**Guidelines for Management of Infant Born to Mother with COVID-19**

***These guidelines are subject to change based upon evolving CDC recommendations and the latest evidence for best newborn practices. These guidelines may be updated regularly to coincide with current CDC recommendations and guidelines.***

The following outlines considerations for newborn care after birth to a woman with suspected or confirmed COVID-19.

***Definitions***

**SARS-CoV-2**: coronavirus that causes COVID-19

**COVID-19**: symptomatic respiratory illness caused by the SARS-CoV-2 coronavirus

**Enhanced Droplet Precautions**: patient care with use of the following:

* non-sterile gloves
* gown
* standard procedural face mask
* eye protection
	+ eye protection may take the form of goggles in combination with standard procedural face mask, or use of combined face mask/eye shield
	+ *note: personal eye glasses or contact lenses are not adequate eye protection*

**Airborne Precautions**: patient care with use of all of the elements of Enhanced Droplet Precautions in combination with Respiratory Protection:

* N95 respirator mask or personal powered air respirators (PAPR) device replaces the standard procedural face mask
* Goggles or face shields must be used with N95 respirators for eye protection.
* PAPRs provide eye protection
* See below for the use of negative air pressure isolation

**Airborne Transmission**: defined as respiratory pathogens transmitted by aerosolized droplets that remain suspended in the air. This type of transmission means that the pathogen can be acquired from breathing the same air as the patient; this can be the case for periods of time after the patient has left a room/area. Measles, varicella and tuberculosis are examples of respiratory infections that require Airborne Precautions which include use of respiratory protection and isolation in a room with negative air pressure.

Current evidence supports transmission of SARS-CoV-2 by respiratory droplet and ***not*** by airborne transmission. Despite this, when available, isolation rooms with negative air pressure should optimally be used for the care of patients with confirmed COVID-19. As such rooms may be limited or unavailable at many centers, they should be reserved for patients with COVID-19 who require respiratory procedures or supports (e.g., invasive suctioning, nebulizer treatments, CPAP, mechanical ventilation) that may result in mechanical aerosolization of respiratory secretions.

***Newborn Risk***

* It remains unclear if SARS-CoV-2 is vertically transmitted from mother to fetus antenatally via maternal viremia and transplacental transfer. Prior published experience with respiratory viruses would suggest this is unlikely.
* Perinatal exposure may be possible at the time of vaginal delivery based on the detection of virus in stool and urine.
* Newborns are at risk of infection from a symptomatic mother’s respiratory secretions after birth, regardless of delivery mode

***All newborns***

* A designated, limited set of caregivers will be assigned to the newborn
* Newborns should be bathed as soon as is reasonably possible after birth
* Hearing screens of newborns to COVID + mothers will be deferred until they are 14 days of age to decrease risk of infection to others.
* All other newborn care will occur as normal (Vitamin K, eye prophylaxis, CCHD screening, newborn blood spot)

***Delivery Room Management***

* Initial stabilization/resuscitation of the newborn will take place as per NRP guidelines.
* Because of the uncertain nature of newborn resuscitation (that is, suctioning and/or tracheal intubation may be required), Airborne Precautions should be used
* Newborn resuscitation should not be compromised to facilitate maternal/infant separation
* If the center has a newborn resuscitation room separate from the mother’s delivery room, this should be utilized

***Admission***

* Newborns who are well-appearing at birth and who would otherwise be admitted to the center’s well newborn area should be cared for as described below.
	+ Mothers who are COVID+ or PUI should be counseled on newborn isolation or rooming-in with their well newborns based upon the most current evidence. The current health status of mother should factor in to this decision.
	+ If family opts for rooming in with their newborn, practice social distancing as much as possible (attempt 6 foot separation between newborn and mother, along with a physical barrier (screen etc.) if available.
	+ Staff will use Enhanced Droplet Precautions for these newborns
* Newborns who require NICU care due to illness or gestational age at birth should be admitted to a single patient isolation room within the NICU or SCN
	+ If the infant requires technical CPAP, HFNC as CPAP, or any form of mechanical ventilation, Airborne Precautions must be used, until infection status is determined as outlined above.

***Breastfeeding***

* The decision to provide mother’s own milk will be discussed with family. At this time, there is no evidence that COVID-19 is present in breastmilk
	+ If newborn is rooming-in and mother chooses to breastfeed her newborn, she must perform strict hand hygiene and wear a mask with every breastfeeding session to decrease the risk of neonatal infection.
	+ If family chooses newborn isolation, then mother may express breastmilk (after appropriate hand hygiene) and this milk may be fed to the newborn by designated caregivers or staff.
	+ 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.

***Visitation***

* If family chooses infant isolation, then visitation to be determined by local hospital policy

***Discharge***

* Considerations when infant is medically appropriate for 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. If in doubt, you may call your pediatric infectious disease consultant for advice.

***Follow-Up***

* Consideration for appropriate follow-up of newborn within 2-5 days of discharge:
	+ May be via phone/telemedicine visit
	+ If weight loss and monitoring is a concern, consideration for weighing infant either back at the hospital or via a visit to an appropriately staffed primary care office
	+ Call/fax Public Health Nurse to see if they can assist with follow up
* If your team has any questions surrounding care of infants of COVID+ mother or PUI, please call:

207.662.6632 OneCall for MMC referral patients

207.275.1082 EMMC NICU referral patients

207.771.5549 for Maternal-Fetal Medicine patients