ILPQC COVID 19 Webinar 4/24/20: Neo Questions/Answers

Questions from Info Account & Registration

- I was wondering the status of hearing screens with COVID positive moms and PUIs. Are we deferring hearing screens in the neonate until after discharge? I am asking because Pediarix, the company we utilize, has asked us to defer until after discharge. I want to be certain we are compliant with the state
    - Per guidance for the AAP, well newborns should receive all indicated care, which includes a hearing screen prior to discharge. Some hospitals are covering the machine with plastic sheathing to help minimize cross-contamination. The AAP and IDPH guidelines state that infants should receive hearing screening within 1 month. If screening is not able to be done in the hospital, careful coordination and follow-up should be conducted to ensure that the hearing screening is done, and results (positive or negative) are communicated to the primary pediatrician caring for the infant as an outpatient. Doing the initial hearing screening as an outpatient may lead to infants being lost to follow-up, therefore doing them in patient is recommended, if possible.
- If the mother was positive and the baby were to expire, would you test the baby (before the 24 hour time frame recommended? Would you test the baby whether is was born alive or stillborn?
    - Would suggest deferring to the clinical team carrying for the mother and neonate, but would consider testing before 24 hours if that is the only time possible. The risk is that earlier could represent cross contamination from a positive mother, so the results should be interpreted with caution.
- Are COVID positive mothers allowed to enter the hospital for visiting or discharge if their newborns are not in the NICU?
    - Per guidance from the AAP, after she is afebrile for 72 hours without use of antipyretics, and at least 7 days have passed since symptoms first appeared and her symptoms are improving. See AAP statement for official details.
- Are any NICU units across IL with NO visitor policy for mothers that test negative or are asymptomatic? Our NICU unit is closed based on space design and we are trying very hard to identify solutions to satisfy the parents.
    - We recognize that this is a difficult situation. Hospitals with this design can contact ILPQC and we will connect them to other similar hospitals for discussion.
- COVID-19 Positive Breastfeeding Mothers How handling. I know this was shared before. But, again please.
    - No study to date has demonstrated the presence of SARS-CoV-2 in breast milk. Mothers may express breast milk (after appropriate breast and hand hygiene) and this milk may be fed to the infant by designated caregivers. Breast pumps and components should be thoroughly cleaned in between pumping sessions using standard center policies that must include cleaning the pump with disinfectant wipes and washing pump attachments with hot soapy water.

    - If a mother requests direct breastfeeding, she should comply with strict preventive precautions, including the use of mask and meticulous breast and hand hygiene.
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- For shared decision making model around separation of mom/baby for Covid + patients vs rooming in and teaching mom safe separation in the room, can you talk about how this is going and especially for patients who are asymptomatic positive cases.
    - ILPQC has shared resources on ilpqc.org from hospitals to discuss how some hospitals are approaching this. There are also parent handouts written for parents to help them make informed decisions.
- Recommendation for asymptomatic COVID+ mothers for rooming in/having significant other present?
    - Per guidance from the AAP, if a mother chooses to room-in with her infant rather than be separated; or if the center does not have the capability of caring for the infant in a separate area, the infant should remain at least 6 feet from mother at all times, with breast milk feeding per the above recommendations. Placing the infant in an air temperature-controlled isolette rather than in a bassinette, or using a physical barrier such as a curtain between the mother and infant, may afford greater infant protection. If the mother also requests skin-to-skin contact with her infant, including direct breastfeeding, she should comply with strict preventive precautions, including the use of mask and meticulous breast and hand hygiene. Institutions could consider formal documentation of maternal decisions regarding the recommendations for separation.
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- Is there any evidence in IL's experience about benefit of mother/newborn separation with respect to preventing newborn infection?
    - The recommendation for separation come from the AAP (the document on 4/2/2020). The document also provides a pathway for shared decision making for mothers who do not want infant separation and insist that they room in. We are not aware of any reported academic studies discussing the benefits or risks of separation. We anticipate that data will continue to become more available.

- We do universal testing of our laboring moms and scheduled cases and we've been discussing testing dad/significant other as well but wanted to know what others were doing in regards to baby being discharged to a mom who is positive. Our dilemma here also is that in our area many of our families have many adults that live at home with them and we can't test everyone. We have to do the best we can. 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. Uninfected individuals >60 years of age and those with comorbid conditions should not provide care if possible

  Infants with negative SARS-CoV-2 molecular testing should optimally be discharged to the care of a designated healthy (non-infected) caregiver. If the mother is in the same household, she

should maintain a distance of at least 6 feet for as much of the time as possible, and when in closer proximity to the neonate should use a mask and hand hygiene for home newborn care 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 ≥24 hours apart. Other caregivers in the home who remain under observation for development of COVID19 should use standard procedural masks and hand hygiene when within 6 feet of the newborn until their status is resolved.