COVID 19 Flow of patients from Labor and Delivery to Discharge, including Newborn and NICU care (Labor and Delivery, OB triage, Post-Partum, Inpatient Pediatrics, Pediatric Intensive Care and Neonatal Intensive Care)	
Date written: 3/16/2020 Approved by: Lisa Derr	Revision Date: 4/14/2020, 5/13/2020

1. Admission of laboring patients who are COVID-19 Positive or PUI through Post-Partum couplet care
    a. Provide 1:1 nursing care for this patient through labor and post-partum stay or until COVID-19 is ruled out.
    b. First patient to be admitted to L/D 4, negative pressure
        i. Use droplet and contact precautions unless performing procedures that will aerosolize including 2nd stage of labor
    c. Second and subsequent patients to be admitted to another available labor room and this door to be kept shut.
        i. Request that maintenance transition room to negative pressure.
    d. All patients and support people should wear a mask until they are safely placed into their private rooms and whenever healthcare providers are present in the room.
    e. Limit entry into this space as much as possible (no access from lab, housekeeping, dietary or C.N.A. staff)

2. Care of well newborn baby born to confirmed COVID-19 or PUI mother at ANMC:
    a. For delivery and newborn resuscitation:
        i. PPE: when entering the room to attend a delivery, neonatal resuscitation team wear airborne, contact, & droplet PPE: gown, gloves, N95 vs PAPR, and eye shield
        ii. If newborn resuscitation team is called for sole indication of either meconium or non-reassuring fetal heart tracings, and they are not able to arrive to delivery room until baby is already born: if baby very vigorous (i.e. cry audible from the doorway), team may be given option to not enter room and baby can be examined at a later time
    b. Immediately after birth of infant, take infant to warmer and provide care in this location.
    c. Infant should be bathed as soon as feasible/stable
    d. Provide a physical barrier (i.e. curtain) between mom and baby when possible or provide a 6 foot separation when mother is not actively feeding infant.
        i. If same RN is caring for mother and baby, must change PPE between assessing mother and baby, or always assess baby before mother to reduce chance of mother -> baby transmission
    e. Allow one healthy support person to stay with the baby and care for the baby in this room (for the entire post-partum stay) at least 6 feet away from the mother; this healthy caregiver should maintain a six foot distance from the mother and wear a surgical mask when they need to be within 6 feet of the mother or whenever a healthcare provider is present in the room
    f. Mother may breast feed after proper hand washing, washing of breasts/chest area and donning a simple mask.
        i. Once breast feeding is complete, the baby should be moved at least 6 feet away from the mother

g. Mother may pump and have a healthy caregiver give expressed milk to the newborn if she prefers this method. When pumping breast milk, handwashing, washing of breasts/chest and donning of a mask must also be followed.
h. Limit physical contact between baby and mother as much as possible until COVID-19 is ruled out
i. Infant is not to be removed from the room unless clinical status deems this necessary, in which transport should be undertaken in covered isolette whenever possible
j. Circumcisions will not be performed unless COVID-19 status has been confirmed to be negative.
k. Testing for well newborns:
    i. Bathe infant prior to testing if stable, if not already done immediately after birth
    ii. Send COVID testing twice: at 24 HOL and 48-72 HOL (if still inpatient), if testing available – choose between 1hr turnaround vs. 12-24h turnaround time depending on need for cohorting purposes or clinical management
l. If mother is not remaining at bedside (i.e. relinquishing or voluntary separation), testing of infant indicated to determine ongoing cohorting purposes

