

FAQ: Management guidance for mothers and infants born during COVID-19

For further details, refer to [NICU/Newborn Guidance](#)

Testing:

1. What is the guidance for an infant born to a mother who is POSITIVE?

- a) Test infant at 24 hours of age (and 72 hours of age if still in hospital per testing availability)
- b) Repeat testing or pending test results should not delay discharge if the infant is medically ready for discharge.
- c) Specimen collection:
 - i. Obtain a nasopharynx swab.
 - ii. Place single swab in sterile viral transport media as per COVID-19 specimen collection guidelines.
- d) If infant's first test is negative and is going to be discharged between 48-72 hours then repeat test.
- e) If infant has two negative tests infant can be de-isolated. Closely monitor for symptoms.
- f) If infant is positive, follow system de-isolation guidelines for COVID positive patients

2. Does an infant need isolation if born to an asymptomatic mother with a pending COVID test?

- a) No – Infant should reflect mother's isolation status – follow PPE Resource Guide.

3. What is the infant's status when a symptomatic mother's test is pending?

- a) PUI – follow PPE Resource Guide

Infant & Mother:

1. Can a newborn stay in the same room with a symptomatic or asymptomatic COVID-19 positive mother?

- a) Yes, evidence suggests there is low risk of the newborn acquiring infection during the birth hospitalization if precautions are taken to protect newborns from maternal respiratory secretions. This risk appears to be no greater with rooming-in together using infection control measures compared to physical separation.

2. What are the Rooming-In Criteria?

- a) Mothers with confirmed or suspected COVID-19 should:
 - i. Consider placing the neonate in an incubator, when feasible.
 - ii. Perform diligent hand hygiene
 - iii. Maternal masking with hands on care.
 - iv. Incubator use may facilitate distancing and provide added protection; using proper door latching to prevent infant falls.
- b) Health care workers should wear gowns, gloves, N95 respirator and eye protection when providing care for well infants. Refer to [Transmission-Based Isolation Reference Grid](#)
- c) Acutely ill Mothers may not feel up to providing all care for their baby(s). Temporary separation or infant care by another, healthy caregiver in the room may be needed.
- d) Non-infected partners or other family members present during the birth hospitalization should use masks and hand hygiene when delivering hands-on care to the baby.

Infant & COVID-19 Positive Mother:

3. What should I do if the infant requires intensive care?

- a) Room options, in level of preference:
 - i. Single patient room with the potential for negative room pressure (or other air filtration system).
 - ii. If this is not available, or if multiple COVID-exposed infants must be cohorted, there should be at least 6 feet between infants and/or place in air temperature-controlled incubator. Incubator care does not provide the same environmental protection as use of negative pressure or air filtration but can provide an additional barrier against droplet transmission.
- b) PPE needed: **Follow** [Transmission-Based Isolation Reference Grid](#)

FAQ: Management guidance for mothers and infants born during COVID-19

Visitation:

- a) **COVID PUI (symptomatic):**
 - i. **Mothers** and **partners** who are COVID-19 PUI should not enter the NICU until their status is resolved.
 - Follow the “COVID-19 Testing and Retesting FAQ” and consult Infection Prevention as needed.
- b) **COVID POSITIVE (symptomatic or asymptomatic):**
 - i. Mothers and/or partners with confirmed COVID-19 should not visit NICU infants while able to transmit SARS-CoV-2.
 - ii. Follow COVID-19 toolkit document: **Inpatient COVID-19 Deisolation Guidance.**
- c) **COVID Exposed:**
 - i. **Asymptomatic** mother and/or partner that have been exposed to a COVID positive person may visit unless symptoms emerge. **Symptomatic** mother and/or partners can not visit until deisolation guidance is met.

Discharge:

1. What do I do when the infant is ready for hospital discharge?

There is no specific benefit for infants born to mothers with COVID-19 that results from discharge earlier than usual center practice.

- a) **If infant SARS-CoV-2 testing is positive,**
 - i. Plan for frequent outpatient follow-up (either by phone, telemedicine, or in-office) through 10 days after birth.
- b) **If infant SARS-CoV-2 testing is negative,** and infants will be discharged to families where other caregivers have been exposed to and may have acquired COVID infection.
 - i. Every effort should be taken to provide infection-prevention education to all caregivers of the infant, which includes not only written education but also verbal education in person, via telephone or virtually. Interpreter services should be utilized where appropriate.
 - ii. While challenging in the home environment, mother should use a mask and hand-hygiene when directly caring for the infant,
Until the following:
 - She has been afebrile for 24 hours without use of antipyretics
and
 - At least 10 days have passed since her symptoms first appeared (or, if asymptomatic women identified only by obstetric screening tests, at least 10 days have passed since the positive test),
and
 - Symptoms have improved. Other caregivers in the home should use masks and hand hygiene before and after contact with the infant until their status is resolved.

2. Where do I find more details on discharging an infant? Refer to:

- a) NICU/Newborn Guidance
- b) Discharge and Initial outpatient Care of COVID positive babies

References:

Centers for Disease Control and Epidemiology (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pediatric-hcp.html>

5