



COVID-19 Strategies for OB & Neonatal Units

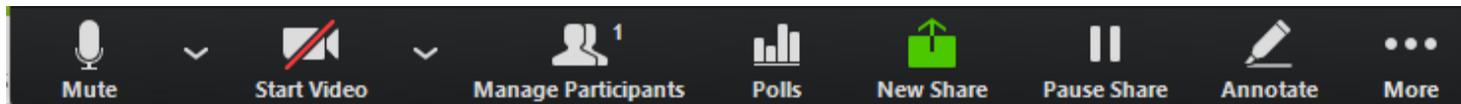
June 26, 2020

12:00 – 1:15pm

Welcome

Please **be certain you are on "mute"** when not speaking to avoid background noise.

Whether you have joined by phone or computer audio, you can mute and unmute yourself by clicking on the **microphone icon**.



The following shortcuts can also be used

For PC: Alt + A : Mute or Unmute

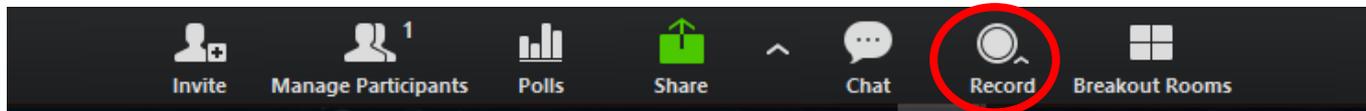
For Mac: Shift + Command + A: Mute or Unmute

For telephone: *6 : Mute or Unmute



zoom

Housekeeping: We Are Recording Now



Birth Equity Links



- **Please see the following links and publications for information that may help your organization consider next steps to take action to address birth equity and reduction of perinatal racial and ethnic disparities.**
- AIM: Reduction [of Peripartum Racial/Ethnic Disparities Patient Safety Bundle](#) (May 2018)
- ACOG: [Reduction of Peripartum Racial and Ethnic Disparities: a conceptual framework and maternal safety consensus bundle](#) (May 2018)
- ACOG Committee Opinion No. 729: [Importance of Social Determinants of Health and Cultural Awareness in the Delivery of Reproductive Health Care](#) (January 2018)
- SMFM: [Strategies to overcome racism's impact on pregnancy outcomes](#) (May 2020)
- SMFM: [Strategies to provide equitable care during COVID-19](#) (May 2020)
- ACOG: [Addressing Health Equity During the COVID-19 Pandemic](#) (May 2020)
- AAP: [Racial and Ethnic Disparities in the Health and Health Care of Children](#) (May 2013)
- AAP Policy Statement: [The impact of racism on child and adolescent health](#) (August 2019)

ILPQC Covid 19 webinars



- The strategies shared today are examples from individual institutions not IDPH or ILPQC recommendations.
- This is our 10th COVID-19 strategies for OB/Neonatal Units webinars in coordination with IDPH, Friday's at noon since April 3rd. Please see <https://ilpqc.org/covid-19-information/> for future webinar registration, prior recorded webinars and written out Q/A's from those webinars.
- The next webinar will be Friday, July 10. We will then to monthly webinars with the next Friday August 7.
- Please let us know if your hospital would like to share on an upcoming webinar, please put questions/comments into the chatbox or email directly to info@ilpqc.org

Overview



- **Introduction**
- **Discussion of OB Unit Strategies**
 - **Barbara Schuch, MSN, RNC-OB, C-EFM**
Director of Women & Newborn Services, Riverside Hospital, Kankakee
 - **Thomas Iannucci, MD** – Maternal Fetal Medicine, Chair Obstetrics and Gynecology Advocate Lutheran General Hospital, Park Ridge
 - **Emily Stinnett Miller, MD** – Maternal Fetal Medicine Northwestern University, Chicago
 - **Rob Abrams, MD** – Maternal Fetal Medicine, Southern Illinois University, Springfield
 - **Thaddeus (Ted) Waters, MD** - Maternal-Fetal Medicine, Rush University Medical Center
- **Discussion of Neonatal Unit Strategies**
 - **Malika Shah MD**, Neonatologist, Prentice Women's Hospital
 - **Michael Cappello, DO** – Neonatologist, Vice-Chair Advocate Children's Hospital
 - **Leslie Caldarelli, MD**, NICU Director, Prentice Women's Hospital, Chicago
 - **Justin Josephsen, MD**, Medical Director – St. Mary's Hospital NICU, Neonatologist Cardinal Glennon Children's Hospital, St. Louis

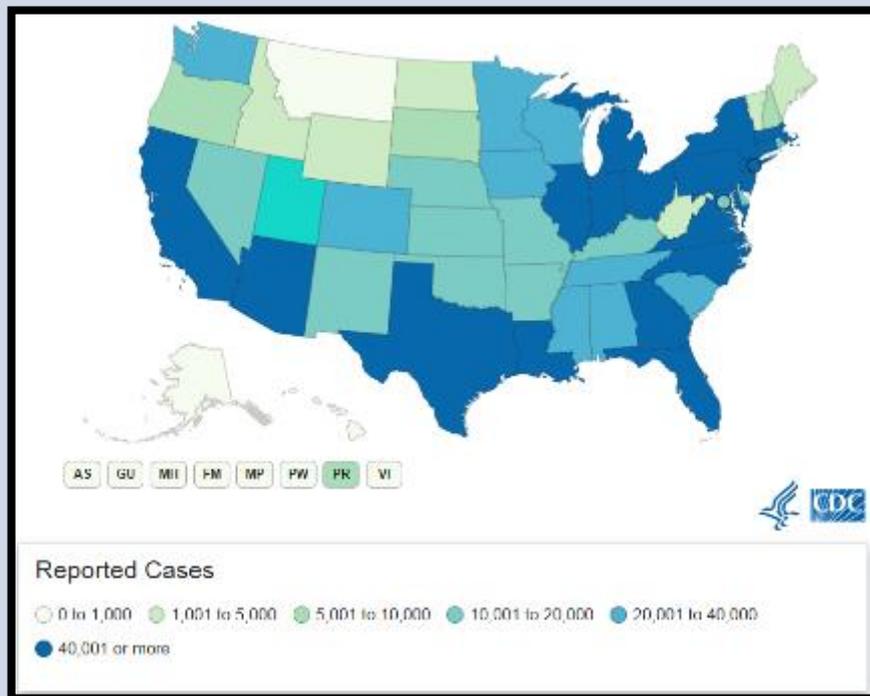
Data Update **June 25, 2020**

CDC/IDPH: COVID-19 Outbreak

CDC

<https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>

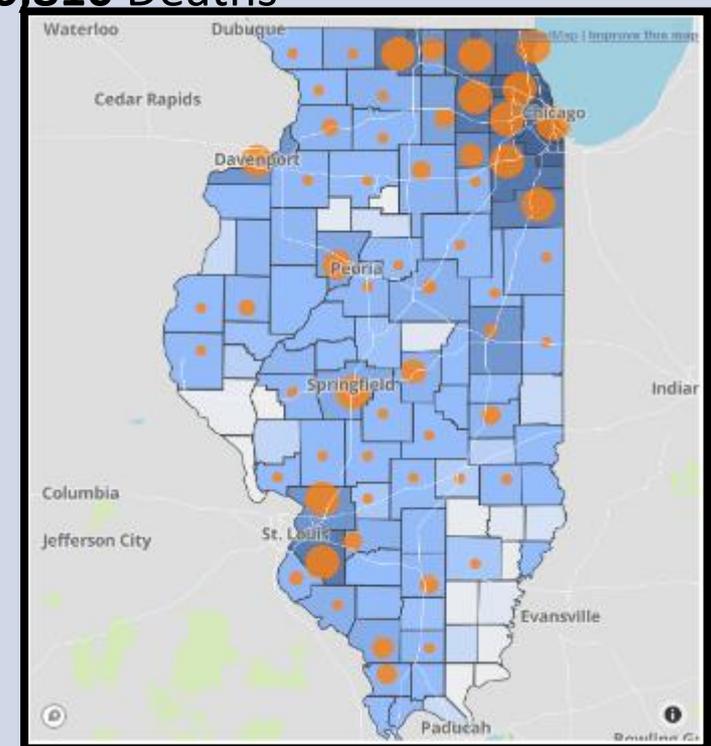
- Total cases: **2,374,282 confirmed**
- Total deaths: **121,809 confirmed**



