

Management and Disposition of Infant Born to a COVID+ or PUI mother

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Background: According to current knowledge and information to date, SARS-CoV-2 does not pass from mothers to infants in utero or intrapartum, and infants exposed to mothers with COVID do not appear to be at significant risk of developing significant disease. However, as we are early in our experience with peri-partum women and children, and because there are still important logistics and infection control issues, we need to be cautious and precise in our actions. This guidance incorporates interim guidance from ACOG, AAP and CDC.

1. Infant and mother separation
 - a. To protect the infant and caregivers, the mother and infant will be separated upon birth.
 - b. If the infant requires "NICU" level care the infant will go to the PICU (Pav C 2nd Floor)
 - c. If the infant requires typical newborn care, they will be transferred to the pediatric ward
 - d. If the mother is a rule out COVID patient the separation procedure should be followed until the result is negative and she has been clinically cleared
2. PPE
 - a. Delivery and resuscitation
 - i. Pediatric providers in resuscitation will be wearing PPE according to the hospital policies for being in the mother's room (gloves, gowns, surgical mask, eye-shield).
 - ii. If need for intubation, the patient will be transferred to the PICU and intubated there. The provider responsible for intubation of an infant should wear an N95 mask.
 - b. Unit
 - i. Special airborne precautions will be used while the infant is on the unit
3. Physician Coverage
 - a. A neonatology attending will attend on the patient in both circumstances
4. Nursing:
 - a. For initial admits to either the PICU or pediatric ward, a NICU nurse will be the admitting nurse; the NICU nurse may hand over care to a pediatric or PICU nurse for the following shifts.
 - b. No student nurses will be involved
 - c. NICU Charge RN will be available to consult for questions on infants nursing care.
5. Visitation:
 - a. Visitors will not be allowed to go back and forth between mother and infant.
 - b. The father (or single deputized family member) of the baby may visit the baby, if asymptomatic and cleared by the hospital screening process. Because of the increased risk based on recent exposure to the infected mother, fathers will be asked to wear a mask while in the hospital (NB. This is an exception to the hospital protocol)
 - c. The father must remain in the patients room; not to be in the PICU sleeping room

6. Breast-feeding:
 - a. Breastmilk may be pumped by mother and delivered to infant; given that proper infection control measures are used when milk is being obtained and handled.

7. Infant SARS-CoV-2 testing
 - a. The literature to date suggests that infants will test negative after delivery. Thus testing will likely not provide additional clinically relevant information.
 - b. Negative testing in the infant will not preclude the necessary protection from infection that pediatric providers would face caring for the infant in the mother's room, so a negative test will not result in returning to the mother's room.
 - c. Therefore, infants will not be routinely tested
 - d. In the scenario of an anticipated long term stay in the hospital, the most up to date guidance and literature will be used to determine if multiple negative tests can get the infant removed from special respiratory precautions. This will occur on a case-by-case basis in conjunction with pediatric infectious disease and unit management.