

## 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 \*\*
- 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. Utilize 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.

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- 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)\*
- 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 Strategy to Discontinue Isolation for Persons with COVID-19  
<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

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