This guideline applies to care of infants 35.0 weeks gestation and older who meet criteria for admission to the UAB Newborn Nursery (NBN) / Mother Baby Unit (MBU).

As data and guidelines change rapidly, these guidelines will be replaced or changed on an ongoing basis. Also check https://www.oneuabmedicine.org/coronavirus for most recent update.

See also: PPE Guidelines for High Risk Infant Care and Pediatric Delivery Team @ https://www.oneuabmedicine.org/coronavirus

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, other caregivers, visitors, or healthcare personnel with COVID-19. Limited reports have raised concern of possible intrapartum or peripartum transmission, but the extent and clinical significance of vertical transmission by these routes is unclear. Data suggest that infants (<12 months of age) may be at higher risk for severe illness from COVID-19 compared with older children; however, information on clinical presentation and disease severity among neonates is limited and based on case reports and small case series.

Reported signs among neonates with SARS-CoV-2 infection include fever, lethargy, rhinorrhea, cough, tachypnea, increased work of breathing, vomiting, diarrhea, and feeding intolerance or decreased intake. The extent to which SARS-CoV-2 infection contributed to the reported signs of infection and complications is unclear, as many of these findings can also be seen commonly in term and preterm infants for other reasons (e.g., transient tachypnea of the newborn or neonatal respiratory distress syndrome). The majority of term infants (≥37 weeks gestational age) in these case reports had asymptomatic or mild disease and recovered without complication. However, severe disease requiring mechanical ventilation has been reported in COVID-19 positive neonates. https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html (7-7-2020)

Definitions:
Confirmed COVID-19: Mother has a positive test for Sars-Co-V-2 / COVID-19.

Person Under Investigation (PUI): Mother has at least 1 symptom of COVID-19 (objective or subjective fever, cough, shortness of breath or myalgia) or has had a close contact with a COVID-19 patient in the last 14 days; but, her COVID-19 test has not yet resulted.

COVID-19 Pending: Asymptomatic patient with no known contact with COVID-19 patient. Maternal test result pending.

COVID-19 Negative: Mother had a negative COVID-19 test

Infants > 35 Weeks Gestation Expected to be Admitted To Newborn Nursery (no major known congenital anomalies):
All women with a positive COVID-19 test before a scheduled delivery OR who are tested for COVID-19 in L & D should be given a copy of Patient Handout for Mothers with COVID-19 Infection on admission to L & D or at the time that the test is collected. The handout contains info on what will happen if the test is positive OR if the test is still pending at the time of delivery. Give as early in admission as possible to give mom time to process the info.

COVID-19 Positive Mother or PUI in Labor or planned C/S:

- L & D staff should notify Mother Baby Unit shift leader of COVID-19+ mother in labor
  - The MBU shift leader should notify the NBN Gold team attending if infant ≥ 35 weeks
- OB and L & D staff should notify the mother of recommendation to separate mother and infant at birth
  - Use patient handout for reference
- L & D staff will need to assist the Pediatric attending in having a phone conversation with mother.

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GUIDELINES FOR CARE OF NEWBORNS WITH COVID-19 EXPOSURE
UAB Newborn Nursery / Mother Baby Unit 7-7-2020

We have found that having the NBN attending call mom on her cell phone, if she has one with her, works best for this (moms in labor can’t reach the land lines in the room and Vocera is not sufficient for this level conversation)

Mom’s nurse must provide the NBN attending with the number and the best timing of call

At the end of the phone conversation the Newborn Nursery attending should notify L & D staff and Mother Baby shift leader of the mother’s final decision re: infant care and document the conversation and the mother’s decision in a communication note in the mother’s medical record.

If the mother has a cough that cannot be controlled or other respiratory symptoms including shortness of breath and declines separation; the NBN attending should again stress the option of separation as the best protection against spread of infection to the infant.

