

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

The following are guidelines for the care of an infant born at Princeton Medical Center to a mother with confirmed COVID-19.

- It remains unclear if SARS-CoV-2 is vertically transmitted from mother to fetus antenatally via transplacental infection. Prior published experience with coronaviruses would suggest this is unlikely.
- Perinatal exposure may be possible at the time of vaginal delivery, however, 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

The following outlines the approach to be taken for a birth to a woman with confirmed COVID-19 or with a Person under Investigation for COVID-19. This management is aligned with our current guidelines for mothers with active influenza infection.

All infants

- Mother and infant will be separated immediately at birth
- Infant should be bathed as soon as is reasonably possible after birth
- Newborns will be tested for perinatal viral acquisition following CDC guidance:
 - Nasopharyngeal Swab will be taken at 24 and 48 hours of life by the Neonatologist
 - Newborn will be designated as uninfected if test is negative x2

Admission

All infants born to a positive COVID-19 mom or a PUI will be admitted to the NICU for testing and to be placed in a negative pressure room.

- Rooms 7 + 8 have the capability of negative pressure, while rooms 9 + 10 have to be changed over. Use Rooms 7 + 8 first. Once 7 is filled and 8 is going to have a patient, notify the manager for instructions.

Infants born $\geq 36\frac{0}{7}$ weeks' gestation

- Infant will be cared for by hospital staff
- Staff will use Enhanced Droplet Precautions (gowns, gloves, eye protection and standard medical procedure masks)

Infants born ≤ 35 weeks' gestation or otherwise requiring ICN care

- Infant will be cared for with Enhanced Droplet Precautions
- If the infant requires technical CPAP, HFNC as CPAP, or any form of mechanical ventilation, N95 masks must be used until infection status is determined as outlined above.

Breastfeeding

- Mother may express breast milk (after appropriate hand hygiene) and this milk may be fed to the infant by designated caregivers

- 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)
 - Breast pumps and components will be sanitized daily by hospital staff.

Visitation

- No visitation will be allowed until the newborn's infection status is determined
- the non-maternal parent (or whomever is the designated, 2nd banded person) are considered a PUI unless a negative test was confirmed and person is asymptomatic.
- Once confirmed negative, the 2nd banded person will use Enhanced Droplet Precautions, with standard medical procedure masks during the visit and will be restricted to visitation with the baby ONLY and NOT COVID-19 + or PUI mother.

If the newborn is uninfected but requires prolonged hospital care for any reason, the mother will not be allowed to visit the infant until she meets the CDC recommendations for suspending precautions:

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of molecular assay for COVID-19 from at least two nasopharyngeal swabs specimens collected ≥ 24 hours apart (total of two negative specimens)

Discharge

- Infant will be eligible for discharge when the infant's SARS-CoV-2 infection status is determined and the infant is otherwise medically-appropriate for newborn hospital discharge.
 - Infants determined to be infected, but with no symptoms of COVID-19, may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis.
 - Infants whose infection status has determined to be negative will be optimally discharged home when otherwise medically appropriate, to a designated healthy caregiver who is not under observation for COVID-19 risk. If such a caregiver is not available, we will manage on a case-by-case basis.
- If both caregivers are confirmed positive, infant will be discharged home with a designated caregiver who has not tested positive and is asymptomatic
- If either one of the banded caregivers are negative, infant can be discharged home with them and isolated from the positive caregiver.

Covid Surge Plan

If the time comes when there are multiple COVID-19/rule out COVID-19 infants in the NICU, and space is becoming an issue, the COVID-19 surge plan will take effect.

- Confirm approval by MBU, NICU Nurse Manager and NICU Medical Director.
- The nursery will become an overflow unit for our NICU growers and feeders. The Nursery can be staffed by the NICU team or RNs that have been cross trained to the NICU.
- R/O COVID-19 infants will be kept in rooms 7, 8, 9 and 10, with the possibility of doubling up a room if needed.