Separation of Mother and Infant
- Separation is recommended for COVID-19 positive women with
  - Cough that cannot be controlled or other significant respiratory symptoms including shortness of breath
  - Symptoms of COVID-19 or other conditions that will prevent her from fully participating in the care of her infant
  - Any COVID-19+ woman who requests separation to insure COVID-19 infection does not spread to her infant
- L & D staff responsibilities
  - Notify the MBU shift leader of this situation; MBU shift leader will contact the NBN Gold attending.
  - L & D staff should assist the pediatric attending in having a phone conversation with mother
    - Arranging for the NBN attending to call mom on her cell phone, if she has one with her, works best
    - L & D nurse to provide NBN attending with the best number and timing of call
  - NBN attending will notify L & D staff and MBU shift leader of the mother’s final decision re: infant care
  - and document the conversation in a communication note in the mother’s medical record.

Rooming in with Precautions is recommended for
- COVID-19 + women
  - Who are asymptomatic or have only mild symptoms
- COVID convalesced or persistently COVID+ patients who have had a positive COVID-19 test in the past 10 days.
  - Because of the close proximity of mother and infant for prolonged periods of time we recommend that the mother take precautions with the infant until > 10 days since the last positive COVID test AND > 24 hours since resolution of symptoms
  - Immune suppressed patients or those with severe / critical illness from COVID-19 should continue precautions until at least 20 days since the last positive test – consider on case by case basis with input from Infectious Disease.
- PUI (Person Under Investigation) and COVID-19 pending women
  - Women (symptomatic or asymptomatic) who deliver before their COVID-19 test results must take precautions with their infants until COVID-19 test results are available
- L & D staff responsibilities
  - Provide the mother with a copy of Patient Handout for Mothers with COVID-19 Infection on admission to L & D or at the time their COVID-19 test is collected. Please give the handout as early in admission as possible to give mom time to process the info.
  - Notify Mother Baby Unit shift leader of COVID-19+ mother or PUI in labor
    - If the mother requests to speak with a pediatrician and gestational age ≥ 35 weeks*, the MBU shift leader should notify the NBN Gold team attending. L & D staff to assist with phone contact as detailed above.
    - *Note: if there are major fetal anomalies or the infant is 35.0 – 35.6 weeks gestation with significant complications such as maternal diabetes, chorioamnionitis or IV magnesium the infant will initially be admitted to RNICU.
  - Assist mother with her mask, hand hygiene, wiping areas of her chest that have not been covered with a gown with a bath wipe and provide a clean gown before the infant is placed skin to skin

Newborn Care for Infants Born to COVID-19 + or PUI Mothers:
- L & D staff should notify Peds Delivery team (if they are indicated at delivery) and DCT of maternal status.
- Infant will be treated as a PUI.
- Healthcare staff to follow current PPE guidelines posted at https://www.oneuabmedicine.org/coronavirus
- Vaginal deliveries: infant initial evaluation should take place on warmer in delivery room, mother must wear a mask.
- C/S deliveries: initial infant evaluation should take place in the resuscitation hall.

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GUIDELINES FOR CARE OF NEWBORNS WITH COVID-19 EXPOSURE
UAB Newborn Nursery / Mother Baby Unit 8-17-2020

Symptomatic mother who will be separated from her infant

• When infant is deemed stable for admission to NBN the infant will be transported to NBN Isolation Nursery (room 6334/6333) by DCT to complete admission.

COVID-19 + mother or PUI who will be rooming in with her infant
OR asymptomatic mother with pending COVID-19 test at time of delivery

• The DCT should confirm that the mother has received the Patient Handout for Mothers with COVID-19 Infection and review precautions with her

• Before the infant is placed Skin to Skin the mother should wear a mask covering her mouth and nose, perform hand hygiene with hand sanitizer, put on a clean hospital gown, and wipe exposed areas of her chest w/ a bath wipe.

