Guidelines

Management Guidelines for the Neonate of Suspected or Confirmed COVID-19 Mother

Objective

To provide public health and health care professionals guidelines regarding the priorities recommended for the management of the Neonate of suspected or confirmed COVID-19 mother.

Rationale

As this is a new virus, there is limited evidence about caring for women with coronavirus infection in women when they have just given birth. A small number of babies have been diagnosed with coronavirus shortly after birth, so there is a chance that infection may have occurred in the womb, but it is not certain whether transmission was before or soon after birth. The maternity team will maintain strict infection control measures at the time of your birth and closely monitor your baby.

If mother is confirmed or suspected coronavirus when the baby is born, doctors who specialize in the care of newborn babies (neonatal doctors) will examine the baby and advise about their care, including whether they need testing.

Management guidelines

Risk assessment

- Maintain high index of suspicion for signs of sepsis/unwell baby
  - No cases of vertical transmission have been confirmed although COVID-19 has been identified in babies born to COVID-19 positive mothers
- As babies are known to be significant shedders of respiratory viruses, a confirmed COVID-19 positive baby requires full infection control precautions (including stools)
Neonatal care in birthing suite
- Assign a dedicated neonatal team member to attend the birth according to usual clinical indications (i.e. not required for reason of COVID-19 positive mother alone)
- Consider if neonatal stabilization/resuscitation outside of the birthing room/theatre is appropriate (to minimize staff exposure)
- If entry to the birthing room/theatre is required, use full PPE
- Where feasible, transport baby between locations in the facility in a closed system

Respiratory support
- High risk activities (associated with aerosol dispersion) require full PPE use
  - Intubation and less invasive surfactant administration (LISA)
  - Use in-line suction with endotracheal tubes if possible
  - Continuous positive airway pressure (CPAP) and high flow therapies
- Where feasible, nurse babies requiring respiratory support in an incubator

Neonatal testing
- Overseas expert clinicians have expressed concern about low sensitivity of the test (i.e. number of false negatives), but less concern with the specificity of the test (false positives), therefore a positive result may be more clinically informative than a negative result
- First test 12–24 hours after birth (earlier is likely to reflect maternal infection)
  - Consider second test 24 hours after first test to confirm result
  - Collect nasopharyngeal and oropharyngeal swab (single swab for both sites)
- Undertake subsequent testing as indicated (e.g. if baby becomes unwell, after maternal negative result, or as recommended by infectious disease team)
- Clearance requires two consecutive negative tests 24 hours apart

Admission to nursery
- COVID-19 positive mother alone (i.e. no other neonatal criteria), is not itself an indication for admission to a neonatal nursery
- Perform clinical assessment after birth as per usual protocols
- Assess if required care can safely be provided during co-location with mother (preferred option)
- Follow usual clinical criteria, processes and protocols relevant to admission

Neonatal surveillance
- Maintain high index of suspicion for signs of sepsis/unwell baby
- Provide post discharge advice about indications for readmission and possible course of disease
  - Most reported are respiratory symptoms requiring readmission 1–3 weeks after discharge
  - Delay routine follow-up as required (e.g. hearing screen)
Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international recommendations and best practices.

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References


For more information, please contact:

HSA/ HPSIU/ NIH, PM National Health Complex, Islamabad

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Annex ‘A’

Neonatal management in labor room

Infant born to Mother with Confirmed or Suspected COVID-19
CONTACT AND DROPLET PRECAUTIONS with N95 mask as required for aerosol generating medical procedures. Staff to wear Personal Protective Equipment (N95 mask, reflective face shield, goggles, gown and gloves)

- Resuscitation in labor room
- Resuscitate as per NRP

- Mother performs hand hygiene and wear a surgical mask before holding Infant until mother is known to be negative for COVID-19.
- Transport from Labor room or OR in closed incubator
- Accompanying medical staff must wear protective equipment.

Send NP swab of mother to confirm COVID status and transfer/admit in isolation room
- Limit visitors


Asymptomatic Newborn

Infant born to Mother with Confirmed or Suspected COVID-19
CONTACT DROPLET PRECAUTIONS with surgical mask
Start to wear Personal Protective Equipment (Surgical mask, reflective face shield, gown, gloves)
Use N95 for aerosol generating procedures

- Infants ASYMPTOMATIC
  - Rooming-in with Well Mother
  - Keep in isolation room
  - DROPLET/CONTACT PRECAUTIONS
  - Monitoring for symptoms - Vital signs every 4 hours
  - CAN breastfeed after mother does hand hygiene and wears a surgical mask during breast feeding

- Mother COVID-19 negative
  - Discontinue Droplets/Contact Precautions
  - Routine Newborn care

- Mother COVID-19 positive
  - Send infant NP or OP swab for PCR testing
  - Infant COVID-19 negative
  - Infant COVID-19 positive
  - Well Mother and Well Infant Rooming-in together

Infant SYMPTOMATIC
See next page

- Mother COVID-19 negative
  - Discontinue Airborne/Droplets/Contact Precautions
  - Routine Newborn care

- Mother COVID-19 positive
  - Send Infant NP or OP swab for PCR testing
  - Infant COVID-19 negative
  - Infant COVID-19 positive
  - Well Infant and Un Well Mother

- Infant COVID-19 negative
  - Infant COVID-19 positive

Test NP or OP every 2 days until 2 consecutive specimens are negative for COVID-19.

COVID-19 Guidelines-Ve
Symptomatic Newborn

Symptomatic infant born to mother with Confirmed or Suspected COVID-19

- Staff to wear Personal Protective Equipment (Surgical mask, reflective face shield, gown, gloves)
- Use N95 for aerosol generating procedures

Admit to isolation /NICU.
- Continue PPE
- COVID-19 PCR (NP or OP swab), CBC, CRP, CKR, blood culture

Mother COVID-19 positive

Infant COVID-19 positive

Infant COVID-19 negative

Test NP or OP swab every 2 days until 2 consecutive specimens are negative for COVID-19

Infant discharged home as per routine if well

Mother discharged home as per routine if well

Supportive care as required
- Consultation with infectious disease specialist
- Droplet/Contact Precautions while in hospital till mother’s and baby’s infection status is cleared
- Can be discharged home as per routine if well

Mother COVID-19 negative

Droplet/Contact Precautions while in hospital till mother’s and baby’s COVID-19 infection status has cleared and baby has tested negative at the end of 14 day incubation or at resolution of mother’s infection, whichever is longer

Supportive Care AND management of complications as required