

# Version 5/5/20 : COVID-19 Guidelines for Term and Preterm Newborns

**Inborn: Mom screens (+) or is a PUI, or screen is pending, consider Newborn a PUI until maternal testing is completed. Follow COVID-19 protocol below. If screens negative, can transition in Bay 4.**

**Inborn: Mother is positive/PUI<sup>1</sup>/screen pending; NICU resuscitation team (2 LIPs and 1 RN) attend these deliveries. Notify COVID Hospitalist pager #6043 for heads up. Transport Isolette used, all team members droplet PPE<sup>2</sup> with face shields with N-95 mask, since the infant may need resuscitation with CPAP, PPV, intubation, or open suctioning. Use inline Filter with all positive pressure devices. Avoid unnecessary suctioning; blue bulb suctioning is prohibited. Infant asymptomatic remains with Mom, if transition needed use Bay 2/3 (room with a door).**

## **Outborn not newborn Infants**

From home/ER/NICU with **respiratory viral pneumonia** need to be admitted to PICU until viral testing is negative similar to RSV patient

**Asymptomatic** Infant is a PUI, stays with Mom, if transition needed moved by Isolette to Bay 2/3. Placed on droplet isolation & face shield. Cared for by the COVID Hospitalist (Page #6043 either day/night). **Newborn bathed as soon as possible after birth. If transition successful, infant rooms-in with Mom, placed in Isolette** and moved to Mom's room. Care per Well Newborn Protocol. If Mom unavailable, can go to 6JPP or 3JPP if a healthy caregiver is available or Level 10 if not, per Well Newborn Nursery Protocol

If Needs NICU Care stays in same room in Bay 2/3, switches nursing and medical team

**If infant requires NICU. Admit to Bay 1 or Bay 2/3 (room with a door) by appropriate team. Droplet isolation plus face shield. If on positive pressure use N-95 as indicated below. Bathed as soon as possible. Exam only by fellow/faculty with NP or resident assisting with orders, notes, etc...** For daily rounds, faculty examines the Covid-19 (+) patients last. Night coverage unchanged. If Mom tests (-) can discontinue isolation

**Well Outborn Newborn Infant** born to COVID-19/PUI mother, if asymptomatic stays at local institution

**Outborn Term or Preterm Newborn with nonviral respiratory issues (extreme prematurity, PDA, NEC etc)** born to a COVID-19 (+) mother/PUI can be admitted to Bay 1 or 2/3, Droplet mask, Face shield +/- N-95 mask as indicated. Mom is (-) D/C precautions. If Mom is (+) test infant when > 48 hrs of age.

**If Mother is (-) infant can come off isolation. If Mom (+) then test infant at 48 hrs.** If baby (+) remains in isolation; consult Epi regarding duration. If baby (-) discontinue precautions. Cover infant when exiting hospital.

**Mom (+), test baby at 48 hours of life. NP swab if intubated, OP swab if not intubated.** If on NP- CPAP, NIV-NAVA or intubation with ventilation by Jet/ HFOV or open suctioning use N-95. If on Servo-i invasive ventilation with viral filter and in-line suction, RAM Cannula or NC < 2 LPM can use just droplet mask with face shield except N-95 for 1 hr after suctioning. Test for COVID-19 ("Novel Coronavirus COVID-19"). Test (-), stop precautions. **If (+) consult Epi regarding precaution duration.**

Mothers COVID-19 positive/PUI should pump and give breast milk by bottle or NG if necessary

**Visiting Rules:** 1) The identified asymptomatic caregiver / nonmaternal parent if not a PUI /Covid-19 (+) is permitted to visit and/or provide care to the asymptomatic newborn but wears appropriate PPE. 2) Mothers who are COVID-19 positive/PUI are not allow to visit.

<sup>1</sup>Person under investigation, <sup>2</sup>Personal protective equipment