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UWMC Newborn Nursery COVID-19 Guidance  
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## GUIDANCE

- A. As of 7/20/20, studies show confirmatory evidence for [vertical transmission](#), but the occurrence is still rare. The majority of infants born to COVID-19 positive moms test negative for the virus including all those delivered at UWMC. A recent [systematic review](#) of birth outcomes in infants born to COVID-19 positive mothers reported minimal morbidity but few data are published on US births at this time.
- B. [The American Academy of Pediatrics \(AAP\)](#) has revised their initial recommendation of separation and now recommends mothers and newborns may room-in according to center practice, but COVID-19 positive mothers should maintain reasonable distance from infants when possible, and that hand-on care should be performed with the mother wearing a mask and performing hand-hygiene. Use of an isolette may facilitate distancing and protect from respiratory droplets. The WHO recommends co-location with PPE protections unless mother is too ill or other circumstances require separation. Currently, the [CDC](#) still recommends temporary separation of mothers with COVID-19 and infant in order to protect the infant from infection.
- C. Recent [data](#) show that infants < 1 year of age have more severe disease than older children. Therefore, we are concerned about protecting these infants to the greatest extent possible.
- D. At this time, COVID-19 viral particles have been found in some breastmilk samples. Breastmilk confers immunity as well as important nutrients for the infant. Therefore, we recommend giving breast milk to the infant.

## POLICIES

- A. Counseling for Care of Infants Born to Mothers with Known or Suspected COVID-19
  1. For symptomatic and asymptomatic COVID-19+ women who have not experienced prior disease symptoms (cough/fever/SOB/chills/loss of taste/smell/muscle aches/headaches): OB/Peds recommend that mothers and infants room in together with appropriate PPE use (see above). If a mother is too ill to care for her infant after birth, the baby will go to either the Progressive Care Nursery or Neonatal Intensive Care Unit based on newborn gestational age and general health at birth. Counseling should include an explanation that rooming in is supported by the AAP, WHO, and the WA State DOH, and separation is recommended by CDC guidelines. Mothers still may choose to separate if they wish and follow procedures outlined in C below.

B. Policies for Healthy Term/Late Preterm Infant Rooming In with Mother with Known or Suspected COVID-19

1. Delivery: At delivery, infant will be treated as PUI and will be placed at least 6 feet away from mother in an incubator. Mother will need to do care for infant using appropriate PPE.
2. Bathing: Bathing of infant will be performed as soon as possible after birth per CDC recommendations to prevent spread of disease through bodily fluids from birth.
3. Breastfeeding: Mothers who are breastfeeding need to wear masks and do appropriate hand-washing procedures before feeding – please see UWMC lactation guidelines.
4. Inpatient Procedures: The number of caregivers and hospital personnel entering the patient room will be minimized to the greatest extent possible. Erythromycin, Hep B, and Vitamin K will all be given according to the normal schedule. The hearing screening will be deferred to outpatient at 14 days of life without symptoms. The OB and Peds faculty will meet to discuss a discharge plan after birth.
5. Infant Testing for COVID-19: We will test the infant at 24 hours and 48 hours of life and then every 48-72 hours until there are 2 negative consecutive tests. One swab that first samples throat and then nasopharynx can be used to conserve swab supplies. It should be sent in viral transport media to the lab. If the infant is discharged before 48 hours, further testing should be discussed with the family on a case by case basis. Isolation will continue for both mother and infant unless both are cleared per hospital criteria (infant with two consecutive negative tests and mother via the test based/non-test based algorithm).
6. Discharge: Infants may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis with plans for frequent contact between provider/family for 14 days to follow for development of symptoms. Caretakers should wear appropriate protective equipment (see discharge guidelines for parents).

OB and Peds faculty will meet on day of discharge to discuss discharge instructions. All discharges of a COVID positive/PUI infant require a clinic provider to call and discuss management of the infant with follow-up provider. Several pediatric clinics are able to see these infants including the UW Roosevelt clinic. A full list is on the [uwnewborn.org](http://uwnewborn.org) website.

C. Policies for Healthy Term/Late Preterm Infant Separated from Mother with Known or Suspected COVID-19

8/03/2020

1. Delivery: At delivery, infant will be placed in an incubator so mother can see infant and then transported to the NICU (PCN service for further care).
2. Bathing: Bathing of infant will be performed as soon as possible after birth per CDC recommendations to prevent spread of disease through bodily fluids from birth.
3. Breast Milk: Caregivers will help mother express breast milk and pump when able and if desired. Please see UWMC lactation guidelines for providing expressed breast milk to an infant on the PCN service. CDC guidelines on equipment use/cleaning will be followed. Expressed breast milk will be given to the infant by a health care provider or designated caregiver. The infant may require supplemental feeds with formula. *We will not allow breastfeeding in the hospital if separation is initiated.*
4. Inpatient Procedures: The number of caregivers and hospital personnel entering the patient room will be minimized to the greatest extent possible. Erythromycin, Hep B, and Vitamin K will all be given according to the normal schedule. The hearing screening will be deferred to outpatient at 14 days of life in infants without symptoms. The OB and Peds faculty will meet to discuss a discharge plan after birth.
5. Infant Testing/Clearance for COVID-19: We will test the infant at 24 hours and 48 hours of life and then every 48-72 hours until there are 2 negative consecutive tests. One swab that first samples throat and then nasopharynx can be used to conserve swab supplies. It should be sent in viral transport media to the lab. If infant is ready to be discharged before 48 hours, further testing should be discussed on a case by case basis.

If the infant has two negative tests, droplet and contact isolation precautions may be discontinued after consultation with infection prevention.

7. Discharge: Discharge: Infants may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis with plans for frequent contact between provider/family for 14 days to follow for development of symptoms. Caretakers should wear appropriate protective equipment (see discharge guidelines for parents).

OB and Peds faculty will meet on day of discharge to discuss discharge instructions. All discharges of a COVID positive/PUI infant require a clinic provider to call and discuss management of the infant with follow-up provider. Several pediatric clinics are able to see these infants including the UW Roosevelt clinic. A full list is on the [uwnewborn.org](http://uwnewborn.org) website.