



VENTURA COUNTY HEALTH CARE AGENCY

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Next Review: 3 years after approval
Owner: Kristina Swaim: Clinical Nurse
 Manager, OB
Policy Area: COVID-19
References:

Care Of the COVID-19 Positive Mother and Her Newborn

Policy:

- Have discussion with mother to establish if she is choosing to remain with infant or is choosing to separate after delivery.
- Have physician provide informed consent to discuss the risks and benefits of rooming-in versus temporary separation. Consent by telephone is permitted, and should be documented in Cerner.

Procedure:

In Delivery Room

- Limit HCPs to Essential Personnel
- ALL HCPs should use appropriate PPE
 - Uncomplicated delivery: It is not necessary to call NICU team.
 - If known COVID-19 confirmed, notify NICU, COVID-19 Positive will show on the tracking shell as a red crescent.
 - The tracking shell will display a yellow crescent, which will signify pending results. A green crescent will signify a negative result.
 - Complex Delivery: Neonatal team should wear N95 respirators for ALL PUI and known positive COVID-19 deliveries.
- **Infant:**
 - It has been suggested that the risk of an infant testing positive for COVID-19 appears to be no greater if the mother and infant room-in together using appropriate infection control measures compared to physical separation.
 - Mothers and newborns may room-in according to usual practice.
 - Once infant has been stabilized and recovered by TCN, place infant in crib. Use of an isolette may facilitate distancing and provide the infant an added measure, but not required.
 - A mother who is acutely ill with COVID-19 may not be able to care for her infant in a safe way. In this situation, it may be appropriate to temporarily separate mother and newborn or to be cared for by a non-infected caregiver in the mother's room.
 - Use isolette covered with a blanket to transport to desired location
 - Neonatologist, Pediatrician or Family Medicine attending should contact mother and discuss plan of care and to discuss risks and benefits of temporary separation of the mother from her infant, if not

- discussed prior to delivery
- Skin-to-Skin time with parents may be done with appropriate infection control precautions and performing frequent hand-hygiene.
- Neonatologist/Pediatrician will determine when newborn will be tested for COVID-19; this will generally occur after 24 hours of life, and again at 48 hours of life as determined by physician.
- **Delivery Room Management of Well Newborn:**
 - Designated nurse will be responsible for newborn (not nurse caring for mom)
 - Wearing appropriate PPE to include a N-95 respirator required for known COVID-19 positive and PUI, stabilize infant temperature using Panda Warmer.
 - CDC recommends an immediate bath after birth to prevent the spread of disease through bodily fluids from birth. Bathe infant immediately following skin-to-skin with mother, if so desired.
 - Perform all required Nursery Nurse tasks, assessment, meds, footprints etc.
 - Administer Erythromycin, Hep B, and Vitamin K according to normal schedule
 - Infant should **NEVER** be taken to well-baby nursery
 - Transport to Postpartum covered with a blanket, following transport PPE guidelines
 - Instruct mother on good hand hygiene techniques, using mask at all times when handling newborn
 - Mother may choose to breastfeed in delivery room. Provide instruction. Hand hygiene must be performed, and a mask must be worn at all times during breastfeeding.
 - Physician/Nurse must document in Cerner that a discussion has occurred with family about the potential risks to the infant of sharing a room with his/her mother.
 - Instruct mother on the following:
 - Mother must keep facemask in place during the entire duration newborn is outside of his/her isolation area within mother's room
 - Mother should maintain a reasonable distance from her infant whenever possible.
 - Mother should perform hand hygiene before each feeding or contact with infant
 - Hand washing with soap and water for at least 20 seconds is preferred
- **Separating from mother:**
 - Designated nurse will be responsible for newborn (NOT nurse caring for mom)
 - Wearing appropriate PPE required for COVID-19 PUI, stabilize infant in Panda ≥ 6 feet away from mother immediately following delivery.
 - Sick full-term newborns or preterm or preterm newborns: private room in NICU on enhanced droplet and contact isolation precautions (airborne isolation for aerosol-generating procedures)
 - One adult family member may visit if they are asymptomatic and are NOT PUI; visitors should wear gown, gloves, procedural mask while visiting.
 - If the infant requires ongoing medical care for any reason, it is recommended that the mother not visit her newborn until she meets CDC recommendations for suspending precautions.
 - Infant should **NEVER** be taken to well-baby nursery
 - Utilize hygienist or "buddy" to transfer infant into isolette
 - Transport newborn to desired isolation room using blanket over isolette following transport PPE guidelines
 - All testing, procedures, or other interventions should be performed in the infant's room.

