

Standard Operating Procedure

Interim COVID-19 Guidance: Obstetrics and Newborn Areas

Effective Date Sept. 2021
Approval Date
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I. Purpose:

To provide guidance for care of obstetric patients with suspected (“person under investigation” [PUI]) or confirmed COVID-19 infection and their newborn infants (PUI infant) or infants with confirmed COVID-19 infection.

The websites below may be referenced for the most up-to-date recommendations:

- <https://www.vumc.org/coronavirus/information-vumc-employees-and-patients>

II. Specific Information:

A. Infection prevention-general considerations

1. Current PPE recommendations for all patient contact, if patient is COVID-19 positive or being evaluated for COVID-19 (PUI), are an N95 mask, approved eye protection, gown and gloves.
2. Emphasis is placed on delivering standard of care without deviating from established clinical behavior.

B. Screening of pregnant women admitted to labor and delivery

- a. The following guidelines are intended to assist triage care based on maternal symptoms and testing results.

- i. Symptomatic mother, COVID positive, COVID pending (PUI), or testing refused: follow SOP for COVID positive mother or PUI mother in Section C.
- ii. Asymptomatic mother, COVID positive: follow SOP for COVID positive mother in Section C.
- iii. Asymptomatic mother, COVID negative prior to delivery, or greater than 10 days since first positive COVID-19 test, and mother is asymptomatic and fever free for > 24 hours: routine newborn or NICU care in Section D.
- iv. If maternal COVID-19 test is positive after delivery:
 1. For Stahlman Suite NICU infants: transfer infant to closed, individual room in Monroe Carell NICU and follow SOP for infant of COVID-positive mother in Section D below.
 2. For newborns: infant can continue to room in with mother. Mother will practice masking, hand hygiene and follow breast feeding guidelines. When mother unmasked for any reason, the infant should be placed in their bassinet at least 6 feet from the mother or greatest distance that the room allows.

C. Care of mothers (pregnant women) with suspected, pending, or confirmed COVID-19

1. When possible, pregnant patients who have suspected or confirmed COVID-19 should notify Labor and Delivery (L&D) triage prior to arrival so the facility can make appropriate infection prevention preparations (e.g., identifying the most appropriate room for labor and delivery, ensuring infection prevention supplies and PPE are correctly positioned, and informing all healthcare personnel who will be involved in the patient's care of infection prevention expectations). (Source: CDC Prehospitalization, Inpatient Obstetric Healthcare Settings .)
2. The L&D team will notify NICU and 4 East shift leader, who will communicate with their team members including attending on-call. If there are infection prevention (IP) questions or concerns, a team member should contact IP at pager 615-835-1205.
3. All patients are assessed immediately upon arrival for clinical signs concerning for COVID-19 (e.g., acute onset cough, acute shortness of breath, acute loss of smell, with or without fever). For women who are symptomatic:
 - a. Place mother on contact, airborne, and eye protection precautions. Mother to remain masked at all times. Door signage placed.
 - b. Limit the number of healthcare personnel who enter the patient's room.
 - c. If mother is clinically unable to remain on post-partum unit and requires transfer to another unit, then immediately after delivery, the infant will be taken to radiant warmer for drying

and assessment. After 5-minute APGARS, infant will be placed in incubator (room air) and taken to Monroe Carell NICU.

- d. If mother is clinically able to remain on post partum unit, then immediately after delivery (after delayed cord clamping), infant will be taken to radiant warmer to be dried and assessed until mother's face/chest can be cleaned and clean mask and clean gown applied. Infant then can breastfeed while mother wearing PPE (See Section 8-Breastfeeding below). Mother should be masked for any transports and infant should be transported in incubator.
4. Support Person:
 - a. Two support persons who have been screened may be present in room with mother. Support persons will be screened daily on the unit or on entrance to the hospital.
 - b. A support person is instructed to wear a face mask at all times while in patient room. A support person must be masked when leaving room. If a support person needs to leave the room for any reason, hand hygiene is performed upon exiting and entering the room.
 - c. If a support person becomes symptomatic with fever or new respiratory symptoms (cough, shortness of breath), they should not have contact with infant and should leave the hospital.

D. Care of Infants

1. Infants born to mothers with confirmed COVID-19 and admitted to the nursery should be considered PUIs during entire hospital admission (for clearance of infants admitted to the NICU see D.11 NICU Logistics below). Infants born to PUI mothers are PUIs until maternal testing results are reported. Providers must wear PPE, including gloves, gowns, N95 mask and eye protection.
2. ATTENDANCE AT THE DELIVERY OF A PUI INFANT (mother is COVID-19 positive or PUI)
 - a. Routine neonatal resuscitation at delivery potentially involves the need for open suctioning of oral secretions resulting in an aerosol generating procedure (AGP).
 - b. Every attempt will be made to minimize the number of infant resuscitation team members, including having additional support personnel wait in the hallway until/unless needed.
 - c. PPE recommendations for the pediatric resuscitation team: Regardless of mode of delivery (vaginal or C-section), the resuscitation team will wear full PPE, including N95 masks, gowns, gloves, and eye protection (face shields or goggles) to guard against any potential aerosolization from respiratory secretions.

3. Asymptomatic infants of PUI mothers or COVID-19-positive mothers should have newborn care per standard of care.
4. COVID-19 TESTING OF ASYMPTOMATIC INFANTS
 - a. The asymptomatic infant of a PUI mother does not need COVID-19 testing unless the mother tests positive.
 - b. Infants born to COVID-positive mothers will have testing at 24 and 48 hours of life. Healthy infants who meet discharge criteria do not require 48-hour testing for discharge.
 - c. Infants of mothers who become COVID-positive after the infant is 24 hours of life should have COVID-19 testing sent as soon as mother's test is reported positive.
5. ROOMING-IN FOR ASYMPTOMATIC INFANTS BORN TO PUI OR COVID-POSITIVE MOTHERS ON POST-PARTUM UNIT
 - a. Admit infant to an incubator in mother's room or may remain in open crib if able to establish 6-foot distancing from the maternal bed and implement measures to reduce exposure of the newborn to the virus (maternal oral and respiratory secretions).
 - b. Infant stays in open crib with 6 foot spacing when mother or support persons are not masked i.e. for meals or medications
 - c. A support person (Section C.4.) may provide care for infant while utilizing appropriate PPE if mother is unable to care for infant independently.
 - d. If mother requires transfer to another unit, refuses to wear a mask and perform hand hygiene for infant to room-in, or prefers infant to not room-in, infant will be placed in incubator for transport to NICU after APGARS. If mother wishes to breastfed, she can express breastmilk for infant who will be feed by support person or staff member.
6. Concerns of maternal status, support person, staffing or patient rooms that impact infant placement, then nurse leadership, newborn providers and NICU team discusses options for newborn care location and duration on a case by case basis with infection prevention team.
7. BREASTFEEDING
 - a. Currently, there is no evidence of COVID-19 transmission via breastmilk. Maternal breast milk may be provided to infant and maternal milk supply should be protected with early (within first hour) and frequent (q 3 hours) pumping if mother and baby require separation. If mother does not plan to breast feed or is unable to due to their health status, infant will receive formula.

- b. If PUI or COVID-positive mother wishes to breastfeed, she should perform hand hygiene, wear a mask and a clean gown, before each feeding, while holding infant.
 - c. If a PUI or COVID-positive mother prefers not to do direct breastfeeding, infant will be bottle fed with expressed breastmilk or formula by another caregiver or support person. Infant caregiver should perform hand hygiene and wear PPE (gown, gloves, surgical mask, and eye protection) and maintain maximum distance from mother that the room setup will allow, and mother should remain masked if infant is out of incubator or closer than 6 feet. Prior to expressing breastmilk, mother should practice hand hygiene. After each pumping session, all parts of the pump in contact with breastmilk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions. The pump should remain in mother's room.
8. SYMPTOMATIC or PUI INFANTS with other significant clinical concerns (such as desaturations, apnea, etc.)
- a. Provider should obtain NICU consult for consideration of transfer to higher level of care and management in NICU .
 - b. Provider should include COVID-19 testing in their evaluation of the infant.
9. NICU LOGISTICS:

- a. PUI infants should be admitted to single occupancy rooms in Monroe Carell ICU.
- b. PUI infants born to COVID-positive mothers OR PUI infants with pending maternal testing for COVID-19:
 - a. All such infants will be tested for COVID-19 at 24 hours of life with a repeat test obtained at least 24 hours later.
 - b. All such infants will be managed in closed isolettes unless procedures require an open isolette (Giraffe)
 - c. All providers should wear PPE including N95 mask, approved eye protection, gown and gloves while infant testing is pending.
 - d. In the NICU, if infant COVID-19 testing is negative at 24 and 48 hours, isolation precautions may be discontinued.
 - e. If infant COVID-19 testing is positive at 24 and/or 48 hours:
 - i. Remain in single occupancy NICU bed if the infant still requires neonatal intensive care.
 - ii. If infant no longer requires neonatal intensive care, transfer to the pediatric floor if mother is discharged and able to care for her infant or another family member is able to care for infant.
 - iii. Clearance of COVID-19 positive infants can be by 1) **Time-based strategy**: 10 days have passed since the date of first positive COVID-19 test infant has remained asymptomatic, or 2) **Symptom-based strategy**: at least 10 days have passed since symptoms first appeared **and** symptoms have improved **and** at least 24 hours have passed since last fever without the use of fever-reducing medications.

- f. NICU infants not COVID-19 positive at the time of birth but who become COVID-19 positive during the course of their hospital admission should be managed the same as in Section 9.e.

10. NICU VISITATION

- a. Only 2 parent approved visitors (including the parents) are allowed to visit a NICU patient. Visitors must be screened daily for fever or other symptoms
- b. No visitation by known COVID-positive mothers or support persons unless cleared for visitation by Monre Carell Visitation Committee and Infection Prevention.
- c. Visitation is allowed for asymptomatic and symptomatic COVID-positive infants. Visitors must wear PPE, including surgical mask, gown, and gloves.
- d. Under certain circumstances, exceptions to the visitation policy may be granted. These should be obtained through the nursing management team.
- e. Clearance of COVID-positive mothers or support persons can be by_
Time-based strategy: 10 days have passed since the date of their first positive COVID-19 test and they have remained asymptomatic or
Symptom-based strategy: at least 10 days have passed since symptoms first appeared **and** at least 24 hours have passed since last fever without the use of fever-reducing medications **and** symptoms (e.g. cough, shortness of breath) have improved. The 10-day period is extended to 20 days if the parent or support person is immunocompromised or had severe illness. Please consult with infection prevention if there are questions or concerns regarding visitation.

- A. Infant who is asymptomatic and otherwise meeting other discharge criteria (including access to outpatient care) may be considered for hospital discharge even prior to maternal discharge readiness. Infant discharge may proceed to guardian as listed on birth certificate or if no second guardian is listed, then Social Work should be consulted to assist mother in identifying a caregiver to care for infant. Infant should meet usual discharge criteria per AAP guidelines.
- B. Discharge for postpartum women should follow recommendations described in the NIH/CDC: <https://www.covid19treatmentguidelines.nih.gov/special-populations/pregnancy/>
- C. COVID-19 positive Mothers: For infants with pending test results or who test negative upon hospital discharge, caretakers should take steps to reduce the risk of transmission to the infant. Discharge teaching should include reinforcement of education about reducing spread. CDC guidance to minimize the spread of COVID can be found: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

III. Lead Author and Content Experts

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IV. Endorsement:

Children’s Policy and Practice Committee	Month Year
Clinical Practice Committee	Month Year
Executive Policy Committee	Pending

V. References:

Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric->

[healthcare-guidance.html](#).

- Special Considerations During Pregnancy and After Delivery, July 21, 2023
<https://www.covid19treatmentguidelines.nih.gov/special-populations/pregnancy/>
- Management of Infants Born to Mothers with Suspected or Confirmed COVID-19 from the American Academy of Pediatrics
<https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/>
- COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics from the American College of Obstetricians and Gynecologists
<https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>
- Publications and Clinical Guidance about SMFMs COVID-19 clinical guidance from the Society for Maternal Fetal Medicine
<https://www.smfm.org/covidclinical>