IDPH

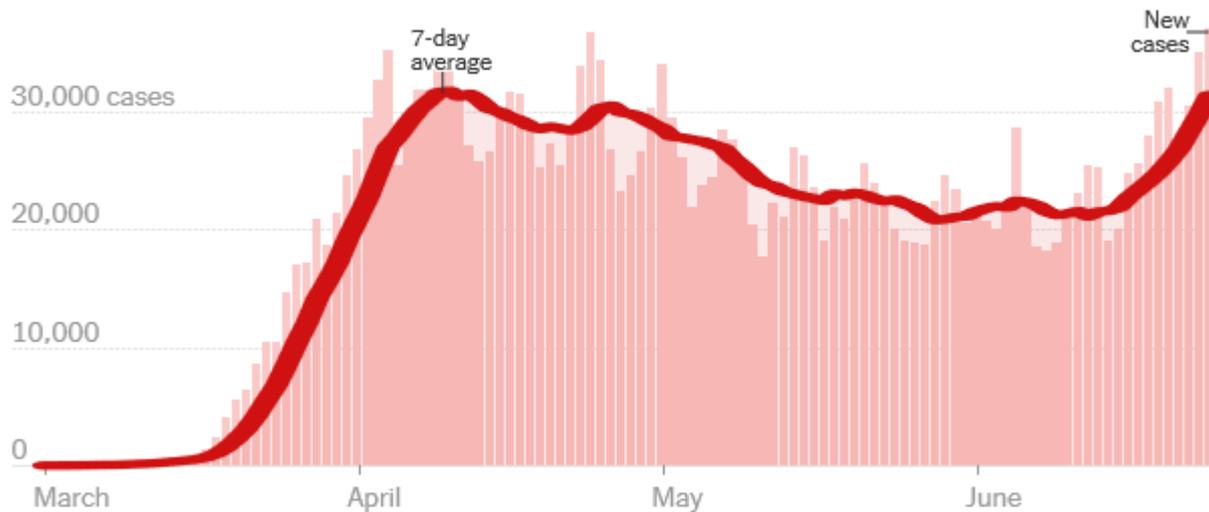
<https://www.dph.illinois.gov/covid19>

- **139,434** Confirmed Positive Cases
- **6,810** Deaths



US COVID case trend

New reported cases by day in the United States



Note: The seven-day average is the average of a day and the previous six days of data.

Data Update **June 25, 2020**

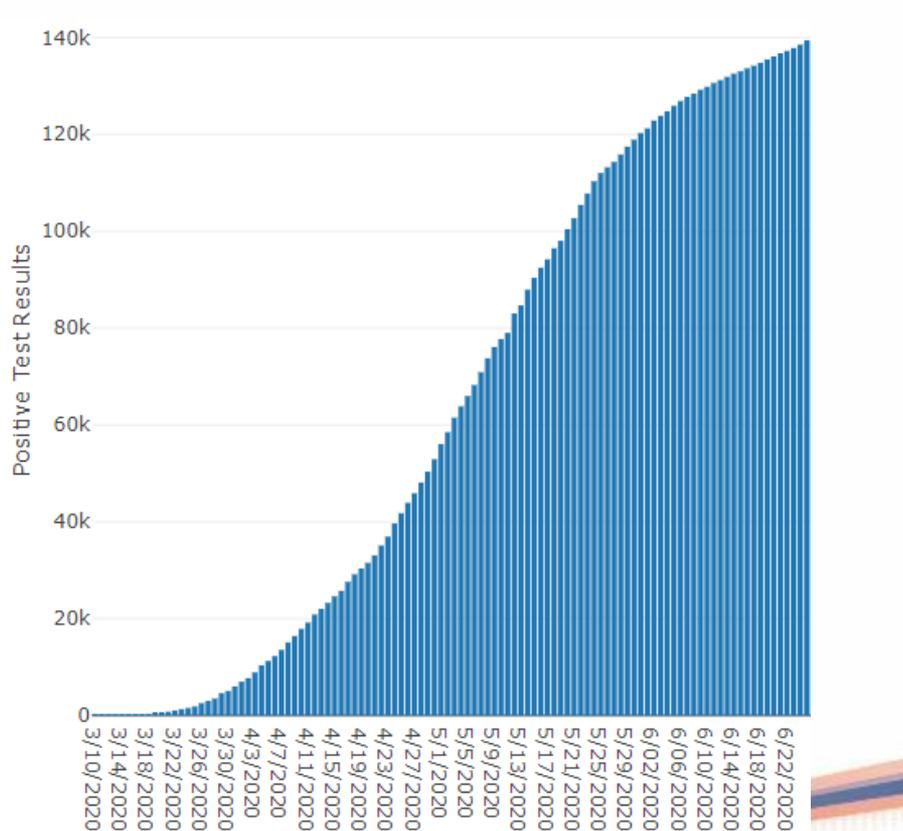
IDPH: COVID-19 Outbreak

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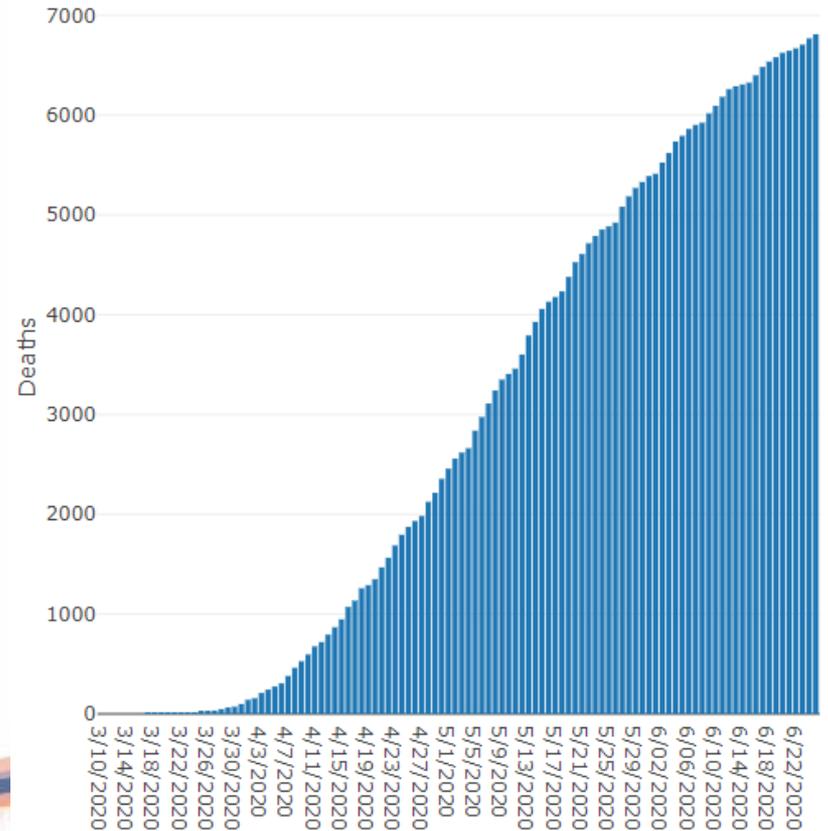
IL Positive Cases Over Time

