Guiding Principles for Recommendations:

Regarding Personal Protective Equipment:
To date there is no evidence of vertical transmission and so the baby is assumed COVID-19 negative at birth. Therefore, there is not a concern with performing aerosol generating medical procedures (AGMPs) on the baby.

However, the baby who stays with their mother for >2 hours (e.g. beyond 2 hours of age), is at risk of exposure to COVID-19. Therefore, at this point, if the baby becomes unwell and needs transfer to nursery/NICU, continue contact/droplet precautions as precautionary measures.

The median incubation period of COVID-19 infection is four days, with an interquartile range of 2-7 days. Therefore, even if the infant is COVID exposed, it is unlikely that the baby’s symptoms are due to COVID-19 before 24 hours of age and implausible that the baby could cause any respiratory viral shedding at < 24 hours of age. Therefore, it seems reasonable not to use N-95 for AGMPs before 24 hours of age.

If mother and baby are separated for care:
Women with suspected or confirmed COVID-19 are not permitted as support persons in ‘nursery’/NICU; dyad may reunite once mother no longer has suspected or confirmed COVID-19 infection (consult Infection Prevention and Control) or when neonate transferred/discharged from ‘nursery’/NICU
**Postnatal Management Recommendations for Neonates born to Women with Suspected or Confirmed COVID-19 Infection**

**09 April 2020**

### Asymptomatic neonate

<table>
<thead>
<tr>
<th>Location of Care and Precautions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Care for mother and neonate together in private room on Mother/Baby (postpartum) Unit</td>
<td></td>
</tr>
<tr>
<td>o <strong>Exception:</strong> Transfer to (site specific location)/NICU at CBRH if mother unable to provide care and no alternate care provider available</td>
<td></td>
</tr>
<tr>
<td>• Use <strong>droplet/contact precautions</strong> (gown, gloves, procedural mask, and eye protection)</td>
<td></td>
</tr>
<tr>
<td>• Mother should wash hands and wear procedure mask while handling/holding baby</td>
<td></td>
</tr>
<tr>
<td>• Mother can remove procedure mask in room and aim for 2 meter separation from baby when not providing direct care</td>
<td></td>
</tr>
</tbody>
</table>

### Feeding

- Discuss feeding options with mother/care provider
- To date there is no evidence of viral transmission in breast milk
- Breastfeeding or expressed breast milk (EBM) encouraged; healthcare providers handle EBM as per routine i.e. body fluids
- Mother should wash hands prior to, and wear procedure mask while breastfeeding

### In-Hospital Care

- Monitor vital signs q2h
- Collect neonatal nasopharyngeal swab for COVID-19 (for epidemiological surveillance) 24-36 hours after birth or at discharge (whichever is earlier); wipe and clean mouth/face well with dry or damp cloth prior to collection
- Avoid resuscitation (if required) in open areas/rooms with other patients
- Avoid suctioning if possible; perform only in designated resuscitation areas using:
  - droplet/contact precautions if **less than 24 hours old** or
  - airborne precautions (gown, gloves, N95 mask, and eye protection) if **more than 24 hours old**

### Discharge

- Expedite discharge (after collection of 24-hour newborn metabolic and bilirubin screening) while ensuring dyad safety
- Defer newborn hearing screen (ensure post-pandemic follow-up process in place)
- Refer to Public Health at discharge
- Ensure appropriate follow-up plan in place, including communication of test results if pending prior to discharge
  - ensure parents/caregivers are vigilant if newborn becomes unwell and to call 811 for guidance
  - follow-up for moms/babies discharged from (hospital name) will occur at (site-specific location) until parents and all household contacts have been cleared from isolation by Public Health

### Additional Notes:

- If suspected maternal COVID-19 infection ruled out, resume regular neonatal care
- If confirmed maternal COVID-19 infection, continue precautions until directed by Public Health and in consultation with Infection Prevention and Control
- Consult Infectious Disease if positive neonatal nasopharyngeal swab for COVID-19
# Postnatal Management Recommendations for Neonates born to Women with Suspected or Confirmed COVID-19 Infection

## Unwell neonate less than 2 hours old

<table>
<thead>
<tr>
<th>Location of Care and Precautions</th>
</tr>
</thead>
</table>
| - Transfer accordingly if higher level of care required (contact on call Neonatologist/MCP LifeFlight)  
  o **Note:** Women with suspected or confirmed COVID-19 are not permitted as support persons in ‘nursery’/NICU; dyad may reunite once mother no longer has suspected or confirmed COVID-19 infection (consult Infection Prevention and Control) or when neonate transferred/discharged from ‘nursery’/NICU  
  - Private/isolation room (if available); if care required in ‘nursery’, manage care in closed incubator (if available)  
  - Use droplet/contact precautions (gown, gloves, procedural mask, and eye protection)  
  - Airborne precautions (e.g. N95 mask) are **not** required for aerosol-generating medical procedures |

<table>
<thead>
<tr>
<th>Feeding</th>
</tr>
</thead>
</table>
| - Liaise with maternal care providers to discuss feeding options (no breastfeeding in ‘nursery’/NICU as mom can’t be present)  
  - To date there is no evidence of viral transmission in breast milk  
  - Expressed breast milk (EBM) encouraged; healthcare providers handle EBM as per routine i.e. body fluids  
  - Provide access to double-electric breast pump whenever possible for mother planning to breastfeed  
  - Mother should wash hands prior to expressing/pumping |

