

Care of the COVID-19 Positive or Suspected Positive Newborn and Postpartum Mother



COVID-19 Suspect/Positive Mother

Vaginal Delivery

If the newborn was born in L&D Room #4, transfer to 165. If 165 is not available, transfer to a private room starting with 166. If L&D Room #5, #6 or #7 were used, the mother and newborn will remain in the room if expected discharge is within 24 hrs; otherwise transfer to 165, 166, etc.

Caesarean Section

All sections will take place in L&D COVID OR; mother to be recovered in the OR or patient's room for a GA or a spinal. The newborn is to be brought to the NICU stabilization area for resuscitation needs and assessment.

Newborn Delivered

Asymptomatic Newborn and Mother ABLE to care for Newborn

Transfer to Maternal Newborn

- Mother must wear a procedural mask.
- Care may be resumed by MW team if baby well
- Staff transferring the mother are to wear contact and droplet PPE.
- Newborn to be transferred in a bassinet.
- Skin to skin, caring for the newborn, and breastfeeding & bonding are encouraged as long as the mother is able to wear a procedural mask and can practice good hand and breast hygiene.
- When not interacting with the newborn, AND mother not wearing a mask, endeavor to have newborn 2 meters away from mother.
- Monitor infant for symptoms and vital signs every 4 hours.
- Baby tested for Covid at 24hrs, repeat test at 48hrs with MRP order.
- Staff to facilitate 48hr follow up swab in POP if baby discharged early. Midwife to order and perform regular swab on newborn at home at 48hrs.
- Baby should be isolated for 14 days, notify IPAC.
- Bathe newborn once temperature and blood sugars are stabilized.
- Plan for discharge at 24 hours.

Asymptomatic Newborn and Mother UNABLE to care of Newborn

*Involve Women & Children's Leadership or on call supervisor in the decision of a alternative caregiver for the newborn

- If another caregiver is able to care for newborn, follow the directions of *Asymptomatic Newborn and Mother ABLE to care for Newborn*.
- Instruct caregiver to don appropriate PPE when handling baby
- **If mother significantly unwell, consider transferring mother to COVID unit for ongoing care**
- If no caregiver available, maintain Contact and Droplet precautions for the newborn and transfer the well newborn to the NICU
- Plan for discharge of the newborn at 24 hours as long as the newborn remains well.

Symptomatic Newborn or Newborn Requiring Resuscitation

- To take place in the room that the newborn was born in or the NICU stabilization area for those born by c-section
- Two members of the resuscitation team are to don airborne, contact, droplet (all other team members should remain outside the room until required); at least one team member should be skilled in neonatal intubation.
- If AGMP (i.e., suctioning, intubation) are required, all other staff members to doff their PPE, leave the room and re-don Contact, Droplet and Airborne PPE.
- When using a Jackson-Reese resuscitation bag, ensure that the filter is attached prior to providing PPV or CPAP to the newborn.
- If a cardio-respiratory monitor is required, use the L&D portable Drager monitor.
- Once stabilized, the newborn will be transferred to the NICU in an isolette (if there are no isolettes available, and the newborn is not on respiratory support, a bassinet may be used). The isolette/bassinet can come into the Labour Room/Stabilization Room to transfer the baby. Transferring staff who continue to manage the newborn do not have to doff PPE; however, one "clean" staff member must don new PPE to open doors.
- The newborn is to be admitted to one of the negative pressure rooms in NICU; if there are no negative pressure rooms available admit to the back of the unit and leave all the curtains closed with appropriate PPE signage.
- Monitor the newborn for symptoms and as per NICU Standard of Care.
- The mother and any other caregiver who is suspect/positive cannot visit the newborn in the NICU. Consider facilitating a visit on 1C.

Feeding Newborns born to a COVID-19 Suspect/Positive Mother

Well Newborns ROOMING IN with their mothers

- **Breastfeeding:** Encouraged as long as the mother is able to wear a procedural mask and can practice good hand and breast hygiene prior to handling the newborn.
- **Feeding expressed breast milk (EBM) by bottle/cup:** If expressing breast milk by hand expression or by pump, have the mother wash their hands and breasts before touching any pump or bottle parts. Wash all pump parts with soap and water. If possible, consider having someone who is well feed the EBM to the newborn. Store EBM in a biohazardous bag, in its own container, in the fridge.
- **Feeding the newborn formula by bottle/cup:** Used when mothers are too unwell to breastfeed or to express breast milk and for mothers who have chosen to formula feed their newborn (ensure verbal consent is obtained).

Preterm Newborns, Ill or Well Newborns who are SEPARATED from their mothers

- **Feeding expressed breast milk (EBM) by bottle/cup/NG:** If expressing breast milk by hand expression or by pump, have the mother wash their hands and breasts before touching any pump or bottle parts. Wash all pump parts with soap and water. Staff on Maternal Newborn, are to deliver the labeled EBM to the NICU in a biohazardous bag. Breast milk will also need to be stored in the biohazardous bag, in its own container in the fridge or freezer.
- **Feeding donor milk:** If newborn meets the criteria, ensure that the consent form is signed and give newborn donor milk when EBM not available.
- **Feeding the newborn formula by bottle/cup/NG:** Used when mothers are too unwell to breastfeed or to express breast milk and for mothers who have chosen to formula feed their newborn (ensure verbal consent is obtained).