Total: 139,434 Confirmed Positive Cases



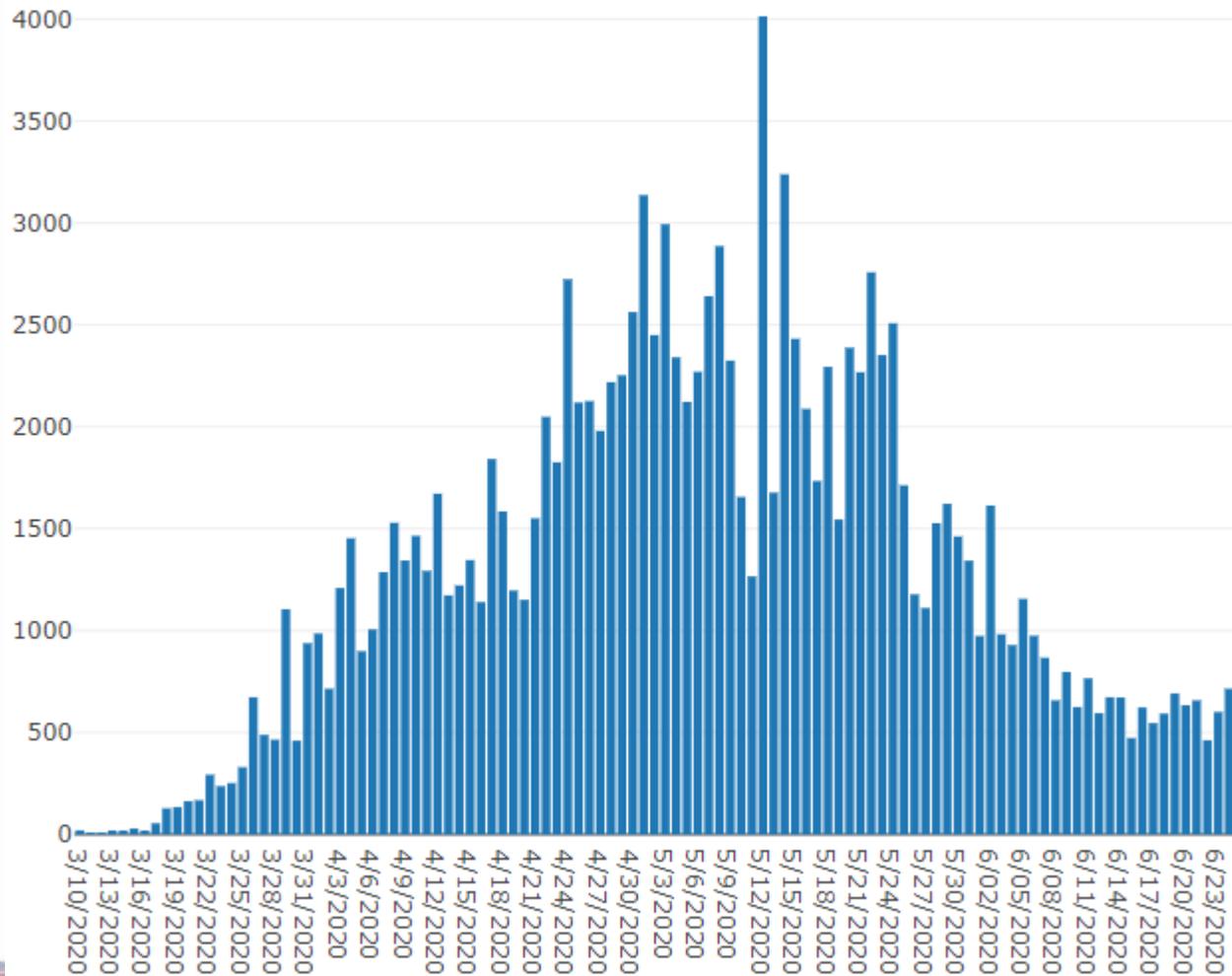
IL Deaths Over Time

Total: 6,810 Deaths



Illinois Daily Incidence

IDPH daily data summary



Data Update **June 25, 2020**

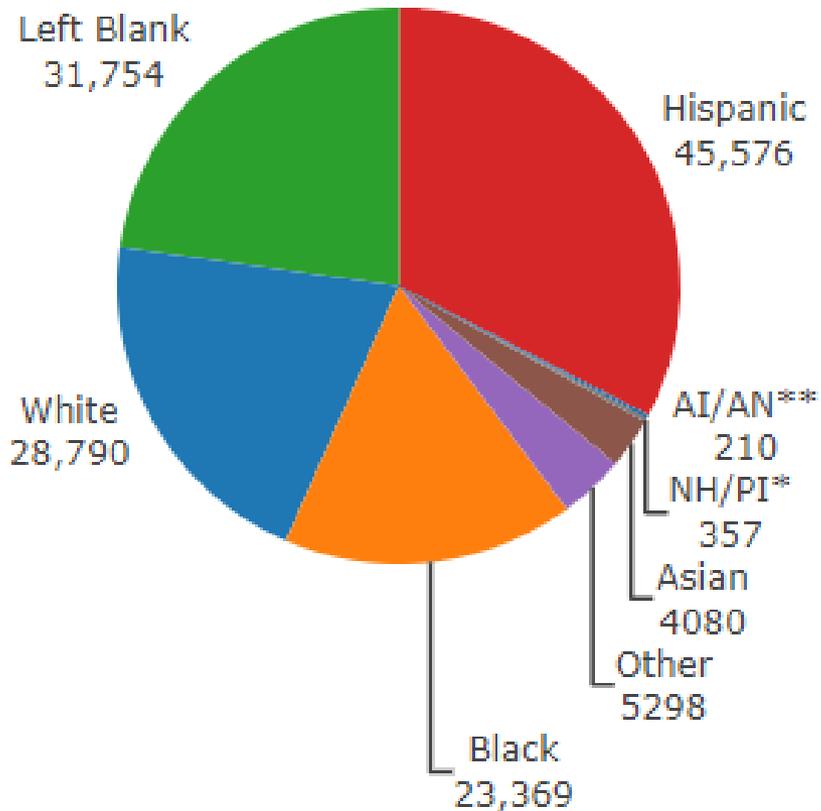
IDPH: COVID-19 Outbreak

Race Demographics

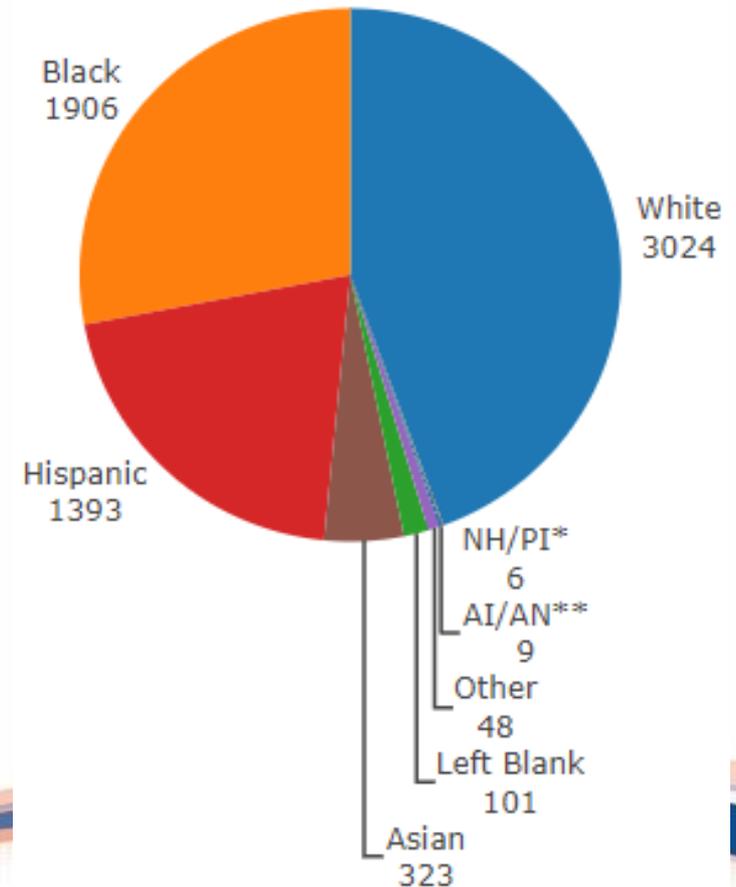
<https://www.dph.illinois.gov/covid19>



Confirmed Cases



Deaths



ILPQC COVID-19 Webpage

www.ilpqc.org



A screenshot of the ILPQC website's COVID-19 information page. The top navigation bar includes 'Home', 'About', 'Initiatives', 'News / COVID-19' (circled in red), and 'Contact'. The main heading is 'COVID-19 Information for ILPQC Hospital Teams'. The text below reads: 'Given these unprecedented times, we wanted to reach out and express our support to all of you on the front lines caring for patients and your concern for the health of our patients and for the health of each of you, your colleagues and families. We will continue to monitor national and state sources regarding the care of pregnant women and newborns during the COVID-19 crisis and will add to our monthly team webinars, we will also share COVID-19 information as it is available and hold a space for teams to share experiences as you are able. Our thoughts are with those affected and continue to be affected by this crisis. Please stay safe and healthy.' A 'Resources' section follows with links: 'Example COVID-19 Hospital Policies/Protocols/Resources', 'CDC Resources', 'ACOG, SMFM, and AJOG Resources', 'Perinatal Mental Health Resources', 'COVID-19 National Registries', and 'Relevant News Articles'. The first link is highlighted with a blue underline.

ILPQC posts national guidelines and OB & Neonatal COVID-19 example hospital protocols & resources
please note dates as guidelines are changing rapidly

<https://ilpqc.org/covid-19-information/>

IDPH / CDC Communications



- IDPH: [COVID-19 Elective Surgeries & Procedures](#) (4.24.2020)
- IDPH: [COVID-19 Considerations for Healthcare Providers in ANY Healthcare Setting](#) (4.26.2020)
- CDC: [Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19](#) (5.3.2020)
- IDPH: [Changes to Isolation Period for COVID-19 Cases](#) (5.7.2020)
- IDPH PAC: [Obstetrical & neonatal care during the COVID-19 pandemic](#) (5.14.2020)
- CDC: [Protect yourself and your family from COVID-19](#) (6.9.2020)
- CDC: [Pregnancy Data on COVID-19](#) (6.26.2020)
- CDC: [Characteristics of Women of Reproductive Age with Lab-Confirmed SARS-CoV-2 Infection by Pregnancy Status](#) (6.26.2020)

New Pregnancy Data from CDC



- During January 22–June 7, CDC received reports of 326,335 women of reproductive age (15–44 years) who had Covid positive tests. Data on pregnancy status were available for 91,412 (28.0%) women; among these, 8,207 (9.0%) were pregnant.
- **Among women with COVID-19, approximately one third (31.5%) of pregnant women were reported to have been hospitalized compared with 5.8% of nonpregnant women.**
- After adjusting for age, presence of underlying medical conditions, and race/ethnicity, pregnant women were significantly more likely to be admitted to the intensive care unit (ICU) (aRR = 1.5, 95% confidence interval [CI] = 1.2–1.8) and receive mechanical ventilation (aRR = 1.7, 95% CI = 1.2–2.4). Sixteen (0.2%) COVID-19–related deaths were reported among pregnant women aged 15–44 years, and 208 (0.2%) such deaths were reported among nonpregnant women (aRR = 0.9, 95% CI = 0.5–1.5).
