may be used to conserve swabs and PCR testing reagents. This single swab then should be placed in one viral transport media tube and sent to the lab for a single PCR test to be performed.
  - It is not recommended to do outpatient testing on asymptomatic babies
  - The pediatrician should follow them as an outpatient
- **What are the guidelines for personnel dedicated to caring for moms and babies to float to other areas with COVID + patients? Would they be able to return to the unit?**
  - I don't think there are guidelines. At Prentice, if needed, they can float; but not return in the same day. We are discouraging floating
- **After delivery plan for mom and baby?**

- This needs to be case by case based on clinical and social circumstances.
- **interested in the WHO recommendations regarding keeping babies with mother**
  - We are aware that the current AAP recommendations differ from other societies.
- **NICU Visitation what is everyone doing**
  - One parent at the bedside at a time seems to be very common. Some are restricting visiting to a limited number of hours a day. Each unit will require a local approach based on local considerations of disease burden, unit set-up, etc.
- **Review recommendations for NICu/Special Care Nsy visits rooming in the best way to care for mom and baby?**
  - This is not the current recommendation of the AAP. Decisions should be a part of shared decision making per AAP and CDC guidelines.
- **Testing and isolation if baby exposed during stay.**
  - At Prentice, we would isolate a baby and perform viral testing.
- **What is the neonatal care during hospitalization of a baby whose mother was found to be COVID positive postpartum.**
  - Please refer to the AAP guidelines.

### ILPQC COVID 19 OB/Neonatal Webinar 4/3/20: Neo Questions/Answers

***Answers represent experiences and strategies related to caring for patients during the COVID-19 pandemic and are considered guidance only, unless national or state guidelines are referenced.***

#### Neonatal Questions from Chat box:

- **Does anyone have the PUI or COVID + mother sign an informed consent if she insists on having the baby Rooming-In.** The possible, not completely known risks of rooming-in should be reviewed with the mother. Some centers in the US are rooming-in for most cases. Others are not per the AAP guidance from 4/2/2020. The discussion should be documented in the chart, but we would not necessarily recommend having mother sign an informed consent, as we cannot accurately present the risks and benefits at this time.
- **How would you care for a pt who drove from NY recently (still in quarantine phase) if she goes in labor? She does not have any symptoms and cannot do COVID test. She is PUI? I would advocate testing her.**
- **Are all term babies being kept on cont. pulse ox if mom COVID+?** Pulse oximetry is not recommended for asymptomatic babies. Some hospitals occasionally place their term newborns on pulse oximetry for a brief period under certain circumstances, such as chorioamnionitis or in infants that are left alone in a room. This based on the infant's clinical condition, not driven by the mother's COVID status.
- **Are people delaying circs for PUI and COVID pos moms? Any protective equipment for support person when caring for baby?** Most hospitals have stopped offering circumcisions for male infants of COVID positive moms.

### Neonatal Questions from Info@ILPQC account

- **If have a separate room deemed as isolation with door shut for baby is it also recommended to keep well baby in isolette as well in that room or can they be in a crib?** AAP recommends isolette and/or 6 feet separation from each infant.
- **How long does baby remain in isolation at home if both parent + Covid-19 with symptoms? Till symptom free? Or recommend further testing of both parents?** The AAP recommendations as of April 2, 2020 suggest that home isolation should occur until EITHER (a) she has been afebrile for 72 hours without use of antipyretics, and (b) at least 7 days have passed since symptoms first appeared; OR she has negative results of a molecular assay for detection of SARS-CoV-2 from at least two consecutive nasopharyngeal swab specimens collected  $\geq 24$  hours apart.
- **How long is it recommended to wait until a hearing screen is done on a baby for a + Covid-19 mom?** The AAP recommends hearing screening before discharge at the same time as a non-COVID-19 would be tested. Some data suggests a higher rate of false referrals when tested at less than 12 hours for vaginal deliveries and less than 32 hours of life for C-section born infants.
- **Are there screening recommendations that NICUs are using for visiting parents? (Checking for fever, etc.?)** Screening questions should be the same as the screening questions for employees and staff, if this is employed.
- **Any further clinical recommendations for a PUI infant? Should they be monitored for 72hrs? Discharged as soon as possible? Any medication recommendations if infants are PCR positive?** The infant should be discharged in the same timeframe as an infant who is not COVID-19 exposed. Early discharge is not recommended, especially before 24 hours.