

# Newborn Care Workflow

## For Infants Born To Mothers With Suspected or Confirmed COVID-19

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### BEFORE DELIVERY

#### POSTNATAL DEPARTMENT

- Designate newborn isolation area or room prior to admission
- Notify postnatal department of all confirmed COVID-19 and PUI maternal admissions

#### NICU

- Designate NICU isolation area or room prior to admission
- Notify NICU of all confirmed COVID-19 and PUI maternal admissions

#### TRANSFER TO ANOTHER FACILITY

- Notify Neonatal Transport Team and receiving facility of maternal diagnosis at earliest opportunity

### DELIVERY

- Shared decision making regarding disposition of infant after delivery (rooming in versus temporary separation based on acuity of maternal illness)
- Newborn delivery personnel will don appropriate PPE prior to entering the delivery room<sup>1</sup>
- If mother chooses to room-in with well-baby, provide routine care, including skin-to-skin. Assist with hand hygiene and appropriate PPE

### TRANSFER

- Infant will be transported in a pre-designated newborn isolette
- Isolation precautions will be initiated and maintained by transport team/RN

#### WELL NEWBORN (PUI)

##### ENVIRONMENT

- If temporary separation is necessary, admit the infant to an area separate from unaffected infants
- If the infant is rooming-in, the mother should maintain a reasonable distance from her infant when possible
- Use appropriate PPE (e.g., gown, gloves, mask, eye protection) for all newborn care
- Bathe infant as soon as reasonably possible after birth to remove virus potentially present on skin surfaces

##### BREASTFEEDING

- Breastfeeding mothers should adhere to strict preventative precautions that include use of a mask and meticulous breast and hand hygiene
- Mothers who are not directly breastfeeding should express breast milk after appropriate breast and hand hygiene
- Provide a designated breast pump and follow infection prevention precautions for breastmilk feeding, storage and handling (e.g. unaffected care giver, PPE, store in separate fridge)

##### VISITATION

- Visitation based on hospital policy and state regulations

#### NICU (PUI)

##### ENVIRONMENT

- Whenever possible, admit to a single-patient room with the potential for negative room pressure or other air filtration system
- If unavailable, or if the facility must cohort multiple COVID-exposed infants, there should be at least 6 feet between infants and/or they should be placed in air temperature-controlled isolettes
- Use appropriate PPE (e.g., gown, gloves, mask, eye protection) for all newborn care
- For the care of infants requiring continuous positive airway pressure, high flow oxygen or any form of mechanical ventilation, staff should wear a N95 respirator or PAPR, gown, gloves, and eye protection
- Bathe infant as soon as reasonably possible after birth to remove virus potentially present on skin surfaces

##### BREASTFEEDING

- Mothers may express breast milk after appropriate breast and hand hygiene
- Provide a designated breast pump and follow infection prevention precautions for breastmilk feeding, storage and handling (e.g. unaffected care giver, PPE, store in separate fridge)

##### VISITATION<sup>2</sup>

- Until mother is RECOVERED per CDC definition, neither parent will be permitted to visit their infant in the NICU
- Facilities may choose to extend the period of time that should pass before parents may enter the NICU, based on size and layout of unit

### DIAGNOSIS AND TESTING

- COVID-19 testing will be performed per current CDC, AAP or institutional guidelines
- Contact and droplet precautions with eye protection will be discontinued per providers' written order. per CDC , AAP guidelines

### DISCHARGE

- The decision to send the infant home should be made in consultation with the patient's clinical care team and local department of health recommendations

<sup>1</sup> American Academy of Pediatrics (AAP) guidelines for PPE:

- Neonatal clinicians should attend deliveries based on their normal center-specific policies; maternal COVID-19 alone is not an indication to do so. This is important to conserve use of PPE
- If neonatal clinicians are needed to perform infant stabilization, the responding clinicians should use Airborne, Droplet, and Contact Precautions-level PPE, given both the increased likelihood of maternal virus aerosols and the potential need to intubate, perform airway suctioning, and initiate positive pressure ventilation, all of which may generate infant aerosols

<sup>2</sup> CDC Overview of Testing for SARS-CoV-2 [https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Fclinical-criteria.html)

Reference: FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19, 07/23/2020, American Academy of Pediatrics.

**Questions?** Contact your local perinatal leader or Mindy Foster/ Larry Shields MD at [mfoster@st-joseph.org](mailto:mfoster@st-joseph.org) [Laurence.shields@dignityhealth.org](mailto:Laurence.shields@dignityhealth.org)