Postpartum Management

- **Mother:**
 - Mother must wear a facemask, and be covered with a sheet for for **ALL** movements outside of her room
 - Transfer mother to Postpartum Room 1, 2 or 3 (preferred)

- Restrict patient movement or transfer outside of room to medically essential purposes
- Procedures and tests should be performed in patient's room
- **ALL Infants:**
 - The infant should be treated as a PUI until further information is available
 - Minimize room transfers
 - Restrict transport and movement outside of his/her isolation room to medically-essential purposes.
- Well Appearing Newborn in **SEPARATE** Isolation Room:
 - The infant needs to have a healthy parent, designated caregiver, or staff member to care for infant.
 - Place infant in a CLOSED isolette, recommended, but not required.
- Well Appearing Newborn **Rooming IN** with mother in Postpartum the following must be in place:
 - Use designated infant isolation area within mother's room.
 - Keep the infant ≥ 6 feet away from his/her ill mother
 - If there is not a healthy parent, designated adult caregiver, or staff available to be in the room to care for infant, transfer to pediatrics should be considered.

Breastfeeding

The AAP strongly supports breastfeeding as the best choice for infant feeding. Breastfeeding is not contraindicated at this time.

- Contact attending physician to request assistance with discussion and patient education as needed
- Physician and nurse should document in Cerner that a discussion has occurred with family about the potential unknown risk of disease transmission with breastfeeding.
 - **Before** breastfeeding:
 - Instruct mother to wear a mask perform hand hygiene. Handwashing with soap and water for at least 20 seconds.
 - **After** breastfeeding:
 - Place infant in covered incubator and return to his/her room.
- **If mother chooses to breastfeed AND infant is Rooming IN with mother:**
 - Mother must leave facemask in place until infant is back in covered incubator.
 - Bring infant to mother, mother should NOT enter infant's designated isolation area.
 - **Before** breastfeeding:
 - Instruct mother to perform hand hygiene. Handwashing with soap and water for at least 20 seconds.
 - Perform skin preparation:
 - Wash skin with water and soap, using gentle friction
 - **After** breastfeeding:
 - Place infant in isolette and move back to isolation area.

Expressed Breast Milk (EBM) USE

During situations of separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply.

- Contact attending physician to request assistance with discussion and patient education as needed
- Provide mother with a dedicated breast pump
- Instruct mother to wear a facemask for the entire duration of her pumping session, including when handling pump and expressed breast milk (EBM)
- Instruct mother/support person to wipe pump before and after each use with disinfectant wipes according

- to corresponding dwell times
- Before each pumping session:
 - Instruct mother to perform hand hygiene. Hand washing with soap and water for 20+ seconds is preferred.
 - Perform hand hygiene again
- Mother should cap bottles **immediately** after pumping
 - Wipe exterior of bottle following product label instruction allowing for adequate dwell times
 - Doff gloves, perform hand hygiene, don new gloves
 - Label EBM' include date and time milk expressed
 - Place EBM in refrigerator located in patient room
- After each pumping session
 - ALL parts that come into contact with breast milk should be thoroughly washed with soap and water following use. The entire pump should be disinfected with wipes.
 - Keep clean parts in mother's room. Parts should not be taken outside of patient's room to disinfect or sanitize. Disinfectant wipes should not be used on breast pump parts that come in contact with skin or EBM.
 - Parts should be discarded and replaced every 7 days until transmission-based precautions are discontinued or upon patient discharge, whichever occurs first.
- EBM Handling for transport
 - HCPs should wear appropriate PPE when handling breastmilk from PUI/confirmed COVID-19 mother.
 - Exterior of capped bottle of breast milk should be wiped per product label instructions allowing adequate dwell times.
 - Remove gloves, perform hand hygiene. Put on new gloves.
 - Place bottle in a plastic zip-seal bag
 - Hand bag to nurse waiting outside of room
 - Nurse will take EBM to desired location (Peds/NICU)
 - If fortification has been ordered, follow instructions for fortification of PUI or Confirmed COVID-19 instructions
 - Expressed milk may be fed to newborn by a healthy caregiver
 - If there is a surplus of pumped EBM exceeding IN-ROOM capacity or not anticipated to be consumed within 48 hours, the mother will need to arrange for a designated adult caregiver to take milk home for storage or the milk should be discarded