- **Among women of reproductive age with COVID-19, pregnant women are more likely to be hospitalized and at increased risk for ICU admission and receipt of mechanical ventilation compared with nonpregnant women, but their risk for death is similar.**
- To reduce occurrence of severe illness from COVID-19, pregnant women should be counseled about the potential risk for severe illness from COVID-19, and measures to prevent infection with SARS-CoV-2 should be emphasized for pregnant women and their families.

Updated OB Resources



- **AJOG MFM: [Coronavirus Guidance](#)**
- ACOG: [Step-by-Step Guide: How Ob-Gyn Practices Can Access HHS Federal Relief Funds](#) (5.19.20)
- ACOG: [Practice Advisory: Novel Coronavirus 2019 \(COVID-19\)](#) (updated 5.19.2020)
- ACOG: [COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics](#) (updated 5.20.2020)
- SMFM: [Practical Guidance for Treating Pregnant Persons with COVID-19 in Resource Limited Settings: Early Lessons from the US Epidemic](#) (5.20.20)
- ACOG: [FAQs for Practices: Financial Relief Provisions in the Coronavirus Aid, Relief and Economics Security \(CARES\) Act](#) (updated 5.27.20)
- ACOG Ob-Gyn Practices Financial Relief Information (6.2020)
 - [Step-by-Step Guide: How Ob-gyn Practices Can Access HHS Federal Relief Funds](#)
 - [Advanced and Accelerated Insurance Payment Programs Available During COVID-19](#)
 - [Update: ACOG Continues to Work to Secure Financial Relief for Obstetrician-Gynecologists](#)
 - [Telehealth Policy Changes and A New Loan Program for Practices](#) (5.29.2020)
- ACOG: [ACOG Wins Private Insurers Extending COVID-19 Telehealth Policies](#) (6.17.2020)
- **SMFM: [Management Considerations for Pregnant Patients with COVID-19](#) (6.16.2020)**
- **SMFM & SOAP: [L&D COVID-19 Considerations](#) (6.16.2020)**
- **ACOG: [Statement on new CDC data COVID-19 and Pregnancy](#) (6.24.2020)**

Updated AAP Neonatal Guidance

- [AAP FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19 \(5.21.2020\)](#)
- **[Newborn Care \(5/21/20\)](#)**: Guidance for the care of infants whose mothers have suspected or confirmed COVID-19. Includes precautions for birth attendants, rooming-in, breastfeeding, testing, neonatal intensive care, visitation and hospital discharge.
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/faqs-management-of-infants-born-to-covid-19-mothers/>
- **[Newborn Screening During the COVID-19 Pandemic \(4/15/20\)](#)**: Guidance recommending that pediatricians continue to follow federal and state guidelines on newborn bloodspot screening, newborn hearing screening, and critical congenital heart disease screening.
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-newborn-screening-during-covid-19/>
- **[Breastfeeding Guidance Post Hospital Discharge for Mothers or Infants with Suspected or Confirmed SARS-Co V-2 Infection \(4/23/20\)](#)**: Guidance developed to support pediatricians providing direct care for breastfeeding families after discharge from the newborn hospital stay.
 - <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/breastfeeding-guidance-post-hospital-discharge/>

