SSM Health and SLUCare Neonatology and Newborn COVID-19 Guidelines

These guidelines are based on current CDC guidelines with the Royal College of Pediatrics and Child Health with input from SLUCare neonatology, early informal AAP guidelines (not yet published), and SSM Glennon Care pediatric group. They are subject to change as recommendations change.

On the non-medical side, please be aware that SSM has a policy regarding activity on social media for all SSM employees. Anyone using social media to communicate information regarding the virus must rely on information provided by the CDC, NIH, or SSM/Cardinal Glennon. If you are expressing a personal opinion, please clearly label it as such. Our friends and family look to us for good information and we have an obligation to provide the best information and dispel hysteria. There is information, updated daily, at http://intranet.ssmhc.com/entity/system/team/china-coronavirus/SitePages/Home.aspx.

If a mother with confirmed or highly suspected for COVID-19 infection is admitted for delivery:
1. Limit personnel to those needed to resuscitate a baby. For a routine, term newborn it may not be necessary for a physician attendance. This is unchanged from current NRP recommendations.
2. For resuscitations needing an advanced provider, please limit to those needed. For example, a meconium delivery will likely need only one physician or NNP. A particularly high-risk delivery (extreme prematurity, OB STAT, etc.) will require likely require more than one provider.
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. Transport baby admitted to NICU in closed isolette.

Regarding use of PPE for mothers with confirmed or suspected COVID-19 infection:
1. Eye protection, gown, and gloves continue to be recommended.
2. A standard mask with facemask is recommended for routine care and infant stabilization.
3. If resuscitation is expected (intubation or CPAP), all persons in the room should use airborne precautions during the procedure and for 1 hour after procedure if the infant remains in the same room: N95 masks, goggles, gown, and gloves.

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 the closed, and droplet precautions if no aerosolization risk.
2. All infants should be placed inside closed incubators.
3. If an aerosolizing procedure occurs (intubation, open suctioning) in the room, all persons in the room should use airborne precautions during the procedure and for 1 hour after procedure: N95 masks, goggles, gown, and gloves.
4. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
5. Decisions regarding infant testing for COVID-19 should be discussed with infection prevention and the department medical leadership team.
Regarding testing, isolation and feeding for patients with suspected or confirmed maternal COVID-19 infection:

1. When the capacity to test for COVID-19 is limited, do not test asymptomatic babies for the virus. If the baby develops respiratory symptoms with no alternative explanation, consider testing. At present, testing is being coordinated with your hospital infection prevention department and the local health departments and will take 3-4 days to get results. This may change if the test becomes more widely available.

2. It does not appear that infants born to women with COVID-19 infection are at increased risk for severe complications. Transmission after birth via contact with infectious respiratory secretions is a concern.

3. Colocation (sometimes referred to as “rooming in”) of the newborn with his/her ill mother in the same hospital room should occur. This includes a PUI with symptoms, that but does not meet the current threshold for COVID-19 testing.

4. The infant should be cared for 6 feet away from the infant by a healthy caregiver (other family member, nurse). A curtain or other barrier should be placed between the mother and infant. The caregivers should wear PPE.

5. Breastfeeding: During the temporary colocation separation, mothers who intend to breastfeed should be 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 hygiene.1 This expressed breast milk should be fed to the newborn by a healthy caregiver.

6. If a mother and newborn do room-in and the mother wishes to feed the infant at breast, the unknown risks of virus transmission should be discussed with her. If she still desires to breastfeed, she should put on a facemask and practice hand hygiene before each feeding.

7. If a mother is a PUI but does not meet criteria for COVID-19 testing, the infant should be cared for 6 feet away from the mother by a healthy caregiver as described above, until a risk-based assessment can be made. 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.

Regarding newborn discharge:

1. For infants with pending testing results or who test negative for the virus that causes COVID-19 upon hospital discharge, caretakers should take steps to reduce the risk of transmission to the infant, including following the Interim Guidance for Preventing Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities.

2. Infants can be discharged home when clinically indicated (even if maternal testing is still pending or is positive). An asymptomatic, healthy term newborn, therefore, can be discharged with normal discharge timing.

3. If COVID-19 test results on mother are pending or are confirmed, defer newborn hearing screen and make arrangements for outpatient screening in the future. Otherwise newborn screening should be done with standard contact PPE.

Other considerations:

1. Guidance regarding infant discharge and discontinuation of maternal and newborn isolation is vague at best.

2. For negative results, we can give guidance to maintain scrupulous hygiene and discharge with CDC advisories regarding control of spread.

3. If maternal results are positive, discharge planning will be done on a case by case in consultation with infection control/ID/DPH.