

Newborn Covid-19 Workflow

DRAFT: last updated 4/10/20

Scope: applies to all deliveries when mom is Covid-19 positive or is a PUI according to standard criteria

Definitions: droplet/contact PPE = standard mask, gown, gloves, eye protection

Airborne/droplet/contact PPE = N95 mask or PAPR, gown, gloves, eye protection

Deliveries:

- L&D charge RN notifies ISCU charge RN and ISCU attending/fellow as soon as case is identified
- ISCU attending or fellow will conduct prenatal consultation via phone explaining expected postnatal management. **For cases in which ISCU admission is not expected based on gestational age or fetal concerns**, physician will engage in shared decision-making with mom regarding separation of mom and baby at birth (recommended) versus keeping mom and baby together (acceptable following informed discussion and provided that the infant remains stable following delivery).
- ISCU physician will communicate the agreed-upon postnatal management plan to the ISCU and L&D staff
- When ISCU admission requiring respiratory support is anticipated, turn on negative airflow in room 1632A or 1632B prior to arrival
- Scenario 1a: vaginal delivery or routine C-section (primary or repeat) at term with no perinatal complications, **mom and baby to be separated at birth**
 - Personnel attending delivery: ISCU RN (1)
 - Take designated Covid code bag
 - Personnel don airborne/droplet/contact PPE prior to entering room as per standard protocol
 - Bring isolette
 - Admitting ISCU RN performs role of baby nurse during delivery
 - Do not give vitamin K and eye ointment in L&D (defer until after bath)
 - Charge ISCU RN is notified when ready to bring baby to ISCU
 - Admitting ISCU RN wipes down the isolette with disinfecting wipe prior to leaving delivery room
 - Charge ISCU RN dons airborne/droplet/contact PPE, then receives baby in isolette
 - Charge ISCU RN wipes down isolette with disinfecting wipe again outside room
 - Charge ISCU RN transports baby to ISCU
 - Admitting ISCU RN will admit baby to room 1630 in ISCU
- Scenario 1b: vaginal delivery or routine C-section (primary or repeat) at term with no perinatal complications, **mom and baby to remain together after birth**
 - ISCU personnel do not need to attend delivery or be involved in care
 - Baby nurse in L&D will provide infant care and monitoring in the delivery room until infant is ready for transfer to postpartum room
 - Do not give vitamin K and eye ointment in L&D (defer until after bath)
 - Admitting nurse from postpartum floor dons airborne/droplet/contact PPE and brings isolette to L&D

- Baby nurse places baby in isolette, wipes down isolette with disinfecting wipe, and transfers isolette to admitting nurse
- Admitting nurse wipes down transport isolette with disinfecting wipe again outside room
- Admitting nurse transports baby in isolette to postpartum room and admits the baby in the postpartum room
- Scenario 2: vaginal delivery or C-section at term with perinatal complications that may require newborn resuscitation
 - Personnel attending delivery: ISCU RN (1-2 depending on circumstances) and attending neonatologist or fellow (residents will not attend these deliveries)
 - Take designated Covid code bag
 - Personnel should wear airborne/droplet/contact PPE
 - After infant is stabilized, remainder of workflow as in scenario 1a or 1b depending on decision reached regarding mom-infant separation
- Scenario 3: vaginal or C-section delivery of preterm infant (<35 weeks) or any delivery where ISCU admission is anticipated due to known fetal concerns
 - Personnel attending delivery: ISCU RN (2) or 1 RN and 1 RT, and attending neonatologist or fellow (no residents)
 - Airborne/droplet/contact PPE should be worn
 - Giraffe bed is prepped in ISCU, brought to L&D and left outside patient room (vaginal deliveries) or is brought into OR anteroom prior to mom entering (C-sections)
 - L&D RN brings bed into room (vaginal deliveries)
 - For C-sections, resuscitation should be carried out in anteroom
 - Admitting team transports baby to ISCU as in scenario 1a
 - Infants requiring any respiratory support are admitted to a negative airflow (isolation) room
- All personnel transporting infant should don clean gloves and gown whenever possible
- Clean transporter one hour after use with antiseptic wipes once in patient care area, second cleaning in ante-area, bring to dirty utility room for final cleaning.

Newborn care:

- Normal term newborns, mom and baby separated
 - Admitted to ISCU room 1630, as census allows.
 - Should be bathed as soon as possible after birth
 - Administer Vitamin K and Erythromycin after bath
 - Cared for using airborne/droplet/contact PPE
 - Placed in isolette throughout stay
 - Neonatologist will act as newborn attending
 - Admitting ISCU RN will activate Newborn Order set and follows Newborn Nursery workflow
 - No visitors (mom or partner) allowed in ISCU
 - See Obstetrics L&D workflow for breastfeeding guidelines

- Can be discharged according to standard criteria following testing (see below)
- Normal term newborns, mom and baby remain together
 - Baby admitted and cared for exclusively in postpartum room
 - Placed in isolette throughout stay
 - Maintain maximal distance between mom and baby, ideally at least 6 feet
 - Should be bathed as soon as possible after birth
 - Administer Vitamin K and Erythromycin after bath
 - Cared for using airborne/droplet/contact PPE
 - Pediatric hospitalist will act as newborn attending
 - Visitors limited to maternal support person as per Obstetrics L&D workflow
 - See Obstetrics L&D workflow for breastfeeding guidelines
 - Can be discharged according to standard criteria following testing (see below)
- Newborns requiring respiratory support (HFNC, nasal CPAP, nIMV or ventilation)
 - Must be admitted to ISCU isolation room
 - Should be cared for in closed isolette
 - Cared for using airborne/droplet/contact PPE
 - Seen only by attending neonatologist or fellow
- Newborns requiring intensive care but no respiratory support
 - Admitted to ISCU isolation room (if available) or to dedicated room in ISCU
 - Cared for using airborne/droplet/contact PPE
 - Seen only by attending neonatologist or fellow
- Testing
 - All exposed newborns will require testing. First test around 24 hours of age. Repeat at around 48 hours of age unless the infant has been discharged home.
 - Use one swab to sample first the throat and then the nasopharynx.
- Discharge and follow-up
 - Infants can be discharged when medically ready
 - Infants positive for Covid-19 but who are asymptomatic can be discharged on a case by case basis with parent education for appropriate precautions at home and a plan for close follow-up with the primary care physician through 14 days after birth
 - Infants with testing negative for Covid-19 should be discharged to the care of a non-infected caregiver. If mom remains in the same household, appropriate precautions should be taken as per CDC guidelines