

COVID-19: Considerations for Newborn Care

Rural Provider Series Webinar

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Outline

- ▶ Delivery room considerations
- ▶ Newborn/maternal separation
- ▶ Breastfeeding
- ▶ Newborn testing
- ▶ Discharge
- ▶ Few minutes on other COVID-related pediatric issues



Introduction

- ▶ Currently unknown if vertical transmission of SARS-CoV-2 is possible
 - Rare cases of newborns born to COVID + mothers testing positive (either PCR or IgM), but studies thus far have not definitively distinguished between in utero transmission and post-natal transmission
 - Few reports of COVID + neonatal pneumonia
- ▶ Guidelines are based on limited evidence
- ▶ While children generally fare well with COVID-19, infants are at higher risk for severe disease
- ▶ No COVID + deliveries at ANMC (yet...)



AAP Initial Guidance Report

- ▶ Publicly available, google “AAP COVID Newborn”

INITIAL GUIDANCE:

Management of Infants Born to Mothers with COVID-19

Date of Document: April 2, 2020

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American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19

Critical Updates on COVID-19 / FAQs: Management of Infants Born to COVID-19 Mothers



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Delivery Room Considerations

- ▶ Provider attendance at deliveries should be performed per usual policies
 - “Mother with COVID-19” alone is not considered an indication for provider to attend delivery
- ▶ May consider “stand-by” status to conserve PPE
- ▶ Recommended PPE: airborne + contact + droplet (gown, gloves, N95 + eye protection vs. PAPR)
- ▶ At ANMC: plan is to don PPE if called to delivery for COVID + mother or PUI, unless called for meconium/non-reassuring fetal heart tracings and baby’s cry “audible from the doorway”



Separation

“While difficult, temporary separation of mother and newborn will minimize the risk of postnatal infant infection from maternal respiratory secretions. Published data on newborn health outcomes after birth to mothers with COVID-19 universally describe separation at birth, in many cases for prolonged periods of time... therefore, the risks of postnatal infection in the immediate newborn period consequent to usual mother-infant care cannot be adequately assessed. The benefits of separation may be greater in mothers with more serious illness. The likely benefits of temporary maternal and newborn separation at birth for decreasing the risk of newborn infection should be discussed with the mother, optimally prior to delivery.” –AAP Initial Guidance



Separation – ANMC Guideline

- ▶ Infant to warmer right after delivery
- ▶ Infant bathed as soon as feasible/stable to wash viral particles from skin
- ▶ *Attempt* to provide 6 foot separation including physical barrier (i.e. curtain) whenever mother not actively breastfeeding infant
- ▶ If same RN for mother and baby, either:
 - Change PPE between assessments, or
 - Always assess baby before mother
- ▶ Healthy support person to stay in room and help care for baby, > 6 feet from mother



Breastfeeding

- ▶ Unknown if SARS-CoV-2 transmissible in breastmilk
 - One report of + breastmilk from Wuhan
- ▶ Generally recommended for COVID + mothers to breastfeed
 - Infant theoretically receives antibodies
- ▶ Risk reduction:
 - Hand hygiene
 - Washing of breasts/chest
 - Mother wears mask
 - Pump -> health caregiver feeds baby



Testing of newborns

- ▶ SARS-CoV-2 PCR x 2:
 - ~24 hours of age
 - Repeat at ~48 hours of age
 - Reports of infants negative at 24 hours and then positive at 48-72 hours
 - Ideally throat & nasopharynx samples (can be done on single swab, throat first -> nasopharynx)



Infants requiring NICU care

- ▶ Call ANMC pediatrics 😊
- ▶ PPE: while droplet and contact precautions are considered adequate for routine newborn care, airborne precautions also indicated for aerosolizing procedures (CPAP, suctioning, HFNC > 2L/min)



Discharge

- ▶ COVID positive infant:
 - If asymptomatic, recommended to discharge home with close follow-up either in clinic or by telemedicine for (at least) 14 days
 - Separation from mother does not seem to be indicated...
- ▶ COVID negative infant:
 - Ideally discharge to healthy caregiver and maintain separation > 6 feet from mother when possible
 - Separation can safely end when either:
 - mother afebrile x 72 hours without antipyretics and at least 7 days since symptom onset, OR
 - Mother PCR negative x 2 on tests at least 24 hours apart






COVID-related pediatric issues

ANCHORAGE DAILY NEWS

Opinions

COVID-19 harms children in seen and unseen ways

 Author: [Dr. Lily Lou](#) | Opinion  Updated: 4 days ago  Published 4 days ago



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COVID-related pediatric issues

- ▶ Risk of vaccine preventable disease outbreaks
 - VacTrAK: 50% decrease in immunizations administered in April 2020 vs. April 2019
 - Please encourage immunization and be on the lookout for vaccine preventable disease...
- ▶ Risk of child abuse/maltreatment with increased stressors, unemployment, etc.
 - Alaska DHSS OCS: 39% *decrease* in child abuse reports (vs. 21% decrease in summertime historically)
 - Essentially no contact with mandated reporters and other trusted adults: teachers, health care providers, visitors, etc.
 - Please be on the lookout for signs/symptoms of abuse when kids do present to care!



We're here 24/7

- ▶ Consults: ANMC Operator 907 563 2662
- ▶ Transfers: ANMC Transfer Center 907 729 2337
- ▶  TigerText: ANMC On-Call Pediatrics
 - If likely transfer, please call transfer center instead



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References

- Alaska Native Medical Center. “COVID 19 Flow of patients from Labor and Delivery to Discharge, including Newborn and NICU.” Accessed 21 May 2020.
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- Deville J, et al. Coronavirus disease 2019 (COVID-19): Considerations in children. In: UpToDate, accessed 21 May 2020.
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