

Management of Labour & Delivery and Postpartum Care for Suspected/Confirmed COVID-19 Infection

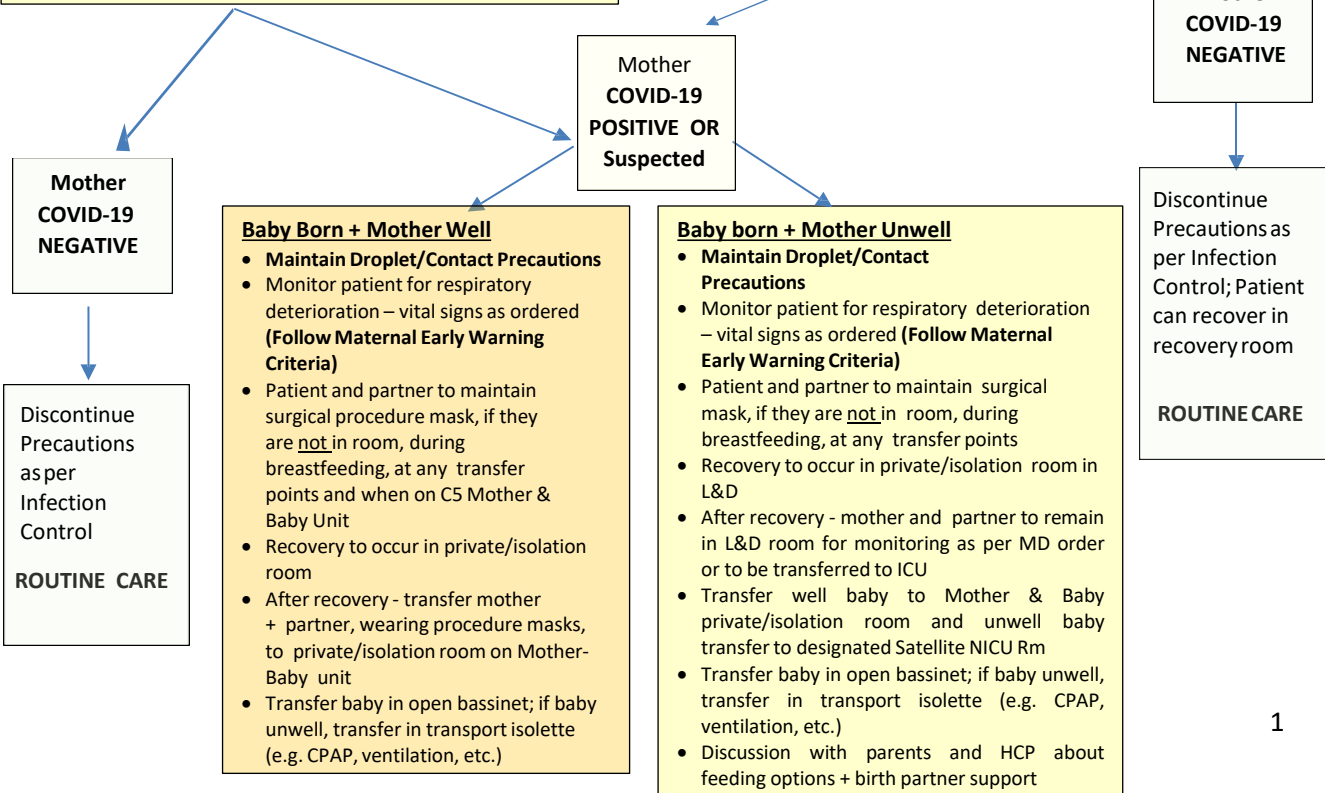
- If patient meets screening criteria via intercom at L&D entrance:**
1. Patient asked to don a surgical mask
 2. Initiate **Droplet/Contact precautions for private/isolation room** (preferably Rm 5). Ensure proper signage and cart available.
 3. L&D RN performs hand hygiene and dons PPE: Gown, surgical mask, face shield, gloves.
 4. L&D RN receives patient at entrance and takes patient to room.
 5. When patient is in room, registration will take place via telephone with unit secretary.
 6. LD RN admits patient and notifies IPAC (available 24hrs) of patient's admission and screening.
 7. Ensure notification to the appropriate OB/Midwives and follow orders. Infectious Disease consult as needed.
 8. Monitor patient for respiratory deterioration – vital signs as ordered.
 9. Continuous fetal monitoring per protocol (fetal heart rate changes will occur prior to maternal signs and O2 Sat monitoring).