<table>
<thead>
<tr>
<th>In-Hospital Care</th>
</tr>
</thead>
</table>
| - Monitor vital signs as per Unit Policy  
  - Repeat neonatal nasopharyngeal swab for COVID-19 (for epidemiological surveillance) 24-36 hours after birth or at discharge (whichever is earlier); wipe and clean mouth/face well with dry or damp cloth prior to collection |

<table>
<thead>
<tr>
<th>Discharge</th>
</tr>
</thead>
</table>
| - Expedite transfer to mother/baby care area or discharge home (after collection of 24-hour newborn metabolic and bilirubin screening) as appropriate when neonate well  
  - Defer newborn hearing screen (ensure post-pandemic follow-up process in place)  
  - Refer to Public Health at discharge  
  - Ensure appropriate follow-up plan in place:  
    o follow-up for moms/babies discharged from [hospital name] will occur at [location] until parents and all household contacts have been cleared from isolation by Public Health |

## Additional Notes:

- If suspected maternal COVID-19 infection ruled out, resume regular neonatal care
- If confirmed maternal COVID-19 infection, continue precautions until directed by Public Health and in consultation with Infection Prevention and Control
- Consult Infectious Disease if positive neonatal nasopharyngeal swab for COVID-19

09 April 2020
# Postnatal Management Recommendations for Neonates born to Women with Suspected or Confirmed COVID-19 Infection

---

## Unwell neonate greater than 2 hours old

### Location of Care and Precautions
- Collect nasopharyngeal swab for COVID-19 (for diagnosis) prior to transfer (if safe to do so) if no swab collected in previous 24 hours; wipe and clean mouth/face well with dry or damp cloth prior to collection
- Transfer to ‘nursery’/NICU if higher level of care required (contact Neonatologist/MCP LifeFlight)
- Private/airborne isolation room
- Use airborne precautions (gown, gloves, N95 mask, and eye protection) for patient receiving non-invasive respiratory support or undergoing aerosol-generating medical procedure only if neonate more than 24 hours old or known to be COVID-19 positive; otherwise use droplet/contact precautions (gown, gloves, procedural mask, and eye protection)

### Feeding
- Discuss feeding options with mother/care provider
- To date there is no evidence of viral transmission in breast milk
- Breastfeeding or expressed breast milk encouraged; healthcare providers handle EBM as per routine i.e. body fluids
- Mother should wash hands and wear procedure mask while breastfeeding

### In Hospital Care
- Monitor vital signs as per Unit Policy
- Repeat nasopharyngeal swab for COVID-19 (for epidemiological surveillance) 24-36 hours after birth or at discharge (whichever is earlier); wipe and clean mouth/face well with dry or damp cloth prior to collection

### Discharge
- If nasopharyngeal swab collected prior to transfer is negative, transfer to regular care area or discharge home (as appropriate)
  - Note: Women with suspected, presumed, or confirmed COVID-19 are not permitted as support persons in ‘nursery’/NICU; dyad may reunite once mother no longer has suspected, presumed, or confirmed COVID-19 infection (discuss with Public Health and consult Infection Prevention and Control) or when neonate transferred/discharged from ‘nursery’/NICU
- Collect 24-hour newborn metabolic and bilirubin screening prior to discharge
- Defer newborn hearing screen (ensure post-pandemic follow-up process in place)
- Ensure appropriate plan for ongoing inpatient care (i.e. consider maternal status for contact precautions) or outpatient follow-up in place
  - follow-up for moms/babies discharged from [hospital name] will occur at [location] until parents and all household contacts have been cleared from isolation by Public Health
- Refer to Public Health at discharge

## Additional Notes:
- If suspected maternal COVID-19 infection ruled out, resume regular neonatal care
- If confirmed maternal COVID-19 infection continue precautions until directed by Public Health and in consultation with Infection Prevention and Control
- Consult Infectious Disease if positive neonatal nasopharyngeal swab for COVID-19

---

09 April 2020
<table>
<thead>
<tr>
<th>Postnatal Management Recommendations for Neonates born to Women with Suspected or Confirmed COVID-19 Infection</th>
</tr>
</thead>
</table>

### Potential Signs of Neonatal COVID-19 Infection

Clinical findings are non-specific and may include:

- Temperature instability
- Lethargy
- Poor feeding
- Respiratory signs
  - Apnea
  - Tachypnea
  - Signs of increased respiratory effort (nasal flaring, retractions, grunting)
  - Cough
- Tachycardia
- Gastrointestinal signs
  - Vomiting
  - Diarrhea
  - Abdominal distention

### Suggested Investigations for Suspected Neonatal COVID-19 Infection

Consider the following investigations, *taking into account the neonate’s presentation and other possible causes of illness*:

- Complete blood counts and c-reactive protein level
- Glucose +/- blood gas
- Electrolytes, AST, ALT, ALP, LDH, bilirubin (if over 24 hours of age)
- Nasopharyngeal swab for COVID-19 and viral respiratory panel
- Blood culture +/- cerebrospinal fluid culture
- Chest x-ray +/- abdominal x-ray