Updated OB/Neo Covid Publications



- **CDC MMWR:** [Characteristics of Women of Reproductive Age with Lab-Confirmed SARS-CoV-2 Infection by Pregnancy Status](#) (6.26.2020)
- **OBGYN:** [Pregnancy hypertension diagnosis and care in COVID -19 era and beyond](#) (6.7.2020)
- **NEJM:** [False Negative Tests for SARS-CoV-2 Infection — Challenges and Implications](#) (6.5.2020)
- **Lancet:** [Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis](#) (6.1.2020)
- **OBGYN:** [Prone Positioning for Pregnant Women With Hypoxemia Due to Coronavirus Disease 2019 \(COVID-19\)](#) (5.29.2020)
- **OBGYN:** [Prevention of thrombosis in pregnant women with suspected SARS-CoV -2 infection: clinical management algorithm](#) (5.25.2020)
- **AJOG:** [Universal testing of patients and their support persons for COVID-19 when presenting for admission to Labor and Delivery within the Mount Sinai Health System](#) (5.22.20)
- **AJCP:** [Placental pathology in COVID-19](#) (5.22.20)
- **AJOG MFM:** [Preeclampsia Treatment in SARS-CoV-2](#) (5.20.20)
- **OBGYN:** [Clinical Findings and Disease Severity in Hospitalized Pregnant Women With Coronavirus Disease 2019 \(COVID-19\)](#) (5.19.2020)
- **OBGYN:** [Testing of Patients and Support Persons for Coronavirus Disease 2019 \(COVID-19\) Infection Before Scheduled Deliveries](#) (5.19.2020)
- **AJOG MFM:** [Vertical transmission of COVID-19 SARS-CoV-2 RNA on the fetal side of the placenta in pregnancies with COVID-19 positive mothers and neonates at birth](#) (5.18.20)
- **OBGYN:** [A Postpartum Death Due to Coronavirus Disease 2019 \(COVID-19\) in the United States](#) (5.8.2020)
- **AJOG MFM:** [Detection of SARS-COV-2 in placental and fetal membrane samples](#) (5.8.20)
- **AJOG MFM:** [Clinical course of severe and critical COVID-19 in hospitalized pregnancies: a US cohort study](#) (5.8.20)
- **AJOG:** [False-Negative COVID-19 Testing: Considerations in Obstetrical Care](#) (4.28.2020)

Mental Health/Wellness

- ACOG: [Wellness in the Time of COVID-19](#) (6.2020)
- MCPAP for Moms: [Mental Health Care Package for Pregnant and Postpartum Women and Families](#) (5.20.2020)
- MCPAP for Moms: [Promoting Optimal Mental Health for Pregnant and Postpartum Women during COVID-19](#) (5.20.2020)
- MCPAP for Moms: [Taking Care of Yourself During COVID-19](#) (5.20.2020)

[Masks for MOMs](#) wants to get reusable cloth face masks to the moms and moms-to-be who need them in the Chicago-land area.

The aim is to ensure that pregnant moms from vulnerable communities have access to face masks at their prenatal visits and when they arrive at hospitals for delivery.

[Find out more & sign-up to volunteer at <https://bit.ly/masksforMOMs>](#)

MASKS FOR MOMS

HELPING MOMS &
BABIES STAY SAFE



DONATE CDC APPROVED HANDMADE MASKS FOR EXPECTANT MOMS IN THE CHICAGOLAND AREA.

GET INVOLVED: [BIT.LY/MASKSFORMOMS](https://bit.ly/masksformoms)

EMAIL INFO@BLACKGIRLSBREAKBREAD.ORG FOR MORE INFO.

DONORS SHOULD SPECIFY THE TYPE AND QUANTITY OF MASKS AND WHETHER THEY CAN BE DELIVERED OR PICKED UP, AND INCLUDE THEIR EMAIL ADDRESS AND PHONE NUMBER.

BLACK GIRLS
BREAK BREAD™

Every
Thrive
Illinois
Department of
Health & Human Services

IL PQC
Black Prenatal
Quality Collaborative

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I PROMOTE IL
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AND DISPARITY REDUCTION

UIC
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AND DISPARITY REDUCTION

IDPH
ILLINOIS DEPARTMENT OF HEALTH & HUMAN SERVICES

UIC

Center of Excellence in
Maternal and Child Health

AllianceChicago
connecting the dots to health

WEST SIDE UNITED: Building Blocks
to Better Health

DISCUSSION OF OB UNIT STRATEGIES

Riverside Hospital

University of Chicago Perinatal Network
Level II
341 bed hospital
1000 deliveries per year
Kankakee, IL
Kankakee County

Barbara Schuch, MSN, RNC-OB, C-EFM
Director of Women & Newborn Services



Case Study

COVID-19 positive patient

- **5/4/2020** Patient is a 21-year-old woman who is G2, P1 with EDC of 5/14 called the OB office with c/o COVID-19 symptoms since 5/2/2020. Office appt. was cancelled and outpatient COVID-19 testing was ordered.
 - Later that day patient called the answering service and spoke to her OB MD on call in regards to a headache that she developed and that she was coughing up phlegm. Her OB MD advised the patient to come to the ED if her headache did not go away and if her symptoms worsened. MD established that headache was not due to BP issue.
- **5/5/2020** The patient was called at home with a positive COVID-19 result. Stressed importance of self-quarantine, face covering (mask) & handwashing. Prenatal visit scheduled for 5/11/2020-will discuss induction of labor at that time.
- **5/6/2020** The patient came to the ED with increasing SOB. 39 weeks gestation following up with her OB MD on 5/11/20. No fever or chills, non-productive cough, no abdominal pain, nausea or vomiting. Chest x-ray performed. **Lung parenchyma: Fluffy perihilar interstitial infiltrates noted.**
- **5/8/2020** Telehealth visit-Pt. presents with sore throat, cough, shortness of breath and symptoms.
- **5/10/2020 1822** Pt. present to the ED with worsening SOB...chest x-ray repeated. O2 sats were less than 90% on room air; patient was started on Ceftriaxone, Clindamycin and Zithromax. T 98.4 °F, heart rate 130, respirations 20, blood pressure 115/83. Blood cultures were sent (neg). Throat swab for strep was done (neg). **Lung parenchyma: There are increasing patchy nodular airspace opacities bilaterally. Lung volumes are low.**
- **Anti-Infectives:**
 - Ceftriaxone 5/10-5/13
 - Clindamycin 5/10-5/12
 - Zithromax 5/10-5/11

Case Study cont'd

- **2140** Admitted to inpatient COVID-19 unit with worsening COVID-19 symptoms.
- D-dimer 1607, liver enzymes were elevated, sepsis score was 2.9
- **5/11/2020 @ 0211** Patient transferred to Labor & Delivery for Induction of Labor
 - SpO2 91-99% on 3L of oxygen per canula (was in mid-upper 80's prior to 02)
 - BP's 80/50 & 76/38 following labor epidural requiring meds and additional IV fluids
 - D-Dimer 1703 (patient placed on Lovenox prophylactically > and will be on until 6 weeks PP)
 - SGOT 320; SGPT 259; Alk Phos; 245 Bili 1.4;

