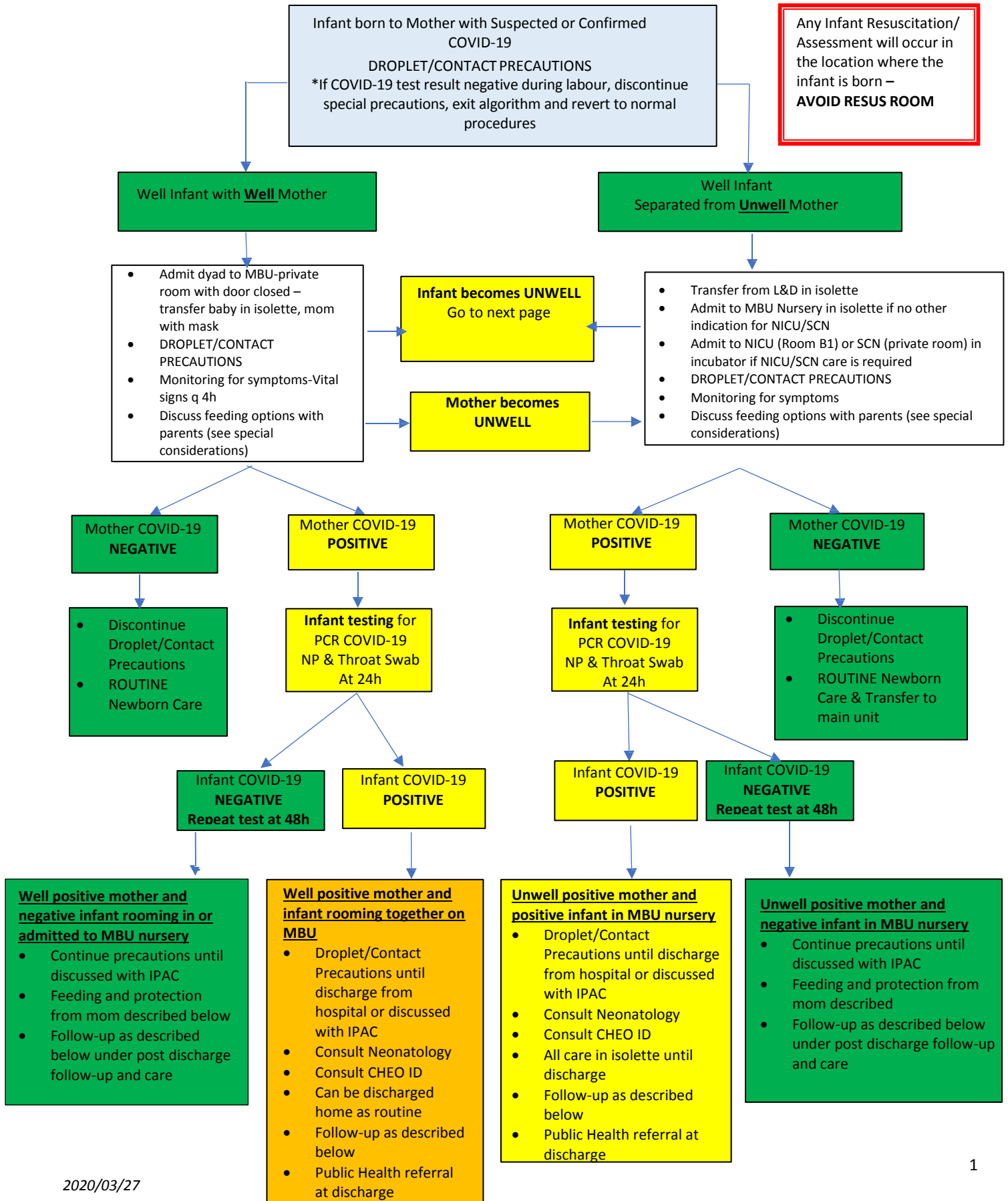
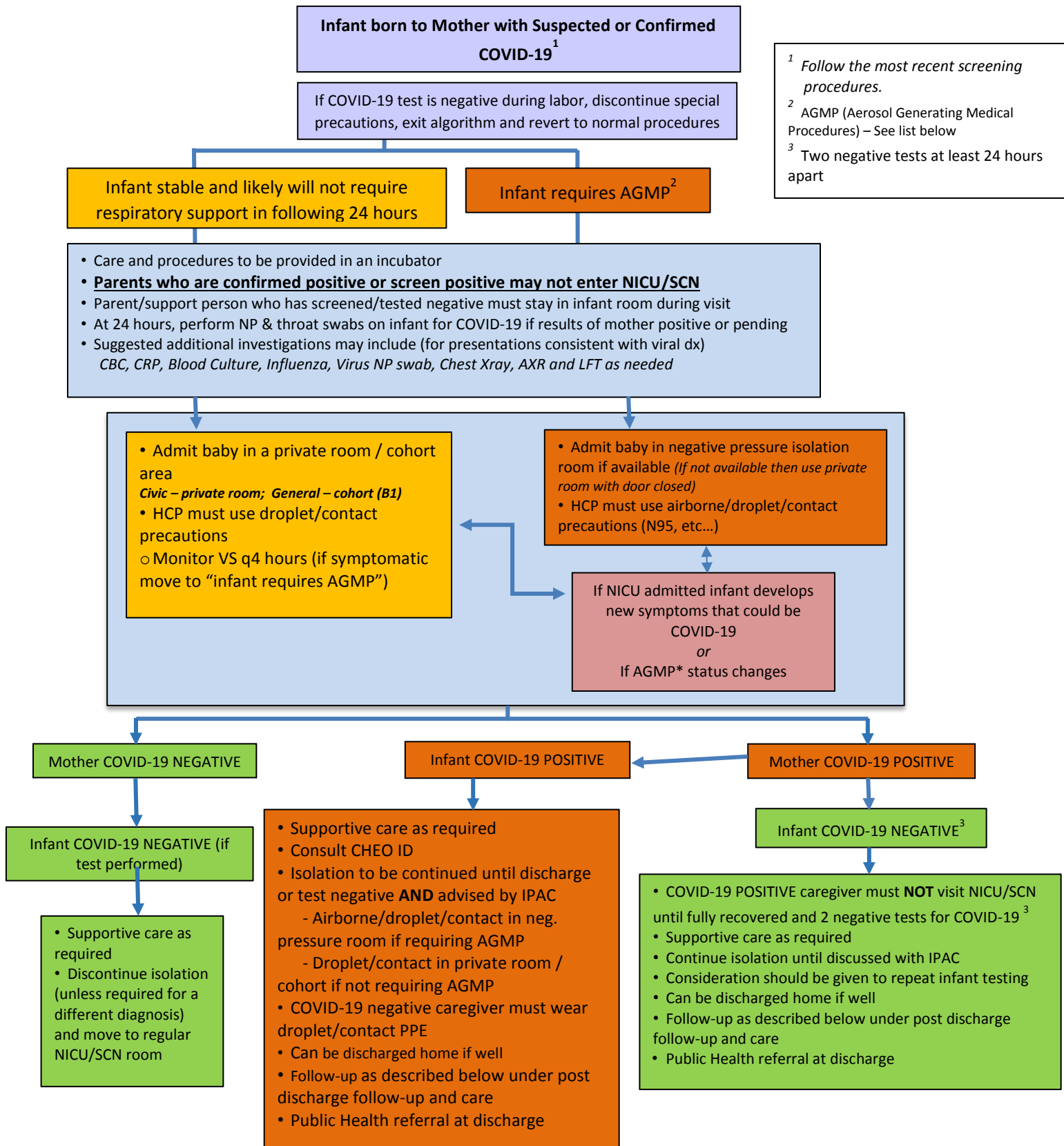


