CARE OF NEONATES BORN TO PREGNANT WOMEN WITH SUSPECTED OR CONFIRMED SARS-CoV-2 INFECTION

Presentation with “influenza-like illness”
Testing for SARS-CoV-2 infection

PAPR or N95 masks + eye shield gown and glove - all providers if risk of aerosol generation
Mother - mask

NEGATIVE PRESSURE ROOM (PREFERRED)

No skin-to-skin contact
Delayed cord clamping by provider holding baby without maternal skin contact;
Limit providers in DR/OR to minimize exposure

Neonatal resuscitation in the same room > 6 ft from mother (consider a physical barrier - e.g., curtain) followed by a bath (if stable)

STRICT ISOLATION STRATEGY TO LIMIT RISK OF TRANSMISSION TO NEONATE

STRATEGIES TO PROMOTE INFANT BONDING

Neonatal resuscitation and further care in a separate room followed by bath (if stable) and placement in an isolette

NUTRITION - shared decision-making with parents to discuss 3 choices

Formula or donor milk (if available)
Pump and discard EBM* (if Mother desires to breastfeed)
Clean breasts express BM with precautions*
EBM fed by a healthy caretaker
Mother-PPE clean breasts*-breastfeeding

*direct breastfeeding without PPE can be resumed after 2 negative maternal SARS-CoV-2 tests > 24h apart + resolution of fever/symptoms or if infant is also positive for SARS-CoV-2

TESTING FOR SARS-CoV-2

Nasopharyngeal swab
Tracheal aspirate - if intubated (send out test)

TESTING FOR SARS-CoV-2

24h and 48h after birth

DISCHARGE PROCESS IN ASYMPTOMATIC INFANTS

Discharge to mother with contact & droplet precautions until mother has resolution of fever + improvement in signs/symptoms + two negative SARS-CoV-2 tests > 24h apart

Discharge to mother +ve Baby - ve

Retest infant in 2-3 weeks

Discharge to healthy caretaker until mother has resolution of fever + improvement in signs/symptoms + two negative SARS-CoV-2 tests > 24h apart

Mother +ve Baby +ve (both asymptomatic)

Discharge home with mother

Close follow-up of mother and infant through video visits and telephone calls