• The infant will go to MBU with the mother and Room in with Precautions:
  o Mother should continue to wear a mask covering her mouth and nose at all times. She should perform hand hygiene, clean any parts of her chest that have not been covered with a gown with a bath wipe and put on a clean gown each time before handling or breastfeeding the infant.
  o MBU staff will continue to provide education for and reinforce these precautions.

• When mother is not providing direct care to her infant the infant should be in the bassinette placed at least 6 feet away from the head of mother’s bed.

• If the mother is unable to participate in the care of her infant because of medical complications, medication side effects, or extreme fatigue or if she develops a cough that cannot be controlled or shortness of breath, the infant should be taken to the Newborn Isolation Nursery (room 6334 / 6333). When staffing is available all COVID+ rooming in mothers should be offered respite periods when the baby can go to the isolation nursery so that she can remove her mask for meals, etc.
  o Infants born to asymptomatic women with COVID test pending cannot go into the main NBN; but, should not go to room 6334 if there is a COVID-exposed infant in that room. Use room 6333 for this purpose.

PUI Mother who subsequently has a negative COVID-19 test:

• Precautions can be discontinued if mother’s COVID-19 test is negative

• Note: if during a work up for respiratory illness another pathogen is identified on rapid flu testing or VRP, please manage the infant according to recommendations for the identified pathogen. Example: if Mom is influenza + then maternal / infant separation would continue per influenza guideline but the infant may go to the Newborn Nursery rather than the room for infants who are PUI for COVID-19.

Infant testing for perinatal viral acquisition

• Infants who will be discharged after 48 hours of age
  o Collect 2 tests, 1 at 24 hours of age and 1 at 48 hours of age

• Infants who will discharge prior to 48 hours
  o Collect 1 test shortly before discharge

• Ordering and collecting COVID-19 test at UAB:

• Order test as COVID-19 (SARS CoV-2) RNA,PCR
  o This is a restricted test, a mandatory questionnaire will open
  o Symptoms: Select “None” (unless symptoms are present)
  o Reason for test: Select “Asymptomatic Screening (no signs of COVID-19) for general admission”
  o In the order comments add: “Infant born to COVID-19 positive mother”

• After the order is placed, an MBU staff member will need to print the patient label and walk to lab on the 2nd floor of Spain Wallace to pick up a collection kit

• Follow all instructions included in the kit regarding specimen collection and proper use of PPE during collection.

  For newborns swab the throat first and then swab the nasopharynx with the same swab.

• Label the specimen and walk it to the 2nd floor lab in Spain Wallace (DO NOT use tube system)

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Breast feeding for mothers with confirmed COVID-19 or who are PUI

- Breast milk is the best source of nutrition for most infants and is recommended/encouraged by the AAP and CDC for COVID+ mothers.
- The mother should continue to practice the precautions detailed above while breastfeeding at home.
- If expressing breast milk with a manual or electric breast pump, the mother should put on a mask and thoroughly clean her hands as well as any pump parts, bottles, and artificial nipples before expressing milk.
- The bottle containing expressed breast milk should be wiped down with an alcohol-based disinfecting wipe before storage.

Visitation:
Follow current UAB Hospital visitor policy. Currently no visitors for COVID19 + patients or PUI.

Duration of Maternal Infant Separation / Precautions:
- Symptomatic mothers and family members: continue precautions until all of the following criteria are met
  - At least 10 days since onset of illness and (20+ days if COVID+ patient is immune suppressed or was severely ill with COVID-19, determine on case by case basis with ID service input)
  - At least 24 hours afebrile without antipyretics
  - Other symptoms (cough, respiratory symptoms etc) are improving
- Asymptomatic mothers or family members with a + COVID-19 test who never develop symptoms: continue precautions until 10 days after the positive test.
- Persistently positive or COVID convalesced patients: continue precautions until 10 days after the most recent positive COVID-19 test (and afebrile > 24 hours and other symptoms have resolved). The current thinking is that asymptomatic, healthy patients who have a persistently positive COVID-19 test more than 10 days after the initial positive test are at low risk of spreading the virus; however, there is much we still don’t know about COVID-19 infections and mothers are in very close proximity with their infants for prolonged periods of time; so, we recommend an abundance of caution in this situation and continued precautions until at least 10 days since the last positive test. Staff should follow unit/hospital guidelines for PPE when caring for the mother or the infant in mother’s room.
- Family members with a close exposure to a COVID-19 patient (within 6 feet for > 15 min without wearing a mask) who remain asymptomatic should practice precautions (mask, hand hygiene) for 14 days after the most recent exposure (i.e. for ongoing household contacts 14 days beyond the last day that the sick or COVID+ patients required precautions).