3. NICU care for baby born to COVID + or PUI mother at ANMC:
    a. For delivery considerations: see above under well baby guidelines
    b. PPE: Use droplet and contact precautions unless performing procedures that will aerosolize (such as CPAP, suction, HFNC > 2L/kg) in which airborne precautions also indicated
    c. Transport: infant should be transported between areas of hospital in a covered isolette whenever possible.
    d. Testing for NICU babies born to COVID + mothers:
        i. Bathe infant as soon as stable enough to tolerate, and prior to testing if at all possible
        ii. Send COVID testing twice: at 24 HOL and 48-72 HOL - choose between 1hr turnaround vs. 12-24h turnaround time depending on need for cohorting purposes or clinical management
    e. Rooming considerations:
        i. If NICU needs are anticipated to be relatively short, i.e. at least 35 weeks gestational age and requiring only IV fluids for hypoglycemia or antibiotics for rule-out sepsis, care could be continued in mother's delivery room. NICU RN will be sent to the labor room to care for an unstable newborn, maintaining > 6 feet from mother.
        ii. If the newborn needs CPAP, HFNC, and/or < 35 weeks gestation, or condition is requiring more support than can be provided on labor and delivery, infant will be moved to a negative pressure room on pediatrics and cared for by a NICU trained RN.
            1. Request maintenance transition any available pediatric room into a negative pressure room (takes ~20minutes)
            2. If baby moving to Pediatrics; mother could stay in room but would need to remain > 6 feet away from baby and would not be able to leave

room. Maintain barrier (curtain or isolette) when possible.Please refer to "COVID-19 Pandemic Visitation in Maternal Child Health (MCH) Inpatient Units" guideline for further details about parental visitation.

iii. Moving an infant born to a COVID + mother to the NICU will generally not be considered an option, even if infant's testing is negative.
iv. Parental visitation (COVID + mother and other positive family members): unless staying in room with baby as above, may not visit until afebrile x 72 hours without antipyretics, cough improved, and tests negative x 2, 24h apart
v. If multiple infants of COVID + mothers require NICU care:
    1. Infants with two negative tests as above could potentially be cohorted if necessary
    2. Otherwise infants with pending or positive results will be in a single room

4. Infants transferred to NICU from referring facilities:
    a. If outside facility has rapid testing capability: mother is tested prior to delivery or upon decision to transfer infant to ANMC NICU; infants of positive mothers will be managed as above
    b. If mother's status unknown:
        i. If mother is accompanying infant on transport: dyad goes to single room on 2W, baby is stabilized with NICU equipment as appropriate, and mother is tested; if mother is negative infant can move to NICU, if mother is positive infant will stay in single room according to above
        ii. If mother is not accompanying infant: referring facility may be requested to send mother's NP swab on transport with infant to be processed at ANMC; meanwhile infant goes to single room (on 2 W or) and stabilized with NICU equipment until mother's test results; if mother negative then infant can move to NICU, if mother positive will stay in single room as above
            1. If NP swabs limited at referring facility, and mother asymptomatic and otherwise low risk (no travel in area with community spread and no contact with COVID + patient in the past 2 weeks), infant may be admitted to NICU directly
                a. If mother later able to come to Anchorage to visit infant: attempt to test mother upon arrival to Anchorage, prior to visiting NICU (can be ordered as "future order" in mother's chart and she can go to walk-up/drive-up facility on campus)
            2. If NP swabs limited at referring facility, and mother symptomatic and/or high risk based on travel to area with community spread or contact with COVID + patient in past 2 weeks, infant goes to single room and managed as infant of PUI as above while efforts made to test mother
            3. Mother or father with a known positive COVID-19 will not be allowed to visit the NICU until the following have occurred

a. resolution of fever without the use of antipyretics for at least 72 hours and improvement (but not full resolution) in respiratory symptoms
b. AND negative results of a COVID-19 test from at least two consecutive specimens collected 24 or more hours apart.

References

Centers for Disease Control and Prevention. "Considerations for Inpatient Obstetric Healthcare Settings." https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html Accessed 14 April 2020.

Chandrasekharan P, et al. "Neonatal Resuscitation and Postresuscitation Care of Infants Born to Mothers with Suspected or Confirmed SARS-CoV-2 Infection." American Journal of Perinatology. Published online 8 April 2020.

Puopolo K, et al. "Initial Guidance: Management of Infants Born to Mothers with COVID-19." AAP Committee on Fetus and Newborn. 2 April 2020.