Vaginal Delivery

- **Droplet/Contact Precautions**
- Notify NICU, RT, Anesthesia, Pediatrician of suspected/confirmed COVID-19 patient's impending delivery
- Mask not required for patient and visitor if admitted to private/isolation room. Mask is required outside of room AND at any transfer points
- Routine contraindications for epidural apply
- Only allow essential staff in room: OB, L&D, NICU baby nurse, Pediatrician, RT
- The use of Protected PPE (i.e. N95 mask, face shield, gown, and gloves) by staff when the patient commences pushing will be assessed on a case-by-case basis. Staff will include the L&D nurse, NICU Baby Nurse, RT and Pediatrician attending delivery.
- Baby resuscitation to occur in delivery room, do not move baby to another location
- Pediatrician to discuss with family re: infant feeding options as soon as possible
- Delayed cord clamping as per routine protocol
- Pediatrician to discuss skin-to-skin restrictions and options with caregivers. Provide necessary health instructions.

C-section

- **COVID-19 is not an indication for C-Section**
- Notify NICU, RT, Anesthesia, Pediatrician, Surgical Assist of suspected/confirmed COVID-19 patient requiring C-section
- **Airborne/Droplet/Contact Precautions** in case of aerosol generating procedure (i.e. intubation, bronchoscopy); all essential staff to don N95 mask, face shield, gown and gloves
- Essential staff only: OB, Surgical Assist, Circulating Nurse, Scrub Nurse, NICU Baby Nurse, Pediatrician, & RT
- Resuscitation of baby in location of delivery, do not move baby to another location
- After delivery move back to previous private/isolation room for recovery.
- Delayed cord clamping as per routine protocol (not recommended for CS under GA)
- Pediatrician to discuss with family re: infant feeding options as soon as possible
- Pediatrician to discuss skin-to-skin restrictions and options with caregivers. Provide necessary health instructions.



Neonatal Management for Neonate with Suspected or Confirmed COVID-19 Exposure

ASYMPTOMATIC NEWBORN

Infant born to Mother with Confirmed or Suspected COVID-19
DROPLET/CONTACT PRECAUTIONS
 Staff to don Personal Protective Equipment (Gown, Surgical mask, face shield, gloves) Discussion with parents re: Skin to skin after birth
 Delayed cord clamping (not recommended for CS under GA)

All Infant Resuscitation/ Assessment will occur in the location where the infant is born – **AVOID TRANSFER**

Infant **ASYMPTOMATIC** Rooming with Well Mother

Infant **ASYMPTOMATIC** Separated from Unwell Mother

- Admit to C5 M&B in private/isolation room
- **DROPLET/ CONTACT PRECAUTIONS**
- Monitoring for symptoms- Vital Signs q4h
- Discuss feeding options with parents – CAN breastfeed with mask

- Admit to M&B private/isolation room with support person wearing mask.
- **DROPLET/ CONTACT PRECAUTIONS**
- Monitoring for symptoms – Vital Signs q4h
- Discuss feeding options with parents
- Discuss Support/Visitors with parents

Infant **SYMPTOMATIC**
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Mother becomes **Unwell**

Mother COVID-19 **NEGATIVE**

Mother COVID-19 **POSITIVE**

Mother COVID-19 **POSITIVE**

Mother COVID-19 **NEGATIVE**

- Discontinue Droplet/Contact Precautions
- ROUTINE Newborn Care

Infant testing for PCR COVID-19- NP swab at 24 hrs

Infant testing for PCR COVID-19- NP swab at 24 hrs

- Discontinue Droplet/Contact Precautions
- ROUTINE Newborn Care

Infant COVID-19 **NEGATIVE**

Infant COVID-19 **POSITIVE**

Infant COVID-19 **POSITIVE**

Infant COVID-19 **NEGATIVE**

Well Mother and Well Infant Rooming together on C5 Mother-Baby Unit

- **Droplet/Contact Precautions if remains in hospital**
- Mother CAN breastfeed with mask
- Bathe infant as soon as possible (unless causing instability in thermoregulation)
- Can be discharged home as per routine

Postnatal Follow-Up Appointment:

- Repeat test 48-72 hours after initial test (schedule in PUCG follow-up)
- Book PUCG appt for routine 48-72h PP visit: **NEWBORN COVID FOLLOW UP** or **NEWBORN COVID/JAUNDICE F/U; Attempt to consolidate appointments; Notify patient to come directly to PUCG, do NOT go to registration or M&B.**

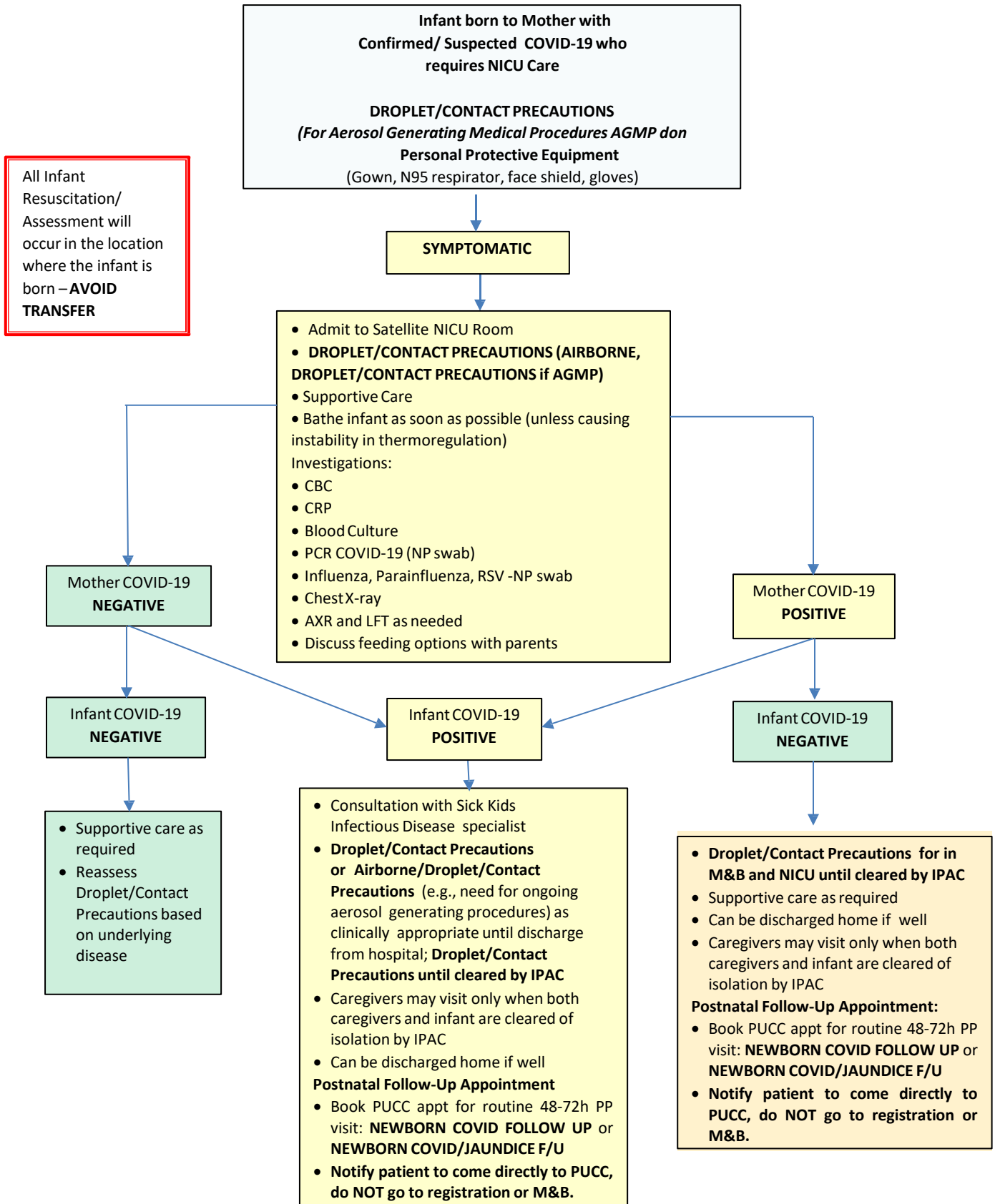
Well infant in M&B private/isolation room with Support Person BUT Separated from Unwell Mother

- Consultation with Infectious Disease specialist for COVID-19 positive infants
- **Droplet/Contact Precautions until discharge from hospital**
- Discuss feeding options with parents
- Bathe infant as soon as possible (unless causing instability in thermoregulation)
- Can be discharged home as per routine if well

Postnatal Follow-Up Appointment:

- Repeat test 48-72 hours after initial test (schedule in PUCG follow-up)
- Book PUCG appt for routine 48-72h PP visit: **NEWBORN COVID FOLLOW UP** or **NEWBORN COVID/JAUNDICE F/U; Attempt to consolidate appointments; Notify patient to come directly to PUCG, do NOT go to registration or M&B.**

**Management for Neonate with Suspected or Confirmed COVID-19 Exposure SYMPTOMATIC
NEWBORN who require NICU care**



Contact with Newborn for Pregnant Women with Suspected or Confirmed COVID-19 Infection

Based on Infection Prevention and Control (IPAC) Considerations for Pregnant Women with Influenza

- Check household contacts that will have contact with the baby (e.g. partner) – consider whether they will be infectious at the time of delivery, and ask them to seek care accordingly
- Individuals with an acute respiratory illness should not visit
- If there are children at home, counsel caregivers re: good hand hygiene and keeping ill children away from the newborn
- Bathing the baby as soon as possible after birth is recommended (exception if bathing may cause instability in newborn thermoregulation)
- Discuss risks and benefits of direct contact with baby and breastfeeding:
 - IPAC recommendation for well neonates not in the NICU:
 1. Pediatrician to discuss skin-to-skin restrictions and options with caregivers. Provide necessary health instructions.
 2. Mom puts on a clean mask and cleans her hands with alcohol-based hand rub before each contact with baby including breastfeeding.
 3. Bassinette is kept more than 6 feet from mom's face if feasible at other times. Mom and partner (if suspected or confirmed COVID-19) recommended to maintain mask on if less than 6 feet from infant.
 - IPAC recommendations for neonates in the neonatal nursery:
 1. Decision to be made based on clinical status of neonate (i.e. unwell infant) and parental preference based on particular situation.
 2. No access to infant in neonatal nursery for mothers who are COVID-19 positive and/or at-risk caregiver. This would be re-evaluated as needed in cases where the infant is critically ill.
 3. Health care providers receiving bottles of EBM should wear gloves and wipe the bottles with disinfectant antiviral wipes prior to transporting the EBM to the NICU, Satellite Room, or placing in the refrigerator. EBM of suspected/positive mothers are to be kept in a designated area (e.g. patient specific basket in the Post partum EBM fridge, etc.).

Feeding infants born to Mother with Confirmed or Suspected (PUI) COVID-19 Infection

Breast milk is the best source of nutrition for most infants. There remain however many unknowns about COVID-19. For that reason, families should participate in the decision to use breastmilk for infant feeding with the support of the healthcare providers. Whenever infants must be separated from their mother due to infection control restrictions, hospitals should **make every effort to provide access to a double-electric breast pump for the parent whose long-term plan is to breastfeed.**

- **Well near-Term or term Infants rooming with their mother**

The feeding options are:

1. Breastfeeding

A symptomatic mother with confirmed or suspected infection should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant, skin hygiene prior to breastfeeding, and wearing gloves and a face mask at all times while feeding at the breast. If a mother and newborn do room-in and the mother wishes to feed at the breast, she should put on a facemask and practice hand hygiene before each feeding.

2. Feeding expressed breastmilk by bottle

If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts, wear a mask, and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

3. Feeding infant formula by bottle

For mothers who are unwell to breastfeed or to express breastmilk with a breast pump and also for mothers who have chosen formula to feed their infant.

- **Preterm infants, ill or well near-term or term infants separated from their mother**

The feeding options are:

1. Feeding expressed breastmilk by bottle or OG/NG

For near-term and term infants where the mother is well enough to express breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and

follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

2. Feeding donor breastmilk

For infants who qualify for donor breastmilk as per current NICU feeding guidelines.

3. Feeding infant formula

For mothers who are unwell to breastfeed or to express breastmilk with a breast pump and also for mothers who have chosen formula to feed their infant.

During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. Prior to expressing breast milk, mothers should practice hand hygiene. 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 instructions.

Reference

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>

https://www.pcmch.on.ca/wp-content/uploads/2020/10/MatNeo-COVID-19-Guide_OCT222020.pdf

Mount Sinai Hospital (2020). Management of Neonate with Suspected or Confirmed COVID-19 Exposure