1345 delivered baby with Apgar score of 8 and 9; ebl 300; nuchal cord x1
....postpartum recovery was normal

1741 transferred back to the COVID-19 unit and for the remainder of her postpartum course which was uneventful; sepsis score was 2.4

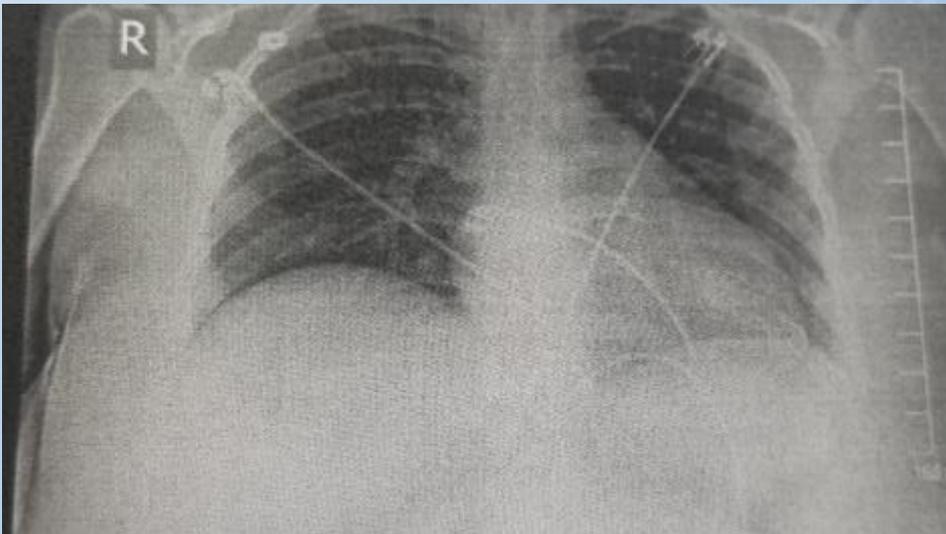
 - The newborn remained in the isolation room of the nursery, care provided by RN
 - Newborn COVID-19 tests were both normal prior to discharge

5/12/2020 Assessment by infectious disease

 - #COVID-19 PNA/Pneumonitis
 - #Low BP; BP is currently stable.
 - #Full term pregnancy-s/p normal SVD
 - #Hepatitis/transaminitis-likely secondary to COVID-19
 - sepsis score 1.1- **5/14/2020 @1250** Both Mom & newborn discharged home in good condition; newborn COVID-19 tests neg x2; family members taking care of baby at home until Mom has negative COVID-19 tests x2
 - Maternal COVID-19 >
 - **5/14+**
 - **5/18 indeterminate**
 - **5/20+**

Chest x-ray 5-4-20

- Lung parenchyma: Fluffy perihilar interstitial infiltrates noted



Chest x-ray 5-10-20

- Lung parenchyma: There are increasing patchy nodular airspace opacities bilaterally. Lung volumes are low.

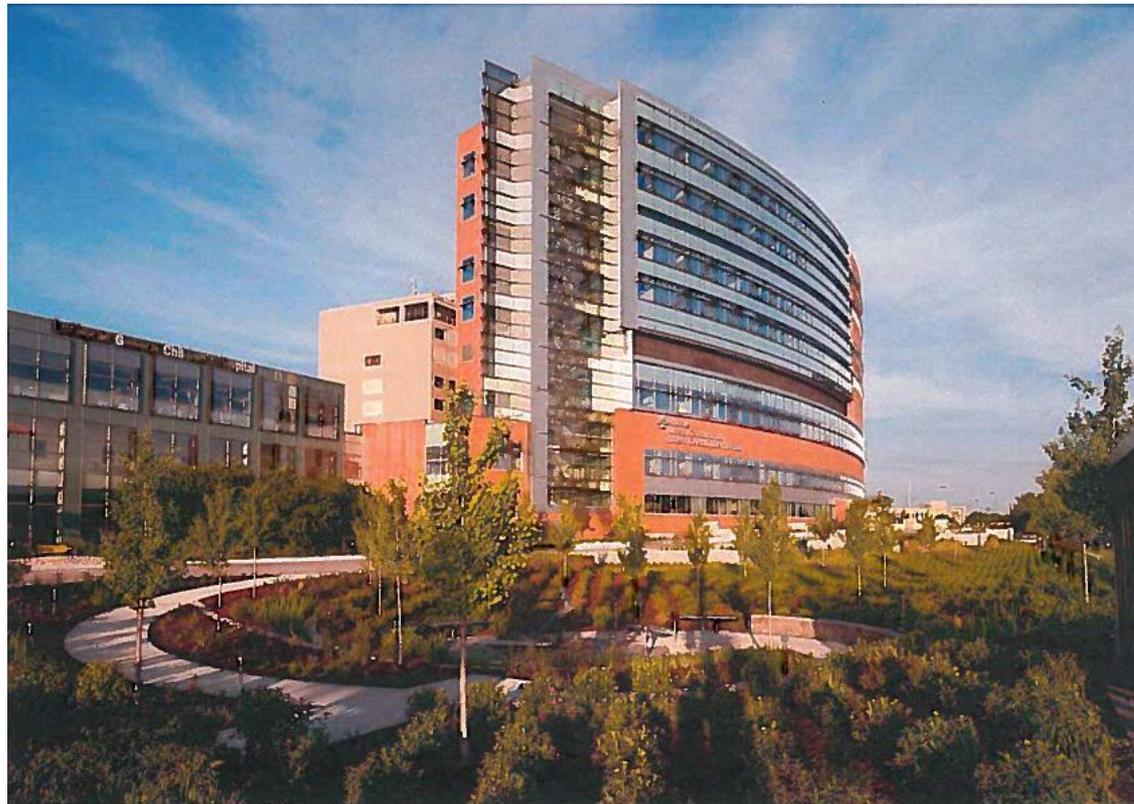


Lessons Learned

- Should patient have been induced earlier with mild symptoms on 5/5 when it was first learned she was COVID-19 positive?
- Issue of timing...when is the best time?



Advocate Lutheran General Hospital/ Advocate Children's Hospital- Park Ridge



Perinatal Level
3 in the UIC
Perinatal
Network

Center for
Fetal Care

Magnet
Hospital

Level 1
Trauma Center

3502 Women
delivered in
2019

552 NICU
Admissions
54 Licensed
NICU beds

Residency
Programs in :
OB , FM & Peds

Fellowship in
Neonatology

Maternal History

- 27 y/o, G4P3003
- Transferred PNC from FQHC to LGH Resident Clinic at 24 wks
- Hx- Mild, intermittent asthma; albuterol inhaler PRN
- 32 4/7 wks:
 - ER evaluation for SOB, cough- admitted to medicine for OBS
 - Improved, D/C'd Day 2 d/t- child care issues
- 32 6/7: Admitted to outside hospital w/ inc. SOB
 - Transport to LGH MFM
 - Observed in L&D, continued O2 2L NC, albuterol q6 hrs
 - Tachypnea- 26-32, O2 sats 97% 2L NC. BTMZ started.
 - Night of HD 2- continued Tachypnea inc.at times to 35-40