Neonatal Management for WELL BABIES born to suspected or confirmed COVID-19 positive MOTHER



**Neonatal Management for 2019 Coronavirus Infection (COVID-19)  
NEWBORN REQUIRING NICU/SCN CARE**



<sup>1</sup> Follow the most recent screening procedures.  
<sup>2</sup> AGMP (Aerosol Generating Medical Procedures) – See list below  
<sup>3</sup> Two negative tests at least 24 hours apart

**Aerosol Generating Medical Procedures (AGMP) in the NICU/SCN include:**

- Endotracheal intubation
  - CPR
  - Suctioning below vocal cords
  - Non-invasive positive pressure ventilation (CPAP, BiPAP)
  - High flow oxygen therapy
  - Tube or needle thoracotomy
- \*Does NOT include oral/nasal suctioning**  
**\* ONLY N95 fit tested individuals may enter room and must use airborne/droplet/contact precautions (N95, etc...)**

**NICU/SCN Hospitalized Newborn**

When a NEGATIVE COVID-19 newborn already admitted in the NICU/SCN presents with a new fever or flu-like symptoms and the medical team suspects a viral infection, physicians will order a nasopharyngeal and throat swab for viral infection and COVID-19. While waiting for the COVID-19 test results, the infant will be considered as “infant of suspected COVID-19 POSITIVE” as per the flow chart and will be treated according to the algorithm, including isolation/private room. Parents’ visiting should be on hold up to receiving the results, and if the infant is positive, parents should be redirected for testing for COVID-19.

