

COVID-19 Preparedness:

SSM Health and SLUCare Neonatology and Newborn Guidelines



Purpose:

These guidelines are based on current CDC guidelines, initial guidance by the American Academy of Pediatrics, guidance of the Royal College of Pediatrics and Child Health with input from SLUCare neonatology, SSM Health Wisconsin Region, SSM Health Cardinal Glennon Pediatrics. **They are subject to change as recommendations change and are being routinely revised weekly.**

Guidelines:

Delivery attendance for mother with confirmed COVID-19 infection or PUI:

1. Limit personnel to those needed to resuscitate a baby.
2. Newborn advanced providers should attend deliveries based on normal policies; maternal COVID-19 alone is not an indication to do so.
 - a. For resuscitations needing an advanced provider, please limit to those needed. For example:
 - i. A meconium delivery will likely require only an NRP trained nurse and one advanced provider (who can potentially be outside the room on standby)
 - ii. A high-risk delivery (extreme prematurity, OB STAT, etc.) will likely require an NRP trained nurse, at least one advanced provider, and potentially additional personnel who should be in the room in proper PPE.
 - b. For lower risk deliveries and for ALL low-risk deliveries expected to expend PPE (such as scheduled caesarian deliveries or those for failure to progress), consider having the advanced provider standby prepared to don high droplet exposure level of protection (respirator, gloves, isolation gowns and goggles/face shield).
3. Limit the equipment brought into the room to only what is expected to be needed. Additional equipment can remain outside the room to be brought in if needed.
4. Delayed cord clamping should be conducted per standard practice
5. Transport baby using moderate droplet exposure level of protection (surgical mask, gloves, isolation gown & goggles/face shield) to the NICU, SCN, private room, or COVID-19 cohorted area. Transporting baby in a closed incubator is strongly recommended and mandatory if on respiratory support.
6. Personnel present, equipment needed in the room, and transport of baby should be discussed in a team huddle prior to delivery (See attachment A)

Provider PPE for delivery of mothers with confirmed COVID-19 infection or PUI:

1. All persons in the room should use high droplet exposure level of protection (respirator, gloves, isolation gown & eye protection) during the delivery and infant stabilization and until the time safe for reentry without needing a high droplet exposure level of protection determined by the Plant Ops for the specific room.
2. If PPV is delivered, utilize an inline HEPA filter appropriate for neonates (if available).
3. PPE to be donned and precautions taken should be discussed in a team huddle prior to delivery.

For infants admitted to a NICU or Special Care Nursery:

1. Negative pressure rooms are ideal after admission, but if not available, use a single patient room with the door closed, and use moderate droplet exposure level of protection (surgical mask, gloves, isolation gowns & eye protection) if there is no aerosolization risk.
2. All infants should be placed inside closed incubators.

3. If an aerosolizing procedure occurs (intubation, open suctioning, CPAP or high-flow humidified nasal cannula oxygen (>2L/min flow) in the room, all persons in the room should use high droplet exposure level of protection (respirator, gloves, isolation gown & eye protection) during the procedure and until the time safe for reentry with low/moderate droplet exposure level of protection determined by the Plant Ops for the specific room.
4. Breast milk pumping using a surgical mask and hand and breast hygiene by the mother is encouraged.
5. Because visitor policies may prevent discharged mothers who are COVID-19 positive or their close contacts from visiting the hospital, each ministry needs to have a process where breast milk can be collected by staff at the hospital entrance and delivered to the infant's room.

Regarding testing, isolation and feeding for patients with suspected or confirmed maternal COVID-19 infection:

1. Testing should be done at 24 hours of age and repeated at day 2-5 of age depending on turnaround time. For asymptomatic patients, it may be reasonable to not perform testing if testing availability is restricted. Isolation and precautions should continue until infant has had two consecutive negative tests.
2. If testing is not performed, isolation and precautions should continue until patient is 14 days of age.
3. It does not appear that infants born to women with COVID-19 infection are at increased risk for severe morbidity or mortality. Transmission after birth via contact with infectious respiratory secretions is a concern.
- 4. Infants born to COVID-19+ mothers are considered PUIs.**
5. Newborns should be bathed as soon as reasonably possible after birth to remove virus potentially present on skin surfaces.
6. Mothers should be presented with the option of selecting a “least risk” or a “reduced risk” approach to post-delivery isolation. This should ideally occur prior to delivery. (See attachment B).
 - a. For mothers choosing a “least risk” approach, the baby should be cared for in an isolation-capable room by a healthy caregiver using low droplet exposure level of protection (surgical mask and gloves). If no healthy caregiver is available to care for the baby in an isolation capable room, the baby should be cared for in a single room or cohorted area with multiple PUI infants with staff using moderate droplet level of protection (surgical mask, gloves, isolation gown, & eye protection).
 - b. For mothers choosing a “reduced risk” approach, the uncertainty of risk of viral transmission to baby should be discussed. If she chooses to proceed, colocation (sometimes referred to as “rooming in”) of the newborn with COVID-19 positive or PUI mother in the same hospital room may occur. For mothers choosing a “reduced risk” approach, the infant should be cared for at least 6 feet away from the mother by a healthy caregiver (another family member or nurse). Infant should be placed in a closed incubator or a curtain or another barrier should be placed between the mother and infant, if feasible. The caregivers should use low droplet exposure level of protection (surgical mask and gloves). If the mother is unable to care for the baby and there is no other healthy caregiver, the baby should be cared for using the “least risk” approach described above.
7. **Breastfeeding:** Mothers should be presented with the option of selecting a “least risk” or a “reduced risk” approach to breastfeeding. This should ideally occur prior to delivery
 - a. Mothers choosing a “least risk” approach during temporary separation who intend to breastfeed should be taught and encouraged to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand and breast hygiene. This expressed breast milk should be fed to the newborn by a healthy caregiver.
 - b. For mothers choosing a reduced risk approach, the uncertainty of risk of viral transmission to baby should be discussed. If the newborn is rooming-in and the mother still wishes to directly breastfeed, she should wear a surgical mask and practice hand and breast hygiene before each feeding.
8. If a mother is a PUI with symptoms suspicious for COVID-19, the infant should be cared for 6 feet away from the mother by a healthy caregiver as described above using a “reduced risk” approach to

isolation until / results are back. This should be done in conjunction with local newborn medical leadership, with consultation with infection prevention, as appropriate. This decision could be made prior to delivery, if time allows.

9. If mother is a PUI or COVID-19 positive, maternal isolation may be discontinued by fulfilling the following criteria:
 - a. Fever free (<100.0F) for >72 hours without taking medications for purpose of treating a fever, **AND** respiratory symptoms are improving, **AND** at least 7 days after onset of symptoms (whichever occurs last).
 - b. Given the risk of prolonged shedding, it is recommended that the mother and her close contacts don a mask (surgical) when handling infant until 14 days after onset of symptoms.

Regarding newborn discharge:

1. Infants can be discharged home when clinically indicated (even if maternal testing is pending or positive). An asymptomatic, healthy term newborn, therefore, can be discharged with normal discharge timing and cared for by a healthy caregiver until maternal isolation is ended.
2. For untested infants, those with pending testing results, or who test negative for the virus that causes COVID-19 discharge caretakers should take steps to reduce the risk of transmission to the infant following the guidance on the discharge handout “If Your Doctors Suspect You Have Coronavirus (COVID-19)” (see attachment C) based on the CDC [Interim Guidance for Preventing Spread of Coronavirus Disease 2019 \(COVID-19\) in Homes and Residential Communities](#).
3. In addition to normal discharge teaching, this information should be reviewed mother and the well caregiver including a minimum of 6 feet of separation between mother and baby until maternal isolation is ended as explained in #9 in previous section. Wearing a surgical mask for 14 days from onset of symptoms is recommended.
4. It is critical when discharging a newborn with positive test results, untested, or with test results pending that direct contact be made between the hospital infant care provider and the primary care provider to assure that they are prepared to assume care. The newborn may be discharged home only if appropriate precautions and plans for frequent outpatient follow-up contacts (either by phone, telemedicine, or in-office) through 14 days after birth are assured.
5. For infants who are positive or untested, all routine newborn care including hearing screening and circumcision (if requested) should be done with moderate droplet exposure level of protection (surgical mask, gloves, isolation gown, and eye protection).
6. Uninfected individuals >60 years of age or with comorbid conditions should not provide care if possible.

Visitation policy for SCN/NICU:

1. For all infants, both parents (or one person plus mother) are allowed to visit for 3 days after delivery. After that it is one pre-identified individual. Exceptions can be made at the discretion of the nursing leadership/medical provider under extenuating circumstances (e.g. mental health/capacity of the mother). A process should be developed at each ministry.
2. For infants of PUI or COVID-19+ mother, it is unclear how long COVID-19+ mothers shed the virus after becoming asymptomatic. They should be allowed to visit as explained in #9 in previous section wearing a surgical mask for 14 days from onset of symptoms. Guidance should be sought from infection prevention.
3. Some hospitals allow mothers to remain under “self-care” or “boarding” following discharge if their baby is in SCN/NICU. They should be screened daily before entering the NICU like all visitors.

References:

Puopolo, K. M., Hudak, M. L., Kimberlin, D. W., & Cummings, J. (2020). Initial Guidance: Management of Infants Born to Mothers with COVID-19 Dated April 2,2020. *American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatal Perinatal Medicine, and Committee on Infectious Diseases*. Retrieved from https://downloads.aap.org/AAP/PDF/COVID_19_Initial_Newborn_Guidance.pdf

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

Pregnancy and Breastfeeding FAQs. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

Caring for someone at home. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>

Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>