**DIVISION OF NEONATOLOGY**

**Guidelines for Caring for Newborns of Mothers who are Covid 19-Positive or Suspected at Henry Ford Health System Institutions**

**Upated: March 24, 2020**

**Babies born to mothers with suspected or confirmed COVID-19 are to be managed as if they are infected.**

- They should be **bathed as soon as possible,** once temperature is stable
- Appropriate **PPE** should be worn when caring for patients with suspected or confirmed COVID19, regardless of patient condition or location, including **gown, gloves, appropriate face mask, and eye protection** as per institutional guidelines
- Limiting Newborn providers in these rooms, to limit staff exposure, will be practiced

*These guidelines are developed for HFH and should be adapted as needed based on available team members and processes at the Level II nurseries. The principles should remain the same at all institutions.*

**Deliveries - Vaginal Births**:

- The resuscitation team responds as needed to calls for attendance at delivery based on current criteria for attendance at deliveries.
- The team will consist of MD and/or NNP, RT, RN. (at some of the Level II hospitals this may just be a provider and RN)
- **The NNP** (or Neo) will put on **full PPE** including a N95 mask, goggles or face shield, isolation gown, clean gloves (purple/Nitrile) and enter the room to set up the warmer and prepare for the infant. The NNP should take the Hepa filter for use with the Ambu bag Neopuff into the room in her pocket under the gown.
- The curtain should be pulled as soon as mother is placed in the room to provide a barrier.
- The other team members will be outside the room, until the need for them is determined.
- As soon as the Provider who enters the room (NNP/Neo) determines that additional help is needed, team members will put on PPE, as above and enter the room to assist. This may be prior to delivery depending on circumstances but most often after the delivery.
- The OB nurse will deliver the infant to the warmer
- If the infant is stable and in no distress, the infant is left on the warmer as usual in the care of the RN responsible for the baby and the team member(s) depart the room.
- If the infant needs resuscitation or admission to the NICU based on admission criteria, the infant is stabilized by needed team members.
- Once stable, the infant is transferred to the transporter which is waiting outside the door to the room; it should **not** be brought into the room.
- **Prior to leaving the room** the team removes PPE and disposes it.
- **The N95 mask should be left on by all team members transporting the infant to the NICU.**
- Once exiting the room, team members should put on PPE for the transport as follows;
    - The member managing the airway/bagging should put on a clean gown and gloves

    - The member assisting with the transporter should put on clean gloves.
    - The final team member should have hands free to open the doors and guide the transport.
- The infant is admitted to the appropriate nursery, at HFH- the isolation room in POD 6.
- **No extra staff should respond to deliveries unless** there is a "222" or an Emergency code/call for additional help.
- Additional staff should respond, but **NOT** enter the room unless needed.
- If needed, the Crash cart remains out of the room and is run by a RN from there.
- Delayed cord clamping will be continued, if indicated.
- **No skin to skin care** for these infants

*See attached algorithm.*

**<u>Deliveries – C sections:</u>**

- The resuscitation team responds as needed to the call for C section delivery **to the anteroom entrance** in the service hallway.
- The team will consist of MD and / or NNP, RT, RN. (at some of the Level II hospitals this may just be a provider and RN) **The RT does not attend routine c-section deliveries on the day shift.*
- **The NNP** (or Neo) will put on **full PPE** including a N95 mask, goggles or face shield, isolation gown, gloves and **enter the ante room** to set up the warmer and prepare for the infant. The NNP should take the Hepa filter for the bag into the room in her pocket under the gown.
- The other team members will be outside the ante room, until the need for them is determined.
- As soon as the Provider who entered the room (NNP/Neo) determines that additional help is needed, team members will put on PPE as above and enter the room to assist. This may be prior to delivery depending on circumstances but most often after the delivery.
- Delayed cord clamping will be continued if indicated.
- The OB nurse will hand off the infant **at the OR door to the ante room** to the NNP / Neo waiting in the anteroom.
- Once the infant is stable and in no distress, the infant is left on the warmer in the **anteroom** in the care of and OB RN responsible for the baby.
- The team member(s) depart the ante room.
- If the infant needs resuscitation or admission to the NICU, the infant is stabilized by needed team members.
- Once stable, the infant is transferred to the transporter in the anteroom.
- **Prior to leaving the ante room,** the team removes PPE (**except the N95 Mask**) and disposes it.
- **The N95 mask should be left on by all team members transporting the infant to the NICU and remain in place while the infant is being admitted.**
- Team members should put on PPE for the transport as follows;
    - The member managing the airway/bagging should put on a clean gown and gloves.