**Neonatal Special Considerations for Confirmed or Suspected COVID-19 mother or support person:**

- Rooming in if asymptomatic, screen negative, non-exposed caregiver available, only maternal contact for breastfeeding.
- Bassinette to be kept more than 2m from mother at other times, with a barrier (curtain or screen) between mother and baby. If these requirements cannot be met baby should be separated from mother and cared for in MBU nursery or NICU/SCN if neonatal indications.
- Care of baby, other than breastfeeding, should be done by a HCP or asymptomatic, screen negative caregiver who remains AT ALL TIMES 2m from the mother and behind the barrier.

**Feeding Practice for the well near term or term infants rooming with their mother:**

- Breast milk is the best source of nutrition for most infants. There still remains, however, many unknowns about COVID-19 transmission by breastmilk. For that reason, families should participate in the decision to use breastmilk for infant feeding with the support of the healthcare providers.

**The feeding options are:**

1. Breastfeeding
  - Suspected or POSITIVE COVID-19 mothers are not allowed to visit in the NICU/SCN and won’t be allowed to breastfeed until proven negative with 2 negative tests for COVID-19 24 hours apart and cleared by IPAC
  - Well mothers who screen negative or have been tested and are confirmed to be negative will be able to breastfeed as usual
  - If the infant is or becomes COVID-19 POSITIVE during their NICU stay and the mother or

- caregiver is confirmed NEGATIVE, mothers should wear droplet/contact PPE while the baby is at the breast
- A mother with suspected or confirmed COVID-19 infection should take all possible precautions to avoid potentially spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask while her infant is feeding at the breast
  - During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply
2. Feeding expressed breastmilk by bottle
- If expressing breast milk with a designated manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts, put on gloves and mask, and follow recommendations for proper pump cleaning after each use. This pump should not be shared and must be patient specific. Health care provider or designated care giver to wipe bottle of EBM with disinfectant antiviral wipe. The EBM can then be fed to baby by HCP or designated care giver behind the barrier. If baby in MBU Nursery/NICU/SCN, bottle to be labelled by HCP and transported to MBU Nursery/NICU/SCN by HCP wearing gloves for proper storage in designated fridge for EBM of suspected/confirmed COVID positive mothers prior to feeding. HCP collecting milk should wear gloves to transport milk to patient room. All milk preparation should be completed in the patient room.
  - After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions.
3. Feeding infant formula by bottle
- For mothers too unwell to breastfeed or to express breastmilk with a breast pump and also for mothers who have chosen formula to feed their infant. Infant should be fed by HCP or designated care provider behind the barrier or in MBU Nursery/NICU/SCN.

**Babies born to mothers who are asymptomatic or COVID test negative and no household contacts with fever or cough**

- Manage as per routine practices. No special precautions, mother can breastfeed.

**Post discharge follow up and care – for all babies born at TOH**

**Babies born to mothers who screened negative or have tested negative:**

- Refer baby to their usual HCP for follow-up, including bilirubin testing
- Also refer to Monarch Center for follow-up as some physicians in the community are not seeing new patients at this time. Parents can cancel their appointment at Monarch if they confirm that their usual HCP will see baby
- Provide Ottawa Public Health "Baby Help Line" information 613-580-2424 ext 23774
- Babies requiring readmission for hyperbilirubinemia from Monarch can be admitted to MBU as per usual practice, so long as the mother continues to screen negative and be asymptomatic

**Babies born to COVID positive, or screen positive mothers with pending test results, or mothers with household contacts with symptoms:**

- Caregivers who are asymptomatic and COVID negative should care for the infant and maintain care in a dedicated area in the home, preferably in a separate room from the mother
- To decrease risk of transmission, consideration should be given to have an alternate caregiver who is not exposed and is asymptomatic and will take care of the baby in a household where there is no suspected or confirmed COVID-19 person
- Mother may breastfeed, after performing hand hygiene and wearing a mask.
- Refer mother and baby to Monarch C+ for follow-up, including newborn screening, bilirubin testing or other in person exam, to be arranged at TOH by appointment. See separate document for details of Monarch C+ process.
- Provide Ottawa Public Health “Baby Help Line information” 613-580-2424 ext 23774

References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>