Newborn Care for Infants Born to COVID-19 + or PUI Mothers:

If Mother and Infant will be Separated

- 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 should be wearing a mask.
- C/S deliveries: initial infant evaluation should take place in the resuscitation hall.
- 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 + or PUI who declines separation from infant

OR asymptomatic mother with pending COVID-19 test at time of delivery

- The Peds Delivery team and / or the DCT should confirm that the Newborn Nursery attending has spoken to the mother and documented her decision declining separation from the infant (if COVID+ or PUI).
- 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 her chest with a bath wipe. (Note: L & D Staff will need to assist her with this).
- The infant will go to MBU with the mother and Room in with Precautions:
  - 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.
  - 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.
  - 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:

- If a mother who is a PUI is determined to be negative for COVID-19 and precautions are removed; the infant may room in with mother.
- 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
Infant testing for perinatal viral acquisition

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

- **Infants who will discharge prior to 48 hours**
  - Collect 1 test shortly before discharge

**Ordering and collecting COVID-19 test at UAB:**

- Order test as COVID-19 (SARS CoV-2) RNA, PCR
  - This is a restricted test, a mandatory questionnaire will open
  - Symptoms: Select “None” (unless symptoms are present)
  - Reason for test: Select “Asymptomatic Screening (no signs of COVID-19) for general admission”
  - 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 SEND COVID-19 specimens through the TUBE SYSTEM** (this is an infection hazard)

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

- Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. (From: [https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html#CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html](https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html#CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html))
- The bottle containing expressed breast milk should be wiped down with an alcohol based disinfecting wipe before storage. This expressed breast milk should be fed to the newborn by the nursing staff.

What to do if mother develops symptoms of COVID-19 during post-partum period:

- Newborn Nursery physicians should be notified of mother’s symptoms.
- Infant management to be determined on case by case basis.
- At minimum Mom should follow the precautions outlined above for mothers who decline separation; however, the baby’s physician should discuss the option of separation to reduce risk of further exposure.

Visitation:

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

Duration of Maternal Infant Separation / Precautions:

- Symptomatic mothers: the infant should remain separated from the mother and any other ill or exposed family members; or, if the mother declined separation she and any other ill or exposed family member should continue to follow precautions (mask, hand hygiene, clean gown, breast hygiene) until all of the following criteria are met
  - At least 10 days since onset of illness and
  - At least 72 hours afebrile without antipyretics and
  - Other symptoms (cough, respiratory symptoms etc) are improving
- For asymptomatic mothers or family members with a + COVID-19 test who never develop symptoms, separation should continue until 10 days after the positive test.

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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 separation if possible or 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). This includes infants cared for by COVID+ caregivers – the infant should be considered potentially infectious and avoid contact with high risk individuals during this period of time. Since the infant cannot wear a mask, healthcare workers should continue precautions for newborn visits during this time – including during recommended outpatient visits.

**Discharge:**
Infant will be eligible for discharge when otherwise medically appropriate for newborn discharge. If infant’s COVID19 test is positive or pending but the infant has no signs of COVID-19, discharge will be done with appropriate precautions and plans for outpatient follow-up on a case-by-case basis.

- Discharge to a healthy caregiver recommended if possible
- If there are no well / non-exposed family members to care for the infant after discharge and the infant has been separated from the mother in the hospital; the mother should be educated on precautions as noted above for women who decline separation (mask, hand hygiene, breast hygiene). These precautions apply to ALL symptomatic or exposed family members.
- The family should receive training on proper mask use, good hand hygiene. If mom is breastfeeding she should also be instructed in breast hygiene and safe handling of expressed breast milk and cleaning pump.
- The NBN MD should review the CDC Patient Handout: Steps to help prevent the spread of COVID-19 if you are sick. [https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html](https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html) (choose: What to do if you are sick) and the UAB Patient Handout for Mothers with COVID-19. (both are available in the NBN MD work area file cabinet) with the family and provide them with a copy of handouts.
- Instructions have been created for COVID-19 patients and are available in the Patient Education section of Depart in IMPACT.
- Mother will be allowed to take her surgical mask (placed on her on admission) with her at discharge. She should be provided with an additional mask if available (cloth masks are acceptable for this purpose if available during shortage of medical masks). As of 4-21-20 there are donated masks available in the NBN attending office for this purpose – 1 per household member who will be caring for the baby may be given at discharge. Cloth masks are acceptable for this purpose and the family should be encouraged to wash them daily; donated cloth masks may also be available to give to family, check with MBU shift leader for this.

**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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