

## COVID-19 NICU Delivery Room

### **Guideline: Delivery & Admission Logistics for a Neonate Born to a Woman who is COVID-19 (+) or a PUI**

Recommendations are changing frequently and these guidelines may not reflect the most recent information available. In some cases, clinical judgement may warrant additional considerations.

#### **Population:**

Infants born to a mother who is known to be COVID-19 positive or a person under investigation (PUI) for COVID-19. All such neonates will be cared for in NICU A8 after birth irrespective of gestational age or symptoms present.

#### **Delivery room attendance:**

**Team 1** consists of the NICU Charge Nurse and Neonatologist (Neonatal Nurse Practitioner to be present in the delivery at the discretion of the neonatologist). If possible **Team 2** (a second NICU nurse and a second neonatologist/NNP) should be present outside of the delivery room to receive the infant after initial stabilization and this RN will admit the infant.

#### **NICU Charge Nurse Responsibilities:**

- Notify the covering neonatologist of the expected delivery
- Contact maintenance (ext. 45359 during the day and the operator at night) to confirm that negative airflow is working in A8 and that the alarm is turned on.
- Ensure that maintenance has placed a physical seal around the door between A8 and the rest of pod A
- Ensure Personal Protective Equipment (PPE) is readily available in the A8 anteroom, including PAPRs, gowns, hair covering, gloves, eye coverings and surgical masks.
- Ensure the NICU nurse assigned to care for the infant has been fitted and has an appropriately sized N-95 mask/PAPR

#### **Delivery Room Care:**

##### **Vaginal Deliveries in room 329 or 330 (not in the OR)-**

- Prior to entering the delivery room, perform hand hygiene and don PPE
- Place transport isolette in hallway outside of anteroom prior to delivery. Ensure both end portholes have sleeves that close or are covered with sterile towels/linens to close off portholes
- Prior to entering room, don PPE: PAPR, gown, and two sets of clean gloves
- Team 2 must wear PPE (including an N-95 mask, eye goggles, hair covering, gown, and gloves) and remain in the hallway outside of the anteroom until the delivery room team exits.
- Following delivery, perform neonatal stabilization in the delivery room per NRP Guidelines
- Do not give surfactant in the delivery room
- Do not use CPAP with nasal prongs in the delivery room or during transport
- Once stabilized, prepare infant for transport to A8
- Team 2 or Obstetrical team member ensures all portholes of the transport isolette are closed properly and moves the transport isolette from the hallway to the anteroom
- Once the doors between the hallway and anteroom are closed, Team 1 enters brings the transport isolette from the anteroom into the delivery room and closes the anteroom door
- Load infant into isolette in the delivery room
- Team 1 wipes down the transport bed with sanitizing wipes in the delivery room
- Delivery room handoff:

## COVID-19 NICU Delivery Room

- Prior to hand-off, team 1 removes 2<sup>nd</sup> glove layer and wipes down transport isolette after cleaning with sanitizing wipes
- Team 2 should be in the anteroom with the door from the anteroom to the hallway closed
- Team 1 pushes transport isolette out of the delivery room into anteroom (but remains in the delivery room) and transfers care of infant to Team 2.
- Team 1 communicates infant's status and respiratory support to Team 2
- Team 1 closes door from the delivery room to the anteroom
- Team 2 receives transport isolette, wipes it down with sanitizing wipes a second time, and exits the anteroom only after the door to the delivery room has closed
- Team 2 doffs with officer supervision then transports the infant to the NICU.
- Once team 2 has transported neonate to the NICU, Team 1 exits the delivery room, doffs PPE, and returns to the NICU.
- **NOTE: if a second team is not available, then Team 1 exits the delivery room with the transport isolette into the anteroom. In the anteroom, Team 1 doffs, applies hand hygiene, then dons new PPE. With new PPE, Team 1 transports neonate to NICU.**

### Delivery Room Care:

#### Cesarean Deliveries (c-section OR, CVOR #8, or CVOR #2):

- Prior to delivery, confirm all necessary supplies and equipment for neonatal resuscitation are in the OR
- Prior to entering the delivery room, perform hand hygiene and don PPE: N-95 mask, eye goggles, hair covering, gown, shoe covers, and 2 sets of clean gloves.
- Bring transport isolette into patient room/Operating Room prior to delivery. Ensure both end portholes have sleeves that close or are covered with sterile towels/linens to close off portholes
- Team 2 must wear PPE (including an N-95 mask, eye goggles, hair covering, gown, and gloves) and remain in the hallway outside of the anteroom until the delivery room team exits.
- If delivering in the Operating Room (OR), **the NICU RN will be responsible for catching the baby**. The RN will need to enter the OR, ensure the infant bed is set up, exit the OR and scrub. Then the RN will reenter the OR and don sterile gown and gloves in preparation to catch the baby.
- Following delivery, perform neonatal stabilization in the delivery room per NRP Guidelines
- Do not give surfactant in the delivery room
- Do not use CPAP with nasal prongs in the delivery room or during transport
- Once stabilized, prepare infant for transport to A8
- Ensure all portholes of the isolette are closed properly
- Load infant into isolette in the delivery room
- Team 1 wipes down the transport bed with sanitizing wipes prior to leaving the delivery room
- Delivery room handoff:
  - Transport isolette hand-off should occur in the anteroom with the double doors to the hallway closed
  - Prior to hand-off, Team 1 removes 2<sup>nd</sup> glove layer after wiping down transport isolette with sanitizing wipes
  - Team 1 pushes transport isolette out of the OR into anteroom (but remains in the delivery room) and transfers care of infant to Team 2.
  - Team 1 communicates infant's status and respiratory support to Team 2
  - Team 1 closes door from the OR to the anteroom
  - Team 2 receives transport isolette, wipes it down with sanitizing wipes a second time, and exits the anteroom only after the door to the OR has closed

## COVID-19 NICU Delivery Room

- Team 2 doffs with officer supervision then transports the infant to the NICU.
- Once team 2 has transported neonate to the NICU, Team 1 exits the OR, doffs PPE, and returns to the NICU.

### **NICU Admission:**

- Team 2 NICU RN and one respiratory therapist (if assisted ventilation is required) enter A8 to admit patient with PPE donned: N-95 masks, hair covers, gloves, gown. NICU admitting RN will be the second team RN who brought the infant up to the NICU
- Both sets of doors are closed (to A8 and A8 anteroom) to ensure negative airflow
- Place neonate in Giraffe bed and close the top as soon as possible.
- Assure infant is stable and complete admission.
- Transport isolette must be wiped down with sanitizing wipes while in A8. Move the transport isolette to the A8 anteroom
- In anteroom, cover transport isolette with large plastic bag. Bags located in top drawer of cabinet next to sink.
- NICU personnel wearing PPE will take the covered transport isolette to the dirty utility room for cleaning. Place a sign on the plastic bag to alert housekeeping that this equipment has been used for a PUI.