Test and Procedures

- COVID-19 Specimen Collection from Newborn
 - Limit individuals in the room during procedures
 - All HCPs should wear appropriate PPE
 - Perform COVID-19 test if infants develop symptoms, other wise test as listed below.
 - Testing should be done first at ~24 hours of age
 - Repeat testing should be done ~48 hours of age, unless the infant is discharged home prior to this time
 - For infants who are positive on their initial testing, follow-up testing of combined throat/nasopharynx specimens should be done at 48-72 hour intervals until two consecutive negative tests (arrange outpatient if infant is discharged)
 - AAP recommends follow-up testing at 14 days, which can be done as out-patient with PCP
 - Collect Red Top swab: Insert a swab into throat and then nasopharynx parallel to palate, Leave swab

and rotate while slowly removing it.

- **Aerosol-Generating Procedures:**

- Newborns do not generate aerosols as effectively as adults and often do not cough during procedures.
 - PPV, High Flow Nasal Cannula, CPAP, non-invasive ventilation
 - Intubation (PAPR preferred, if available)
 - Extubation
 - Nebulized treatments
 - Open airway suctioning
 - Chest PT
 - Cardiopulmonary resuscitation
- Airborne precautions must be used, until infection status is determined AND newborn is cleared of COVID-19 infection.
- Wear appropriate PPE including N-95 and face shield
- Clean and disinfect room surfaces and reusable equipment promptly

- Routine Newborn Testing:

- **Hearing Screen**

- Test may be performed in patient's room with appropriate PPE guidelines followed.
- Disinfect all equipment after use.

- **CCHD Screening**

- Test should be performed in the infant's room
- Saturation monitor will be covered in plastic bag, and wiped down appropriately after use, using wipes and following product label allowing for adequate dwell time.

- **Newborn screen:** will be taken and left to dry in patient room. When specimen is ready for transport, specimen will then be placed in plastic biohazard bag.

- Don appropriate PPE to enter room
- Place dry specimen into biohazard bag, give specimen to nurse waiting outside of room with additional clean biohazard bag. Transport specimen to lab.

- **Circumcisions:**

- Perform procedure in infant's room on panda
- May be scheduled as an outpatient procedure per physician's discretion

Visitation Policy for PUI or Confirmed COVID-19 PATIENTS

- Well Newborn who is a PUI AND is in isolation, separated from mother in Peds:
 - Mother to designate asymptomatic adult caregiver (1 alternative caregiver can be designated to care for baby if partner or other parent has been restricted due to illness).
 - Should stay in room with infant but may **NOT** go to mother's room to visit.
 - Must wear PPE including gown, gloves and N-95 while in mother's or infant's room.
 - FOB or support person can be tested at AFMC: call 805-652-6500 to coordinate
- Infant who in PUI/Confirmed COVID-19 AND in NICU
 - Healthy Parent is the **ONLY** allowed visitor
 - Refer family to NICU for guidelines
- FOB or support person can be tested at AFMC: call 805-652-6500 to coordinate

Discharge

- The decision to discontinue separation of the mother and baby AND/OR discharge home should be made

on a case by case basis in consultation with the infant's medical team. The decision should take into account disease severity, illness signs and symptoms, and results of laboratory testing.

- If the infant is uninfected but requires prolonged hospital care for any reason, the mother with confirmed COVID-19 will not be allowed to visit her infant until she meets CDC recommendations for discontinuing precautions.
 - Non test-based recommendations:
 - Resolution of fever, without use of antipyretic medication, for at least 72 hours
 - Improvement in symptoms
 - 10 days have passed since signs/symptoms first appeared
 - Test-based recommendations:
 - Resolution of fever, without use of antipyretic medication, for at least 72 hours
 - Improvement in symptoms
 - 2 consecutive negative results for COVID-19 collected ≥ 24 hours apart
- Asymptomatic infants determined to be infected but who have otherwise met discharge criteria may be considered for discharge home with appropriate precautions and plans for outpatient follow-up on a case by case basis
- Well infants determined to be negative for infection may be considered for discharge home to a healthy parent or caregiver who is NOT under observation for COVID-19 risk

All revision dates:

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Attachments

No Attachments

Approval Signatures

Step Description	Approver	Date
PolicyStat Administrator	Jason Arimura: Director-Pharmacy Services	pending
Policy Owner	Kristina Swaim: Clinical Nurse Manager, OB	2/2/2021