

# Guideline of Care for Newborns exposed to COVID-19+ or PUI Mothers

## Delivery Room Management

- Prior to delivery, discuss with parents likely benefits of temporary of maternal and newborn separation (versus rooming in) to decrease risk of newborn infection. Document discussion in mother and infant charts.
- Initial stabilization/resuscitation of the newborn will take place as per NRP guidelines.
- Airborne Precautions should be used due to the uncertain nature of newborn resuscitation (that is, suctioning and/or tracheal intubation may be required)
- NICU should be contacted to be prepared for resuscitation

All Newborns at risk

- Bathe infant as soon as is reasonably possible after birth
- Limit the number of caregivers (consider attending only)
- Perform normal newborn cares (Vit K, erythromycin eye prophylaxis, CCHD screen and MST)
- Defer Hearing screens of newborns to COVID + mothers until they are 14 days of age
- Consult Pediatric Infectious Disease to assist with management and to determine need for newborn testing

Is the newborn  
>36 weeks GA, clinically  
stable and parents opt for rooming-in  
after discussion of risks

NO

YES

Infant is transported to NICU/CCN, mother remains in LDR

Infant, mother and one caregiver remain in LDR

NICU team to care for newborn  
Maintain airborne precautions  
Mother and significant other are not allowed to visit unless past quarantine

LDR to contact FM or Peds Service PCP  
Maintain airborne precautions  
Keep 6 feet of separation unless breastfeeding

Feeding

Breastfeeding

Formula, donor and pumped breastmilk can be used with appropriate hand hygiene and breastpump care. See addendum below.

Feeding at breast: Mother to mask and perform meticulous breast and hand hygiene. Feeding pumped breastmilk: see addendum below

DISCHARGE

Plan for location of safe discharge of the newborn should be made on a case-by-case basis and should consider the mother's current health status and the health status of family members at home.

Circumcision should be deferred until airborne precautions are no longer necessary.

Review discharge instructions including maintaining a distance of at least 6 feet from the newborn. Use a mask and strict hand and breast hygiene until COVID+ caregivers are fever free for 72 hours and at least 7 days since first symptoms.

### Follow-Up

- Discharge infant and mom with a baby scale
- plan f/u visit via telehealth with lactation and/or primary care provider

## Breastpumps

- Breast pumps and components should be thoroughly cleaned in between pumping sessions using standard policies (clean pump with antiseptic wipes; clean pump attachments with hot soapy water and disinfect per manufacturer's recommendations)
- If family decides to use a breastmilk pump, they should be encouraged to bring in and use their home pump. If a hospital pump is to be used, it should remain in the mother's room until discharge
- If the family is on WIC and needs a breast pump-please have the delivery hospital contact WIC asap to have a pump delivered to the hospital.

## Resources:

"Initial Guidance: Management of Infants Born to Mother with COVID-19", K Puopolo, MD et al, American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatology, Perinatal Medicine, and Committee on Infectious Diseases, April 2, 2020.

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