Maternal History

- HD#3- 33 2/7 weeks
- 0500 patient c/o increasing dyspnea, O2 sats 94%
 - NC O2 increased over next hour, then non-rebreather mask
 - RRT called
 - Intubation team called
 - Transfer to MICU
- Multidisciplinary Team Meeting- Decided to proceed w/delivery by C/S
 - GET used for C/S
 - Apgars- 8 at 1, 8 at 5
 - To MICU post Op

Maternal History

Post- Op

- Elevated BPs- requiring IV labetalol, MgSO4 started
- Stable over next day, decreasing O2 requirements
- Extubated POD 1, late AM
- D/C'd Home POD 7

Lessons Learned

- COVID 19 patients become very ill, very fast
- Plan for all contingencies, but there will be more
- Many patients have limitations to compliance with recommendations; Quarantine, family assistance
- Isolation of babies from COVID positive mothers has unforeseen consequences

OB Discussion Panel

- **Barbara Schuch, MSN, RNC-OB, C-EFM**
Director of Women & Newborn Services, Riverside Hospital,
Kankakee
- **Thomas Iannucci, MD** – Maternal Fetal Medicine, Chair Obstetrics
and Gynecology Advocate Lutheran General Hospital, Park Ridge
- **Emily Miller, MD** – Maternal-Fetal Medicine, Northwestern
University, Chicago, IL
- **Rob Abrams, MD**, Executive Director - SIU Center for Maternal - Fetal
Medicine, HSHS St. John's Hospital, Springfield
- **Thaddeus (Ted) Waters, MD** – Director Maternal-Fetal Medicine,
Rush University Medical Center

OB Questions/Discussion

- Questions from chat box
- Questions from registration

- Slides from 6.12.20 webinar [Slides](#)
- [OB Q&A](#) from 5.15.20 webinar
- [Q/A from 5.8.2020](#) webinar (OB answers)
- Q/A from 5.01.2020 – questions answered webcast
- [Q/A from 4.24.2020 webinar](#) ([OB answers](#))
- [Q/A from 4.17.2020 webinar](#)
- [Q/A from 4.10.2020 webinar](#)
- [Q/A from 4.3.2020 webinar](#)

DISCUSSION OF NEONATAL UNIT STRATEGIES

Neonatal Case Report



★ Designed by TownMapsUSA.com



Michael T. Cappello, DO
Vice Chairman

Advocate Children's Hospital – Park Ridge

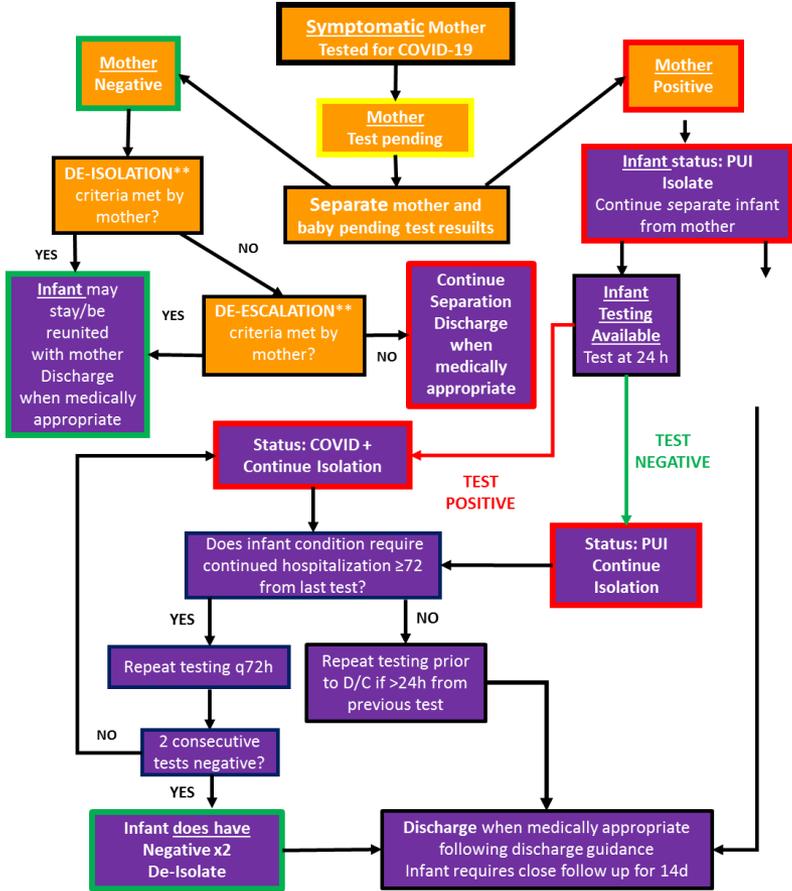
Birth History

- Date: 5/1/20
- 33 2/7weeks
- Birthweight 2390 grams
- C-section under general anesthesia secondary to maternal indication
 - COVID+ pneumonia on antibiotics and steroids with increased distress requiring mechanical ventilator support and candidate for remdesivir and tocilizumab
- Baby delivered → secondary apnea unresponsive to PPV and NRP
→ intubated with immediate positive respiratory response

Hospital Course

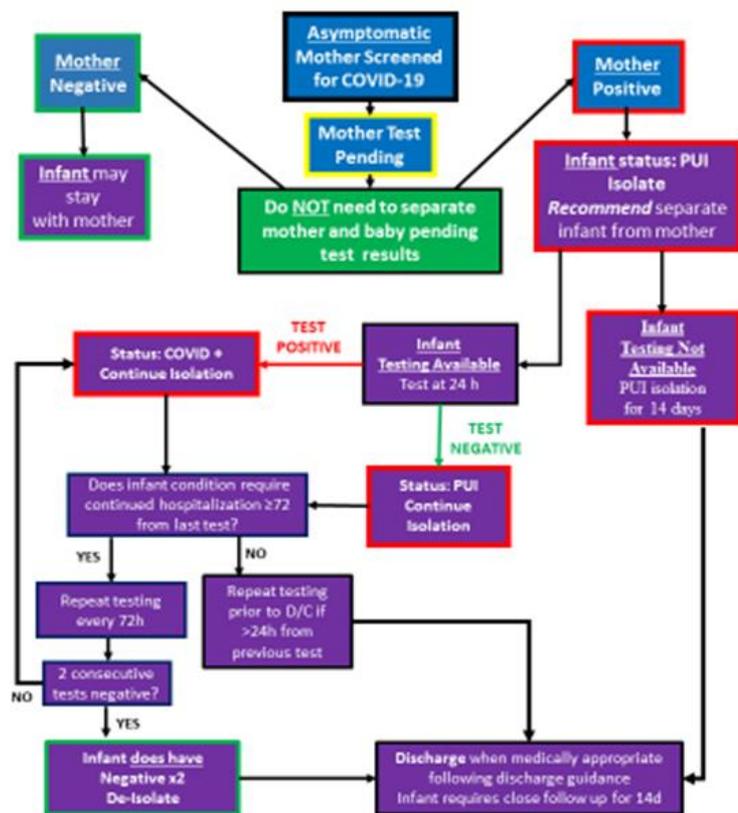
- **Respiratory**
 - Extubated (5/3) to RAM non-invasive support → HFNC 3L 21% (5/6) → Room air (5/9)
- **FEN**
 - IVF → NG feedings (5/2) → PO/NG (5/9) → PO ad lib demand (5/17)
- **Heme**
 - Phototherapy 5/6-5/7
 - No ABO incompatibility
- **ID**
 - Empiric 36-hour antibiotics completed
 - Maternal COVID +, asymptomatic without repeat test at time of baby's discharge home (5/19)
 - Paternal COVID –
 - Baby COVID tested at 24 and 72 hours of age – negative
 - Baby remained in negative pressure room isolation with appropriate PPE until second negative COVID test
- **Meds**
 - Vitamins
- **Discharge home with father 5/19**
 - Follow-up with primary pediatrics

