



Birth Center Care for the Suspected or Confirmed COVID-19 Mother and Baby

See COVID Portal for patient placement, PPE, and precaution types

GENERAL GUIDANCE

- Amniotic fluid and Breastmilk appear to be negative for COVID-19.
- To date, perinatal transmission has not been noted in the literature.
- Infants are at increased risk for severe COVID-19 disease and have contracted it postnatally
- If clinically stable, Mom and Baby Dyad should stay at delivering hospital for medical care

ON ADMISSION, IF PREGNANT MOM IS SUSPECTED OR CONFIRMED COVID-19

- See COVID Portal for patient placement, PPE, and precaution types
- Notify Infection Control
- Limit staff caring for Mother
- One support person allowed in room
- Medical Consults as necessary for clinical spectrum of disease

DELIVERY ROOM MANAGEMENT

- Initial stabilization/resuscitation of the newborn will take place as per center usual care
- 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
- Because of the uncertain nature of newborn resuscitation (that is, suctioning and/or tracheal intubation may be required), See COVID Portal for patient PPE and precaution types

ONCE BABY IS BORN

- Baby is now also a suspected COVID-19 pt and should be isolated as such
- Bathe Baby immediately after birth
- Mom and Baby **SHOULD** be separated during their hospital stay = separate rooms
- Feed formula or Expressed Breastmilk (after appropriate hand hygiene)
- 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)
- If separation is NOT possible and dyad cared for on the Mother Baby Unit (NOT recommended)
 - Baby to be in Isolette at least 6 feet away from Mother
 - Another caregiver, ideally not suspected COVID-19, should provide care to baby
 - If NO other caregiver available mother should
 - Practice hand hygiene before each feeding or other close contact with newborn
 - Standard PPE should remain in place during all contact with the newborn.
 - These practices should continue while the mother is on transmission-based precautions
- 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 current CDC recommendations for suspending COVID-19 exposure precautions

UPON DISCHARGE

- Baby to be discharged home with mom as soon as both are clinically stable. Could be as early as 2 day hospital stay.
- Follow respiratory precautions at home with baby staying over 6 feet away and with a separate non PUI caregiver
- Coordinate appropriate hospital follow-up care for COVID – 19 PUI dyad
- If newborn is COVID-19 negative on testing – ideally to be provided for at home by a healthy caregiver who is not under observation for COVID-19

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>