Protecting high risk family members or potential caregivers:
Infants born to COVID+ mothers and/or cared for by COVID+ adults are considered PUI. Family members and others who are at high risk of complications from COVID-19 should avoid contact with the infant. Since the infant should never be placed in a mask or other face covering, healthcare workers should continue precautions for newborn visits during this time.

 Infant Discharge:
- Discharge when otherwise medically appropriate for newborn discharge
- The newborn physician should review instructions on the Patient Handout for Mothers with COVID-19 Infection with the mother prior to discharge with focus on precautions needed by ALL caregivers and duration of precautions.
- If mom is breastfeeding, RN should confirm that she has been instructed in safe handling of expressed breast milk and cleaning of pump.
- Instructions have been created for COVID-19 patients and are available in the Patient Education section of Depart in IMPACT. Provide a copy to the Mother prior to discharge.

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• Timing of follow up visit with the PMP should not be altered (delayed) due to the infant’s COVID-19 exposure. The PMP’s office should be made aware of the infant’s status (PUI or COVID-19+) at the time the follow up appointment is made so that they can take proper precautions during the visit.

**Background information:**
Transmission of SARS-CoV-2, the virus that causes COVID-19, to neonates is thought to occur primarily through respiratory droplets during the postnatal period when neonates are exposed to mothers or other caregivers with SARS-CoV-2 infection. Limited reports in the literature have raised concern of possible intrauterine, intrapartum, or peripartum transmission, but the extent and clinical significance of vertical transmission, which appears to be rare, is unclear. Current evidence suggests that SARS-CoV-2 infections in neonates are uncommon. If neonates do become infected, the majority have either asymptomatic infections or mild disease (i.e., do not require respiratory support), and they recover. Severe illness in neonates, including illness requiring mechanical ventilation, has been reported but appears to be rare. Neonates with underlying medical conditions and preterm infants (<37 weeks gestational age) may be at higher risk of severe illness from COVID-19. from: https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html 8-3-2020

The risk that a newborn tests positive for SARS-CoV-2 in the hours or days after birth to a mother with COVID-19 at the time of delivery is informed both by published case series and over 1,500 cases reported to date to the Perinatal COVID-19 Registry. Current data suggest that approximately 2-5% of infants born to women with COVID-19 near the time of delivery have tested positive in the first 24-96 hours after birth. We do not yet know if any of the newborns reported to the AAP Registry have become ill at home following hospital discharge. There are few case series of pediatric COVID-19 published to date, but clinicians and families should be aware that there are published reports of infants requiring hospitalization before one month of age due to severe COVID-19 infection. After months of national and international experience with newborns born to mothers who have tested positive for SARS-CoV-2, no published report has identified an infant who has died during the initial birth hospitalization as a direct result of SARS-CoV-2 infection. Among the over 1,500 mother-infant dyads in the National Perinatal COVID-19 Registry, the likelihood that an infant has a positive PCR test for SARS-CoV-2 is similar for infants who are separated from their mothers and for infants who room-in with mothers using infection prevention measures. from: https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/ 7-24-2020 update

**References / Further Information for Healthcare Providers to Guide Discussion with patients:**

**CDC newborn care**

**AAP newborn care**

**CDC preventing spread if you have COVID-19**

**CDC ending isolation precautions**

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