



Policy and Procedure

Policy Number:	Initial Approval Date:	Effective Date: 3/24/2020
Subject: Management Guidelines for Infants at NAH born to C19+/PUIs	Revised:	
	Reviewed:	
Department Head: Nida Hernaez, MD Susan Wucka, Nurse Manager	Retired:	
<input checked="" type="checkbox"/> Departmental Policy <input type="checkbox"/> Hospital-Wide Policy <input type="checkbox"/> Standard Operating Procedure		

<p>Purpose: To ensure the proper care of patients and safety of the clinical staff caring for infants born to C19+ women or those under investigation.</p> <p>Definition: Patient under investigation (PUI)- patient with suspected exposure or symptoms consistent with C19 (please refer to NAH policy regarding screening guidelines).</p> <p>I. Policy: Who this affects: ANY infant whose mother is either C19+ or considered a PUI but is otherwise able to receive OB care at NAH. Note, infants born to these mothers are also considered PUIs.</p> <p>1) the Peds team should ONLY be called to the delivery of C19+ or PUI if other indications warrant their expertise. Appropriate PPE should be worn to these deliveries and include N95 masks, face shields, gowns, gloves, and hair caps. This PPE is <u>encouraged</u> for all clinical personnel in attendance at C19+/PUI vaginal or CS deliveries but <u>required</u> for those individuals in charge of infant resuscitation and airway management¹. Note that only essential personnel will be allowed to participate in these deliveries, thereby limiting unnecessary provider exposure while preserving PPE for those whose roles are required for patient (both mother/baby) resuscitation/stabilization. Please refer to NAH PPE protocols when indicated.</p>
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2) if results of maternal C19 testing are positive or unknown at the time of delivery, the infant should be immediately separated from mother post-delivery.

- a) if ill or premature, infant should be transported in an isolette to an open, negative pressure operating room in L&D for further stabilization and transfer to Lurie Children's Hospital (transfer should be driven by need for higher level of care and not PUI status). Full PPE is required when caring for infant and should include N95 masks, face shields, gowns, gloves, and hair caps, particularly when placing infant on VT/CPAP or the ventilator (aerosolized procedures). No need to test infant for COVID19 prior to transfer.
- b) if well-appearing, infant should be transported in an isolette to the ICN (dedicated isolation area, room 541B) and admitted to the Peds hospitalist team to provide routine newborn care. One to one nursing is required, though staffing constraints may need to be taken into consideration. Appropriate PPE must be worn when caring for infant and should include N95 mask, face shield, gown and gloves. Bathing of infant should take place as soon as infant is clinically stable. Pumped breastmilk//formula per maternal preference. Only one banded and healthy visitor with face mask allowed in isolation area. Testing of infant is not warranted unless mother is confirmed positive and should be done at 24 hrs of life and then again at 48-72 hrs of life. Mother-infant dyad able to reunite only if maternal test comes back negative.
- c) if well-appearing infant has a change in clinical status, the Peds hospitalist will contact the on-call Neonatologist for clinical assessment/potential transfer to Lurie Children's Hospital.

3) discharge from the unit should be dependent on maternal status and mode of delivery, but anticipated length of stay should be 48-72 hrs if infant remains clinically stable. Discharge should be to either mother or other healthy appointed caregiver. Follow-up appointments should still be encouraged as usual within 1-2 days of discharge. Parents should be encouraged to contact their pediatrician's office for guidance about presenting to clinic, timing of appointment, and other considerations. Outside of those visits, shelter in place is recommended.

¹ please review resources/references section for current literature and support of recommendations (listed below)

II. **Attachments/Resources:**

<https://www.ncptt.nps.gov/blog/covid-19-basics-personal-protective-equipment-ppe/>

Videos for proper donning and doffing of PPE. Aside from the aerosol procedure itself, the doffing has the greatest potential for infecting someone. PLEASE BE METICULOUS.

Donning: <https://www.youtube.com/watch?v=Ez4Wfqqq0fc>

Doffing: <https://www.youtube.com/watch?v=U3dHGOHQB24>

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NMH/Prentice Women's Hospital Guide to PPE, March 2020

Scenario	NICU PPE	Notes
Vaginal Delivery for Asymptomatic Patient	Standard PPE: Surgical mask Goggles/Face shield Gloves	<ul style="list-style-type: none">PPE to be worn by all providers throughout entire delivery
Vaginal Delivery for PUI or COVID positive	N95 Goggles/Face shield Gown Gloves	<ul style="list-style-type: none">PPE to be worn by all providers throughout the entire deliveryMinimize number of providers presentIf no aerosol generating procedure, N95 should be reused/conserved per protocol
Cesarean for Asymptomatic Patient	Standard PPE: Surgical mask Goggles/Face Shield Gloves *if unanticipated maternal intubation occurs don a N95 mask	<ul style="list-style-type: none">PPE to be worn by all providers throughout entire procedureMinimize number of providers present
Cesarean for PUI or COVID positive	Single use N95 Goggles/Face shield Gown Double gloves	<ul style="list-style-type: none">PPE to be worn by all providers throughout entire procedureMinimize number of providers present
ANY Crash Cesarean	Single use N95 Goggles/Face Shield Gown Gloves	<ul style="list-style-type: none">PPE to be worn by all providers throughout the entire deliveryMinimize number of providers presentIf no aerosol generating procedure, N95 should be reused/conserved per protocol

III. **Persons Affected:**

Mother/babies, registered nurses, pediatricians, and neonatologists

IV. **Policy update schedule**

N/A

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Reference(s):

1. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pregnant-women-faq.html>
2. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>
3. <https://www.obgproject.com/2020/03/31/covid-19-ppe-and-second-stage-of-labor-current-us-guidance/>
4. Puopolo KM, Hudak M, Kimberlin DW, Cummings J. American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatal Perinatal. **INITIAL GUIDANCE: Management of Infants Born to Mothers with COVID-19 Date of Document: April 2, 2020** (<https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf>).

Signature of Approver:	Approver Name / Title
Approved by Policy Committee	Date:
Approved by Committee (Name):	Date: