

Regional Guide

Preventive measures for newborns with mothers confirmed to have or suspected of having COVID-19

Delivery:

The pediatrician does not necessarily have to attend the delivery of all mothers confirmed to have or suspected of having COVID-19 if there are no obstetrical risk factors present.

The resuscitation cart shall stay outside the delivery room. Only necessary material is brought into the delivery room or caesarean room.

If resuscitation is required, try to limit as much as possible the number of staff in the delivery room. Ideally only two people will start neonatal resuscitation. Ideally the pediatrician and nurse will be in the room and the RT outside the room ready to put on PPE if needed. In the absence of a pediatrician, the nurse and RT will be the two persons in the delivery room. If the baby does not respond to the first steps in neonatal resuscitation, the full team caring directly for the baby will be in the room. Additional nurse(s) shall take notes from outside the room and prepare medication with an external communication system. Maintain a minimum distance of 2 metres between the mother and the resuscitation table so that neonatal resuscitation can be performed safely in the delivery room. During immediate neonatal resuscitation, droplet/contact protection is sufficient (poster MRS-CV).

All personnel in the delivery room shall wear An N95 respirator, visor, gloves and a disposable level 3 gown if the mother has been intubated. If the mother is intubated and the baby requires neonatal resuscitation, this should be performed in an adjacent room if possible to avoid exposing the baby to aerosols.

- There is no evidence suggesting early clamping of the cord.
- The baby shall not be tested immediately after birth (cordon + nasopharyngeal) because this test will not change clinical conduct.
- The newborn should not be placed directly skin-to-skin on its mother's abdomen until her chest has been thoroughly cleaned with soap and water and her gown has been changed. Until then it can be wrapped in a warm blanket on its mother. She shall put on a new mask and perform hand hygiene before touching her baby. This is recommended to limit the risk of mother-baby contamination.

Respiratory distress in the first hours of life (first 24 hours of life):

A newborn may have initial respiratory distress in the first hours of life. This is probably not related to COVID-19 and the usual pathologies must be considered. The baby can be brought to the nursery and put in contact/droplet isolation in an incubator (poster MRS-CV). The baby can be aspirated with a nasal bulb with a surgical mask. If non-invasive ventilation or nasopharyngeal aspiration is needed, the patient shall be transferred to a negative-pressure room with airborne/contact isolation as a prudent step (poster MRS-CV). The risk is probably very low, but because the exact amount of time before a baby can be infected is unknown, we are prioritizing this approach for now. This may change when we know the risks better.

Respiratory distress after the first hours of life:

Discuss the case with a tertiary centre. A newborn presenting with unexplained respiratory deterioration

and/or fever/hypothermia and/or other symptoms compatible with a COVID-19 illness and a probable or proven epidemiological link to COVID-19 including ≥ 1 criterion:

- One parent suspected or proven.
- Newborn in the same room who becomes suspected/proven.
- Member of the medical personnel involved in the newborn's care becomes a suspected/proven case.
- Contact designated in an epidemiological investigation.

A newborn suspected of being infected with COVID-19 shall be isolated immediately in a negative-pressure room (poster MRS-CV). Aerial/contact protection including a N95 respirator, visor, gloves and a disposable level 3 gown is necessary with optiflow, nasopharyngeal aspiration, endotracheal intubation or any other operation that generates aerosols.

If symptoms are severe, intubation is a priority. Contact the anesthesia team for intubation. An intubated newborn shall be transferred to a tertiary centre.

Rules in the nursery:

- The parent of a newborn will not be allowed into the nursery if the parent is suspected of having, or confirmed to have, COVID-19.
- ALL personal effects shall be placed in a plastic bag (INCLUDING the cell phone) that SHALL NOT be opened during the visit to the NNU.

During rooming-in with parents:

Droplet/contact precautions (poster MRS-CV) shall be undertaken when caring for the baby after the immediate neonatal period. The baby shall be considered as theoretically positive in order to avoid the risk of contagion.

- Personnel shall wear droplet/contact equipment (poster MRS-CV) when entering the room.
- It is recommended that vitals be taken every 4 hours for the length of stay.
- The baby should be at a distance of more than 2 metres from its parents. Otherwise, the parents shall wear a mask. Ideally, the baby should be in an incubator if one is available (priority for patients in the nursery).
- If the baby has to go into the nursery for care, droplets/contact precautions (poster MRS-CV) must be taken on the unit and the baby shall be placed in an incubator.
- Test the baby for COVID-19 if it becomes symptomatic or if early respiratory distress evolves atypically (cf. respiratory distress after the first hours of life).

Care of the baby:

- Continue contact/droplet precautions (poster MRS-CV) in the parents' room.
 - Wash hands for each care activity.
 - Wear a mask in the baby's presence (less than 2 metres).
 - Put on clean clothing before taking the baby.
- Nursing is still possible, but the mother will have to wear a mask. She will have to wash her hands and breast area with soap and water before each session.
- Disinfect the breast pump after each use.

Discharge criteria:

- No early discharge offered, make sure a bilirubin test is done before leaving, that nursing is going well and that there is no excessive weight loss.
- If follow-up will be necessary within 24-48 hrs., consider keeping the patient hospitalized to avoid visits to the clinic.
- Telephone follow-up may be offered 24-48 hrs. after discharge.
- Advise the parents on monitoring the newborn before they leave.
- Preventive measures during care for the baby shall be continued for the entire period that the mother is contagious (safe approach considered as a total of 14 days of life). The baby shall stay in preventive isolation for 14 days after the last day on which the parent is COVID-19 positive.

*Inspired by and modified from documents from the Québec MSSS, the Québec City HUC and CPS documents of principle.

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