    - The member assisting with the transporter should put on clean gloves.
    - The final team member should have hands free to open the doors and guide the transport.
- The infant is admitted to the appropriate nursery, at HFH the isolation room in POD 6.
- Hand hygiene accomplished after procedure.
- **No extra staff should respond to deliveries unless** there is a "222" or an Emergency code/call for additional help.
- Additional staff should respond but NOT enter the room unless needed.
- If needed the Crash cart is run by a RN in the anteroom
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*See attached algorithm*

**Well Baby**

- Mothers and infants at HFH may be **roomed together** and the drawn curtain is used as a physical barrier.
- **No skin to skin contact** is recommended.
- Breastfeeding is **not** recommended; pumped breast milk is preferred.
- If the mother insists on breastfeeding, she should put on a **facemask and practice hand hygiene** before each feeding  The decision to feed at the breast must be informed and include the major issue of mother's respiratory secretions which pose an infection risk after birth to the baby as well as healthcare workers.
- **Appropriate physical barriers**
    - The curtain should be drawn between the mother and newborn
    - The newborn should remain ≥ 6 feet away from the mother.
- The infant must be cared for by another healthy adult, a father or significant other, who wears as facemask, gown and gloves for this care and uses hand hygiene.
- If no other healthy adult is present in the room to care for the newborn
    - Mother should put on a facemask and practice hand hygiene before each feeding or other close contact/care for her newborn.
    - Infection control practices should continue while the mother is on transmission-based precautions in a healthcare facility.
    - Hand hygiene includes use of alcohol-based hand sanitizer that contains 60% to 95% alcohol before and after all contact with the infant.
    - Hand hygiene can also be performed by washing with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to alcohol-based hand sanitizer.
- One provider, NNP or Neonatologist will complete the daily exam on this infant.

- ***For the Well baby service during this time, collaboration between the neonatologist and NNP covering this service, will determine how newborn exams will be done each morning.  Newborn census, and other responsibilities will be considered in determining workflow for newborn infant.***

**Transitional Baby**

**In an effort to decrease exposure to the NICU and its caregivers, or if a negative pressure room is not available, the following can be considered:**

- Babies who require **transitional care** including
  - mild respiratory distress requiring nasal cannula
  - hypovolemia requiring IV fluid bolus
  - stable hypoglycemia requiring IV dextrose
  - other conditions deemed appropriate by the provider
- The infants ***may*** remain in the room with mother, with curtain as a barrier, if appropriate special care/NICU nursing support is available.

**Sick baby/Admission to the NICU**

- Mother and baby will **be separated** after birth.
- A Negative pressure isolation room is preferred, but if not available single patient rooms with the door closed are required.
- **In lieu of a face mask for PPE, N95 respirators should be used, for all aerosol generating procedures.**
  - intubation, extubation, open airway suctioning, tracheostomy and trach care, high frequency oscillatory ventilation, and nebulizing therapy
  - If N95 respirators are not available, face masks with a protective shield and goggles should be used until N95 respirators are available.
- **NO visitors** will be allowed in this infant's room
  - The father/significant other is considered exposed and won't be allowed to visit until they meet CDC recommendations for suspending precautions.
- The CDC recommendations for suspending precautions:
  - Resolution of fever, without use of antipyretic medication
  - Improvement in illness signs and symptoms
  - Negative results of molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥24 hours apart (total of four negative specimens - two nasopharyngeal and two throat).

**Testing of Newborn**

- Infants born to a woman with **confirmed or suspected COVID-19**
  - Infant must be screened at 24 hours
  - **Screening**
    - molecular assay testing will be done on 2 consecutive sets of combined nasopharyngeal, throat and rectal swabs **(1 swab, 3 areas)** collected at least 24 hours apart

        - testing will **begin at ~24 hours** of age, to avoid detection of transient viral colonization
        - the newborn will be designated as uninfected if both tests are negative
    - For **symptomatic** infants, please use the **2019 nCoronavirus PCR (COV19**)
    - For **asymptomatic** infants, please use **SARS-CoV-2 RNA, Qualitative Real Time RT-PCR (WCOV19)**
- **The neonatologist along with the NNPs, must follow the results or any infant who has been tested until they are resulted. See Discharge section for specifics.**

**General Feeding Issues**

- Preferred feeding method for all infants would be ***expressed breast milk***
- If possible, a dedicated breast pump should be provided to the mother for pumping
- Prior to expressing breast milk, mothers should practice hand hygiene and consider wearing a facemask. After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions.
- **The bottle containing expressed breast milk should be wiped down with a disinfecting wipe before storage.**

**Discharge**

- Just as with the mother, considerations to discontinue Transmission-Based Precautions include all of the following:
    - Resolution of fever, without use of antipyretic medication
    - Improvement in illness signs and symptoms
    - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected ≥24 hours apart
- Baby can be discharged from the healthcare facility whenever clinically indicated. Isolation should be maintained at home if the patient returns home before the decision is made to discontinue Transmission-Based Precautions.
- The neonatologist and NNP who are discharging the infant are responsible for the following:
    - Following the result of the screens until final
    - Calling the mother/caregiver daily to check on baby's health and well- being until the infant is seen by a pediatrician
    - Calling the pediatrician personally, no emails, to notify them of the Covid-19 testing pending AND calling them with the final result.

https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html
https://apps.who.int/iris/bitstream/handle/10665/331446/WHO-2019-nCoV-clinical-2020.4-eng.pdf?sequence=1&isAllowed=y
https://caperinatalprograms.org/