

Guideline: Care of the Neonate born to a woman who is COVID-19 (+) or a PUI

These guidelines are intended for care of a neonate born to a woman with suspected or confirmed COVID-19. All neonates born to a woman who is COVID-19 (+) or a person under investigation (PUI) will initially be cared for in NICU A8 irrespective of the infant's gestational age, physical examination, or acuity. Recommendations are changing frequently and these guidelines may not reflect the most recent information available. In some cases, clinical judgement may warrant additional considerations.

NICU A8 Room Preparation (NICU Charge Nurse):

- Contact maintenance (ext. 45359 during the day/operator at night) to confirm that negative airflow is working on A8 and 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, gloves, hair covering, eye coverings and surgical masks.
- Call Central to order up PAPR's (3)
- Ensure the NICU nurse assigned to care for the infant has been fitted and has an appropriately sized N-95 mask

Delivery room care and neonatal transport to NICU A8:

See "Guideline: Delivery Room/Admission Logistics for a Neonate Born to a Woman who is COVID-19 (+) or a PUI"

Newborn Care:

- By definition, the neonate is a PUI. S/he should be tested for COVID-19 after birth (NOTE: the type, timing, and number of COVID-19 tests performed will be determined at the time of admission in consultation with IDPH and the hospital's Infection Control Committee)
- At all times, all personnel in A8 should be wearing PPE, including gown, gloves, hair covering, eye goggles, and either an N-95 mask or PAPR
- Following admission to A8, the neonate should be stabilized per routine care
- The neonate should be bathed as soon as is reasonably possible after birth
- The neonate cannot leave A8 and s/he should be cared for in an enclosed isolette until discharge or a negative screen, except when being fed or held by a support person or the bedside nurse
- No aerosolized medications should be given
- Non-invasive respiratory support should be avoided
- All labs should be drawn by the RN and placed in biohazard bag per routine. The labs should be passed out the door to another RN who is holding a clean biohazard bag. Call the lab and notify them of the PUI/COVID-19 status prior to sending.
- While the mother is COVID (+) or a PUI, she cannot visit the NICU
- One designated support person for the neonate will be allowed to visit:
 - S/he must be a family member and wear the appropriate band/hospital

COVID-19 NICU Care of the Neonate

identification

- S/he must be asymptomatic and not a PUI
- S/he must don appropriate PPE while in A8
- For proper handling of breast milk: See “Guideline: Handling of Breast Milk for Mothers who are COVID-19 (+) or PUI”
- For sterile procedures: See “Guideline: Sterile Procedures for Neonate born to a woman who is COVID-19 (+) or a PUI”
- For endotracheal intubation (not a sterile procedure):
 - The procedure should occur in A8 with the doors closed and negative airflow
 - Minimize personnel present: neonatologist, bedside nurse, respiratory therapist
 - All personnel in A8 should have on PPE, **including a PAPR**, gown, eye protection, hair covering, and two sets of gloves
 - Once the intubation is completed, one set of gloves should be removed and discarded, and hand hygiene should be performed on the second set of donned gloves

NOTE: all providers should use a PAPR or N-95 mask while in A8 at all times

Newborn discharge:

- Neonates who are a PUI should not be discharged until COVID-19 testing results are available for both the mother and neonate
- Neonates who are COVID (+) should not be discharged until they have been observed for at least five days
- Neonates who are COVID (-) and being discharged to a mother who is COVID (-) can be discharged when clinically indicated
- For neonates who are COVID (-) born to a woman who is COVID (+), discharge planning will be done on a case by case in consultation with the hospital’s infection control committee and Illinois Department of Public Health