COVID-19 NICU/Newborn Guidance

NICU/Newborn Delivery

NICU/Newborn PUI Criteria: *if mom is COVID positive, pending, or PUI, or if infant presents meeting PUI criteria.*

Check COVID-19 Toolkit: AAH COVID-19 Information Center for most current guidelines/policies.

- ❑ Only essential personnel will enter room
  - Minimum number of providers to conduct NRP according to clinical situation as per unit guidelines.
  - Backup personnel, if needed should be outside of room but not donned in PPE
- ❑ Bring units PPE kit to delivery
- ❑ Refer to Newborn intubation guide for intubation and resuscitation information
- ❑ Intubation supplies should be carried in a disposable bag. Discard blade in biohazard bag if used
- ❑ NIV or intubated patients, use transport ventilator if available at site and possible, rather than manual ventilation
- ❑ ALL STAFF DON PPE FOR AEROSOLIZED GENERATING PROCEDURES (AGP)
  - Gown, gloves, N-95, Eye protection
- ❑ Neonatal warmer will be at least 6 feet away from delivering mother. If this is not possible:
  - Consider adjacent room or providing barrier (curtain) between mother and neonatal warmer
- ❑ Delayed cord clamping practices and skin-to-skin care in the delivery room should continue per usual center practice.
- ❑ **Refer to local geographical and unit plans**
- ❑ Well newborns should be cared for using usual center practice, including rooming-in (couplet care).
- ❑ Mothers with confirmed or suspected COVID-19 should:
  - ❑ An acutely ill mother may not be able to care for her infant in a safe way, then temporary separation or to have the newborn cared for by non-infected caregivers in mother's room may be appropriate.
  - ❑ Maintain a reasonable distance from their infants when possible.
  - ❑ Perform diligent hand hygiene
  - ❑ Maternal masking with hands on care.
  - ❑ Incubator use may facilitate distancing and provide added protection
- ❑ Non-infected partners or other family members are present during the birth hospitalization, they should use masks and hand hygiene when providing hands-on care to the infant

Transfer to NICU (as clinical condition warrants):

- ❑ After stabilization, place infant in transport incubator.
- ❑ Before leaving stabilization area, DOF PPE. Eyewear may remain in place.
- ❑ Don new gloves
- ❑ Maintain incubator outside room if possible to minimize contaminated surfaces. If incubator is brought into the L/D room, move incubator outside room for transport and wipe after leaving room
- ❑ Admit infant to NICU negative pressure room if available, otherwise admit to private room with closed door
  - Neonates in regular rooms at risk for AGP should be managed in an incubator
  - Multiples born to the same mother may be cohorted together.
- ❑ Refer to local unit surge planning if needed in collaboration with infection preventionist.

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NICU/Newborn Care

- ❑ Follow testing, isolation, and de-isolation per Newborn Workflow Guidance (see below)
- ❑ Utilize Units COVID-19 PPE supply kit as needed. Re-stock supply after use.
- ❑ Call Supply Chain for PPE and disinfectant wipes. If unable to obtain, call Nursing Supervisor.
- ❑ Follow PPE per MW Region Standard and Transmission-Based Precautions and Isolation guideline
- ❑ Labor and Delivery and Mother Baby Units will follow guidelines as to separate or co-isolate
- ❑ Limit exposure:
    - A designated, limited set of caregivers will be assigned to the infant.
    - Combine tasks to reduce entering and exiting room
    - PPE buddy to crosscheck and coach and be a runner outside room
- ❑ Delayed bathing for infants born to COVID-19 positive mothers is optional (unless other clinical indications to bathe immediately are present)
- ❑ Vitamin K and erythromycin should be administered once infant is in isolation
- ❑ Refer to Newborn intubation guide for intubation and resuscitation information
- ❑ Transport within the facility:
    - Transport infant in an incubator
    - Do NOT mask the infant
    - Ensure the destination is aware a PUI/Positive Covid-19 patient is coming
    - Don appropriate PPE for patient care, doff gown/gloves/eye protection prior to leaving room
    - Use pre-planned route to destination
    - Minimize circuit disconnections
- ❑ Refer to unit specific visitation plan
- ❑ The AAP strongly supports breastfeeding as the best choice for infant feeding. Mothers intending to breastfeed should be encouraged to breastfeed if able or otherwise express their milk. If pumping:
    - Provide Handout breast milk guidance for NICU babies
    - A dedicated breast pump should be provided.
    - 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 IFU.
    - Prior to expressing breast milk, mother to practice meticulous hand and breast hygiene.
- ❑ NICU infants can receive expressed breast milk or donor milk
- ❑ Well newborns should receive all indicated care prior to discharge including hearing screens and circumcisions if requested. Schedule as last patient if possible.
- ❑ Provide patient education re: the COVID-19 disease to caregivers from AAH COVID-19 Information Center
- ❑ Provide parent education and handout on COVID-19 and Human Milk: Information For Families

Patient education

•Perform hand hygiene immediately prior to touching baby or breasts.
•Keep breasts covered so they do not become contaminated from respiratory secretions. If they do become contaminated wash with soap and water
•Wear a mask while pumping or breastfeeding.
•Provide Handout breast milk guidance for NICU babies

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Human Milk Handling and Transportation

Collecting Milk

- ❑ Milk is to be collected at least every 3 hours or 8 - 10 times a day.
- ❑ Patient performs proper hand hygiene and placement of mask.
- ❑ Prepare clean surface where bottles will be placed after collection.
- ❑ Patient will express milk by pump or by hand into clean containers.
- ❑ Ensure that cap is on securely.
- ❑ Label bottle with appropriate patient label, date, and time.
- ❑ Place bottles in sealable or wipeable bag/container.
- ❑ Wash pump parts with soap and water after each use.
- ❑ Transport the milk to the hospital in a cooler.
- ❑ Call ahead so that a team member can meet with them and receive milk into a clean bag

Receiving milk for transport to NICU (from M/B or home)

- ❑ Best practice is to have an additional person outside of the room (M/B) or at the hospital entrance (from home) holding open a clear plastic bag, avoiding contamination . The bottles can be placed in the sealed bag holding the container into the bag held by team member.
- ❑ Milk can then be transported to the NICU space.

Preparing milk

- ❑ Clean area that milk will be prepared in with hospital approved food grade wipes. Place down a poly lined sterile field and place milk on the surface. Prepare feedings.
- ❑ Place in sealed bag or storage container to store milk in patient refrigerator space.

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NICU/Newborn Discharge

Determining Appropriate Discharge

- ❑ Consideration when infant is medically appropriate for discharge:
  - Well newborns should be discharged from birth hospital based on the center's normal discharge criteria and can be discharged prior to test results.
- ❑ Infants whose infection status is determined negative will be optimally discharged home when medically appropriate to a designated caregiver.
- ❑ Infants determined to be infected, but with no symptoms of COVID-19, may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis.

Discharge Planning

- ❑ Caretakers should take steps to reduce the risk of transmission to the infant
- ❑ Complete discharge teaching and instructions with a well caregiver, if available.
- ❑ *If both parents are PUI/positive:*
  - Consider telehealth for discharge teaching and instructions
  - Utilize simulation doll in a private non-patient area as needed.
  - Consider social work consult
- ❑ Caregivers should be advised to follow the parent education in the Community Care: Preventive Steps for Those Receiving Care at Home
- ❑ Provide education on COVID-19
- ❑ Explain discharge concepts in relation to follow up well baby visits, safe sleep, and social distancing with PUI/confirmed family members.
- ❑ Well newborns should receive all indicated care prior to discharge including hearing screens and circumcisions if requested
- ❑ Mom will be discharged wearing a mask. She should continue wearing the mask while transporting to the home environment.
- ❑ Cover/tent infant's car seat with a blanket while exiting the building.
- ❑ Provider to call primary physician to develop plan for follow up and communicate COVID-19 status
- ❑ **For patients with positive results:** Follow current guidelines per local health department. Refer to the AAH COVID-19 Information Center

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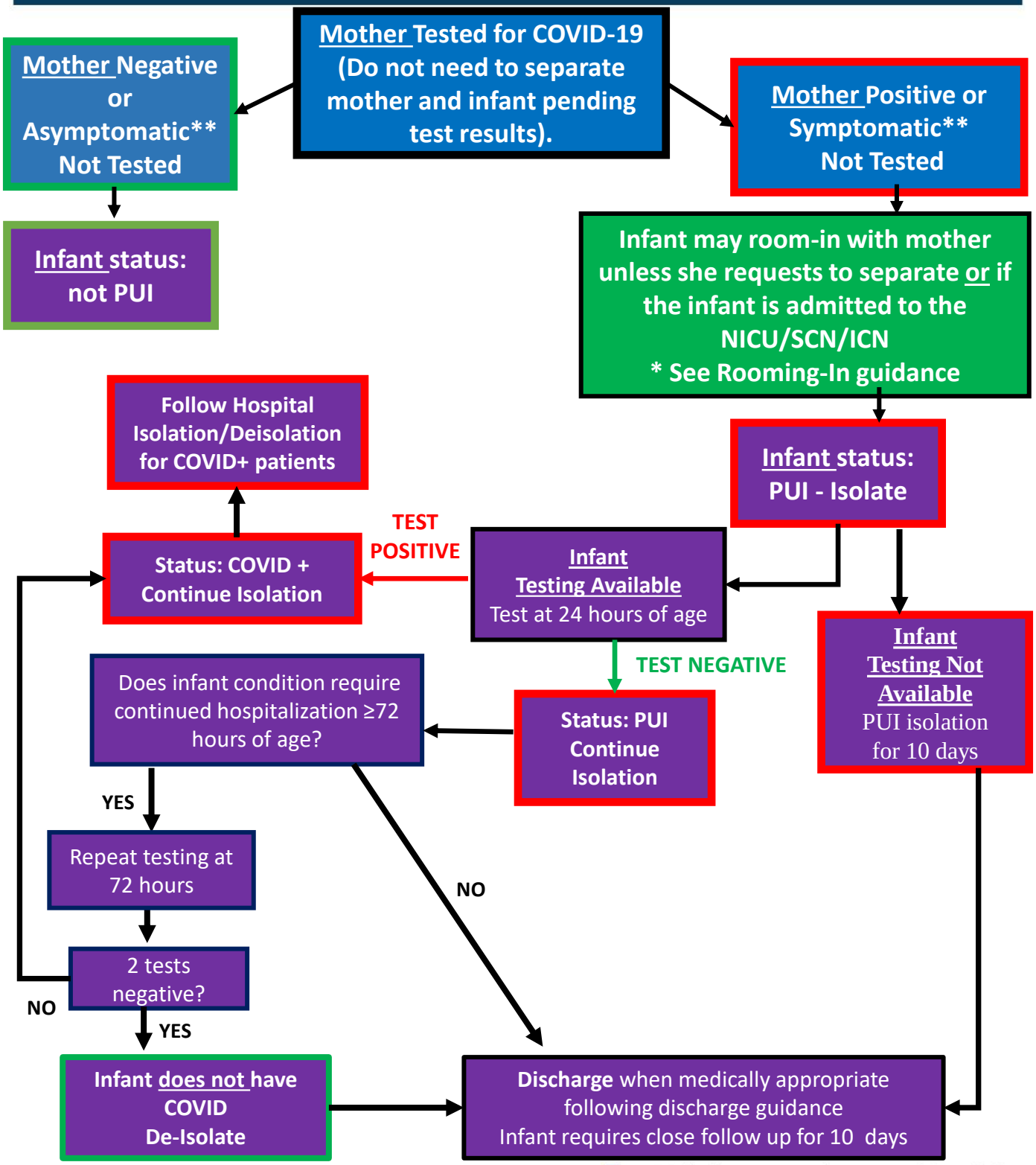
Newborn Workflow Guidance



AdvocateAuroraHealth

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Newborn Workflow Guidance: Rooming-In guidance

- ❑ Follow the usual practice of the birth center.

- ❑ Mothers with confirmed or suspected COVID-19 should maintain a *reasonable distance* from their infants when possible.
  - ❑ While performing hands-on care, the mothers should wear a mask and use hand hygiene.
  - ❑ An incubator may facilitate distancing and provide added protection; take care to properly latch incubator doors to prevent infant falls.
  - ❑ Infants rooming in with COVID positive mother should not be moved to Nursery once rooming in with mother.
  - ❑ Mothers who are acutely ill may need to be temporarily separated or have the infant cared for by another, healthy caregiver in the room.

- ❑ Health care workers should wear gowns, gloves, N95 respirators and eye protection when providing care for well infants rooming in with COVID positive mother.

- ❑ Noninfected partners or other family members present during the birth hospitalization should use masks and hand hygiene when delivering hands-on care to the baby.

- ❑ Refer to AAH COVID-19 Information Center for further information