SYMPTOMATIC Mother COVID Testing NICU and Well Newborn Workflow Guidance



*Refer to AAP FAQ for more information.
 American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatal Perinatal Medicine, and Committee on Infectious Diseases on April 2, 2020
 ** Follow De-escalation and De-Isolation Guideline

ASYMPTOMATIC Mother COVID Screening NICU and Well Newborn Workflow Guidance



*Refer to AAP FAQ for more information.
American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatal Perinatal Medicine, and
Committee on Infectious Diseases on April 2, 2020

** Follow De-escalation and De-isolation Guideline

Created by System/NICU and ADH P. Created 4/24/2020 Revised

Discussion Points/Lessons

- What is the optimal time for isolation of babies
- How frequent should neonatal testing for babies born to COVID positive mothers be done?
- Determining what is considered “symptomatic” in preterm infants

Useful links

<https://www.advocatehealth.com/covid-19-info/assets/documents/emergency-department-hospital/deisolation-asymptomatic.symptomatic.infant.4.24.20.pdf>

<https://www.advocatehealth.com/covid-19-info/assets/documents/emergency-department-hospital/infant-discharge-instructions-for-covid-positive-mothers.pdf>

- [COVID Scripting](#)
- [Symptomatic Mother COVID Testing NICU & Well Newborn Workflow Guidance \(4.24.2020\)](#)
- Infant [Discharge Instructions for COVID+ Mothers \(6.8.2020\)](#)

Guidance for the Discharge and Initial Outpatient Care of COVID Positive Babies and Those Born to COVID positive mothers

Hospital Discharge Guidance

NOTIFY OP HEALTHCARE PROVIDER OF DISCHARGE OF INFANT

IF Positive test results:

- If an infant tests positive for COVID-19 but does not display symptoms, plan for frequent outpatient follow-up (phone, telemedicine or in-office) through 14 days after birth. Follow precautions to prevent household spread from infant to caregivers.

IF Negative test results

- Discharge the infant, ideally, to the care of a designated healthy caregiver.
- Mother should maintain a 6-foot distance when possible and use a mask and hand hygiene when directly caring for the infant until either
 - she has been afebrile for 72 hours without use of antipyretics and
 - at least ten days have passed since her symptoms first appeared; or she has negative results from a COVID-19 test from at least two consecutive specimens collected 24 or more hours apart **

Hospital Discharge Guidance

NOTIFY OP HEALTHCARE PROVIDER OF DISCHARGE OF INFANT

IF Negative test results

- Other caregivers in the home who are persons under investigation (PUIs) for COVID-19 should use standard procedural masks and hand hygiene when they are within 6 feet of the newborn until their own status is resolved.
- Education should be provided to all caregivers and include written as well as verbal education in person, via telephone or virtually. Use interpreter services when appropriate.

IF Infant cannot be tested

- Treat infant as if positive for the virus for the 14-day observation period. The mother should continue to maintain precautions until she meets the criteria for non-infectivity.**

Office Visit Guidance

- Pediatricians may choose to only conduct well visits for newborns, as well as for infants and younger children who require immunizations. Well visits for those in middle childhood and adolescence may be rescheduled at a later date.
- Pediatricians may choose to limit well visits to early morning while reserving the remainder of the day for sick visits.
 - COVID positive patients would ideally be seen at the end of the day with the last appointment(s).
- Pediatricians are encouraged to dedicate specific rooms for sick visits and well visits; or for those with multiple practice sites to consider using one office location to see all well visits (staffed by those in higher risk categories).
 - Exam rooms for COVID positive patients should have a minimum amount of equipment present to reduce the amount of potential exposed surfaces and need for additional cleaning.
 - Exam room should not be used afterward for a minimum time period in accordance with COVID guidelines.
- For any office visit, ask that the child be accompanied by only one adult caregiver who is not ill and restrict bringing other children whenever possible.
- Inform the family in advance that the caregiver should wear a mask appropriately covering the nose and mouth completely at all times.
- Assume baby and caregiver are infected and use universal precautions (full PPE for all staff exposed to baby)*

Office Visit Guidance

- Patient should be IMMEDIATELY ROOMED
 - Family should be instructed to call front desk staff upon arrival to register
 - Front desk staff will advise family how/when they will be contacted to enter the office
- Minimize the staff exposure
 - Consider specific staff members assigned to care of COVID positive babies
 - Consider physician triage and examine baby to minimize staff exposure

*AAH COVID-19 information Center for Team Members and Physicians Outpatient clinical pathway (IL/WI)

**Symptom-Based to Discontinue Isolation for Persons with COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

Neonatal Discussion Panel



- **Malika Shah MD**, Neonatologist, Prentice Women's Hospital
- **Michael Cappello, DO** – Neonatologist, Vice-Chair Advocate Children's Hospital
- **Leslie Caldarelli, MD**, NICU Director, Prentice Women's Hospital, Chicago
- **Justin Josephsen, MD**, Medical Director – St. Mary's Hospital NICU, Neonatologist Cardinal Glennon Children's Hospital, St. Louis

Neonatal Questions/Discussion

- Questions from chat box
- Questions from meeting registration
- [Slides](#) from 6.12.20 webinar
- [Slides](#) from 5.29.20 webinar
- [Neonatal Q&A](#) from 5.15.20 webinar
- [Q/A from 5.8.2020](#)
- Q/A from 5.01.2020 – questions answered webcast
- Q/A from 4.24.2020 webinar ([Neonatal Answers](#))
- Q/A from [4.17.2020](#) webinar
- [Q/A from 4.10.2020 webinar](#)
- [Q/A from 4.3.2020 webinar](#)

Illinois Perinatal Hospital COVID-19 Survey Results

Hospitals reported Covid topics for
discussion

Suggested Topics for Future ILPQC Webinars

- Care of COVID+ patients
 - *Examples:* care before delivery, care during cesarean, care for recovered patients
- Testing
 - *Examples:* antibody tests, retesting for recovered COVID+ patients
- Prophylactic anti-coagulation for COVID+ pregnant patients
- Discharge planning for COVID+ women
- Mother-infant separation policies (*what is best?*)
- Pediatric multi-inflammatory syndrome
- Continue case studies and hospital sharing!
- Information specific for low-resource and/or rural hospitals

Comments & Concerns Related to Obstetric Care

- Universal testing
 - Testing capacity & supplies
- Anti-coagulation
- Support persons policies (e.g., allow doula as “extra”?)
- Separation of mother and infant
- PPE guidelines
- Isolation & lack of negative-pressure rooms
- Pre-eclampsia and COVID-19

Comments & Concerns Related to Neonatal Care

- Separation of mother and infant
- Discharge planning when mom is COVID+
- Breastfeeding
- Well Baby Care

Thank You

- We continue to give thanks to the nurses, doctors, health care workers, public health teams and others across our state at work confronting the COVID-19 pandemic.
- Please send questions, comments and recommendations, cases / willingness to share for future COVID-19 OB/Neo discussion webinars to info@ilpqc.org
- Recording of this webinar, Q/A and registration for the next webinar on Friday, 7/10/20 will be available at www.ilpqc.org



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Family Foundation

Email info@ilpqc.org or visit us at www.ilpqc.org