

## Guidelines for Managing OB patients and Neonates with COVID-19

### I. Positive Mother

Positive mothers and their infants should be isolated from other healthy mothers and neonates. While in labor, mother is placed in Enhanced isolation precautions, including environmental controls such as negative pressure room or room with portable HEPA filter if these facilities are available.

### II. Rooming in with Positive Mother

- a. Early and close contact between the mother and neonate has many well-established benefits, recommended by both CDC and WHO. The ideal setting for care of a healthy, term newborn while in the hospital is in the mother's room.
- b. Mothers should wear a mask and practice hand hygiene during all contact with their neonates. Of note, plastic infant face shields are not recommended and masks should **not** be placed on neonates or children younger than 2 years of age.
- c. Engineering controls, such as maintaining a physical distance of  $\geq 6$  feet between the mother and neonate or placing the neonate in an incubator as feasible. If the infant is kept in an incubator, it is important to educate the mother and other caregivers, including hospital personnel, on proper use (i.e., latching doors) in order to prevent newborn falls.
- d. If the mother desires close contact including breast feeding her newborn, she must perform hand hygiene, and don a surgical mask during contact. Newborn should be wrapped in a clean blanket following contact with mother.
- e. Mothers with COVID who are separated from their baby are encouraged to pump and provide breast milk for their newborns. Whenever possible a single breast pump will be made available throughout the mother's hospitalization. Along with replacing the disposables, the breast pump will be cleaned thoroughly between users.

### III. Newborn

- a. A newborn rooming in will remain in the mother's room and **NOT** be allowed to move back and forth between mother's room and any nursery. In this case, to reduce further exposure, the baby will be placed in an isolette or open-crib positioned at least 6 feet from the mother.
- b. If an asymptomatic newborn cannot be cared for in mother's room (e.g. mother in ICU) the newborn will be cared for in the nursery on Quarantine precautions, per RRH policy.
- c. Newborns should be closely observed for signs of infection.
- d. Newborns who develop symptoms should be placed on Enhanced Isolation precautions per RRH policy.
- e. If mother is positive: test infant at 24 hours of life per recommendations of CDC and AAP, and per RRH policy.
- f. Infant may go skin-to-skin after delivery followed by immediate bathing of infant.
- g. Neonates spending <15 min with unknown status mother post delivery before placed in isolette or isolation room are placed on Quarantine precautions. Infant is tested at 24h; if neg, precautions may be discontinued.

### IV. Symptomatic Baby

Babies who develop an illness consistent with COVID-19 will be placed on Enhanced isolation precautions. There they will be isolated and infectious diseases consulted.

## **V. Support Person (FOB/ Partner)**

- a. Support person is screened for symptoms of COVID-19 at entry of building. Support persons with signs/symptoms of COVID-19, **or currently on quarantine for positive result**, may not visit.
- b. If mother is positive: support person should be tested. If result is positive they may not be support person.
  - i. Support person wears full PPE per Enhanced Isolation Precautions policy.
  - ii. **Support person stays in room with mother, leaving only as needed to exit hospital.**

## **VI. Siblings/Visitors**

No visitors except negative support person are permitted.

## **VII. Mothers Visiting during period of contagion for COVID-19**

- a. Mothers on Enhanced Isolation precautions for COVID-19 for any reason (whether suspected/confirmed positive or unknown status) must stay in their room except for medically necessary procedures, per Enhanced Isolation precautions policy.
- b. Mother on Enhanced Isolation precautions should not visit NICU, with following exceptions:
  - a. If mother must visit, she must mask and go directly to isolation room, then back to isolation room. Staff should be aware that she is on precautions and should wear mask and eye shield when within 6 feet of her.
  - b. **Asymptomatic Mothers of unknown status may visit SCN, wearing appropriate PPE and remaining in room with infant.**
- c. Indirect contact, such as expressed breast milk, will be permitted. Mothers will be instructed to avoid contamination of equipment with respiratory secretions. See [guidance for managing breast milk](#).

## **VIII. SCN visitors (Fathers, siblings or other family)**

One support person may visit baby.

- Support person must be healthy. Support persons are screened twice daily.
- Testing is recommended but not required, especially if person is considered “exposed” to positive mother.
- If mother is on Enhanced precautions for unknown COVID status she may visit the NICU only as absolutely necessary, provided she is asymptomatic and wears a mask. Staff should be aware she is on precautions and should wear mask and eye shield when within 6 feet of her.
- Refer to [OB Patients and Newborn Flowchart](#) for additional information.

## **IX. Before Hospital Discharge**

- a. Patients with COVID-19 can be discharged from the healthcare facility whenever clinically indicated.

- b. Patients who are able to be discharged from the hospital but have not met criteria to discontinue isolation and wish to reduce the risk of transmission to their newborn may continue temporary separation at their place of residence (if feasible) until cleared to discontinue home isolation following either the symptom based strategy or testing based strategy. When temporary separation is being considered, its risks and benefits should be discussed by the mother and the healthcare team. Decisions about temporary separation should be made in accordance with the mother's wishes.
- c. PCP should be contacted and follow up arranged. Infant is still considered PUI and should remain quarantined for 14 days.
- d. Influenza vaccination should be strongly encouraged for any susceptible or unvaccinated family members or caregivers who will be in contact with the newborn.
- e. Caregivers should be advised to:
  - i. Contact their health care provider promptly if the newborn develops symptoms that suggest COVID-19 infection.
  - ii. Isolate any individuals in the home who become ill in order to minimize exposure of the newborn and mother.
  - iii. If possible, have asymptomatic provide care to the newborn at home if mother is unable to care for neonate.
  - iv. Ensure that the ill postpartum woman follows hand hygiene and respiratory hygiene and cough etiquette when having contact with her newborn

## REFERENCES

CDC: Considerations for Inpatient Obstetric Healthcare Settings. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>

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CDC: Evaluation and Management Considerations for Neonates At Risk for COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html> accessed Nov 22 2020

CDC: Care for Breastfeeding Women: Interim Guidance on Breastfeeding and Breast Milk Feeds in the Context of COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html>, accessed Nov 22 2020

Human Milk Bank: Milk Handling for COVID-19 Positive or Suspected Mothers in the Hospital Setting. [https://www.hmbana.org/file\\_download/inline/a593dd72-be78-471e-ae5e-6490309108fd](https://www.hmbana.org/file_download/inline/a593dd72-be78-471e-ae5e-6490309108fd). Accessed Nov 25 2020.

RRH Guidance: [OB Patients and Newborn Flowchart](#)

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