

Guidelines for Management of Infant Born to Mother with COVID-19

The following outlines considerations for newborn care after birth to a woman with suspected or confirmed COVID-19.

Definitions

SARS-CoV-2: The virus that causes COVID-19 (a virus in the coronavirus family)

COVID-19: Symptomatic respiratory illness caused by the SARS-CoV-2 coronavirus

PUI mothers: Mothers with a pending test done for a reason other than screening (i.e. known exposure or symptoms). “PUI” stands for “Patient Under Investigation”.

Enhanced Droplet Precautions: Patient care with use of the following elements:

- Non-sterile gloves
- Gown
- Standard procedural face mask
- Eye protection
 - Eye protection may take the form of goggles in combination with standard procedural face mask, or use of combined face mask/eye shield
 - Personal eye glasses or contact lenses are not adequate eye protection

Airborne, Contact Precautions & Eye Protection: Patient care with use of all of the following elements:

- N95 respirator mask or personal powered air respirators device replaces the standard procedural face mask.
- Approved eye protection must be used with N95 respirators, face shields are preferred (PAPRS/CAPRS provide eye protection).
- Gown
- See below for the use of negative air pressure room.

Airborne Transmission: Defined as respiratory pathogens transmitted by aerosolized droplets that remain suspended in the air. This type of transmission means that the pathogen can be acquired from breathing the same air as the patient; this can be the case for periods of time after the patient has left a room/area. Measles, varicella and tuberculosis are examples of respiratory infections that require Airborne Precautions which include use of respiratory protection and isolation in a room with negative air pressure.

When available, isolation rooms with negative air pressure should optimally be used for the care of patients with confirmed COVID-19. These rooms will be limited and they should be prioritized for patients with COVID-19 who require respiratory procedures or supports (e.g., invasive suctioning, nebulizer treatments, CPAP, mechanical ventilation) that may result in mechanical aerosolization of respiratory secretions.

Newborn Risk

- An infant born to a mother with COVID-19 is automatically considered a PUI.
 - Prenatal: It remains unclear if SARS-CoV-2 is vertically transmitted from mother to fetus antenatally. It appears it is uncommon but has happened.
 - Perinatal: Exposure may be possible at the time of vaginal delivery based on the detection of virus in stool and urine and occasionally in amniotic fluid.
 - Postnatal: Newborns are at risk of infection from a mother's respiratory secretions after birth, regardless of delivery mode.

All infants of PUI or COVID-confirmed mothers

- Mother and infant will stay together, preferably in the delivery room.
- Exceptions
 - The delivery room is needed for another delivery
 - The mother is too sick for the baby to be present in the room.
 - The baby is too sick to be monitored appropriately in the mother's room
 - Examples:
 - Ongoing O2 therapy required after a reasonable period of initial resuscitation
 - Full time nurse required in the room beyond initial period of one to one monitoring of mother
 - Any condition that would normally require transfer to NICU
 - The family requests that baby be separated for the duration of the hospitalization to protect baby. DO NOT SUGGEST TO THEM THAT SEPERATION IS NECESSARY. Co-rooming is the current AAP recommendation.
- Bathing should be done according to normal unit protocols in the patient's room.

Delivery Room Management

- Initial stabilization/resuscitation of the newborn will take place as per center usual care.
- Because of the uncertain nature of newborn resuscitation (that is, suctioning and/or tracheal intubation may be required), Airborne Precautions should be used.
- Breastfeeding and skin to skin are allowed. Mother should do hand hygiene and wear her mask.

Admission

- **If delivery room is needed**
 - Transfer couplet to MBCU preferably in a large room
- **If mother is too sick for baby to stay or if parents request separation:**
 - Transfer baby to COVID satellite nursery
- **If baby is too sick to be safely monitored in mother's room**
 - Call pediatrician to assess
 - Transfer baby to NICU for monitoring until safe to return to in room care.

- All newborns PUI will be tested for perinatal viral acquisition by nasopharyngeal (NP) swab at 24 and 48 hours of life.
- Infant protection:
 - All adults in the room will wear a mask
 - Frequent hand hygiene and always before touching baby
 - Baby will be kept in bassinet as far from COVID positive people as is feasible except while breastfeeding
- Staff will practice Airborne, Contact Precautions & Eye Protection while caring for either member of the couplet.

Breastfeeding

- Infant may breastfeed or be skin to skin. Mother must do hand hygiene and wear her mask.
- Breast pumps and components should be thoroughly cleaned in between pumping sessions using standard policies (clean pump with antiseptic wipes; clean pump attachments with hot soapy water).

Visitation

- If the newborn is uninfected but requires prolonged hospital care for any reason, the COVID positive individuals will not be allowed to visit the infant until they meet the CDC recommendations for suspending precautions; consult with Infection Control to remove her from isolation precautions.
 - Improvement in illness signs and symptoms
 - Clear on clinical signs or by testing
 - This restriction may be lifted for end of life considerations or if the physician determines that visitation is necessary for the infant's well being

Discharge

- Considerations when infant is medically appropriate for discharge.
 - Asymptomatic infants will be optimally discharged home when otherwise medically appropriate.
 - If possible, a healthy caregiver will do most of the care at home (except breastfeeding).
 - If such a caregiver is not available, manage on a case-by-case basis.