

Site Applicability

This document is applicable to the Maternal Newborn and Neonatal Programs at BC Women's Hospital.

General Principles

- Knowledge about COVID-19 is changing rapidly, please refer to the electronic version of this document to ensure most recent information available.
- Early notification of team responsible for newborn care where mother is COVID-19 positive or suspect/patient under investigation (PUI) admission to ensure attendance of experienced NRP provider at birth.
- Minimize the people in the delivery area to only those providing direct care.
- Perform equipment check prior to mother entering the delivery area. Commonly used equipment for neonatal resuscitation should be readily available, remove unnecessary equipment and supplies out of room. Keep neonatal resuscitation cart outside room.
- For Anticipated Neonatal Care Admission: Recommended Newborn Care Team Huddle prior to delivery for case specific management, resus equipment required, and member roles and to plan and prepare for stabilization within MotherBaby Care (MBC) or the Neonatal Intensive Care Unit (NICU).
- Notify team responsible for newborn care upon transfer of mother to the OR or at start of second stage to ensure there is enough time to don appropriate Personal Protective Equipment (PPE).
- Ensure ventilation equipment has HEPA filters to filter expired air. Exception: it is not recommended for a T-piece resuscitator to have a HEPA filter.
- Experienced NRP provider in attendance, NRP as per protocol.
- If infant to be separated from family, family not to accompany the infant on transfer. Family presence to be evaluated in consultation with IPAC.
- Consult IPAC for maternal/neonatal admissions to MBC or NICU.
- Refer to IPAC manual for ongoing care considerations (e.g. family teaching, breastfeeding, hand hygiene, reduced risk of transmission), PPE and isolation precautions and the [Management of the Infant Confirmed, Suspect/Patient Under Investigation or Contact with COVID-19 Guideline](#).
- At this time there remains insufficient evidence to indicate vertical transmission of COVID-19 and therefore risk of transmission with aerosol generating medical procedures (AMGP) on the neonate at time of birth is low. The addition of airborne requirements is not routinely recommended at this time for the care of the newborn at delivery for both maternal and neonatal care providers.
- Ongoing newborn care and management with viral illness a part of the differential diagnosis. Follow PPE as per Management of the Infant Confirmed, Suspect/Patient Under Investigation or Contact with COVID-19 Guideline.
- Clear communication between maternal and newborn care providers is essential for the safety of all involved.

Maternal Care Exception

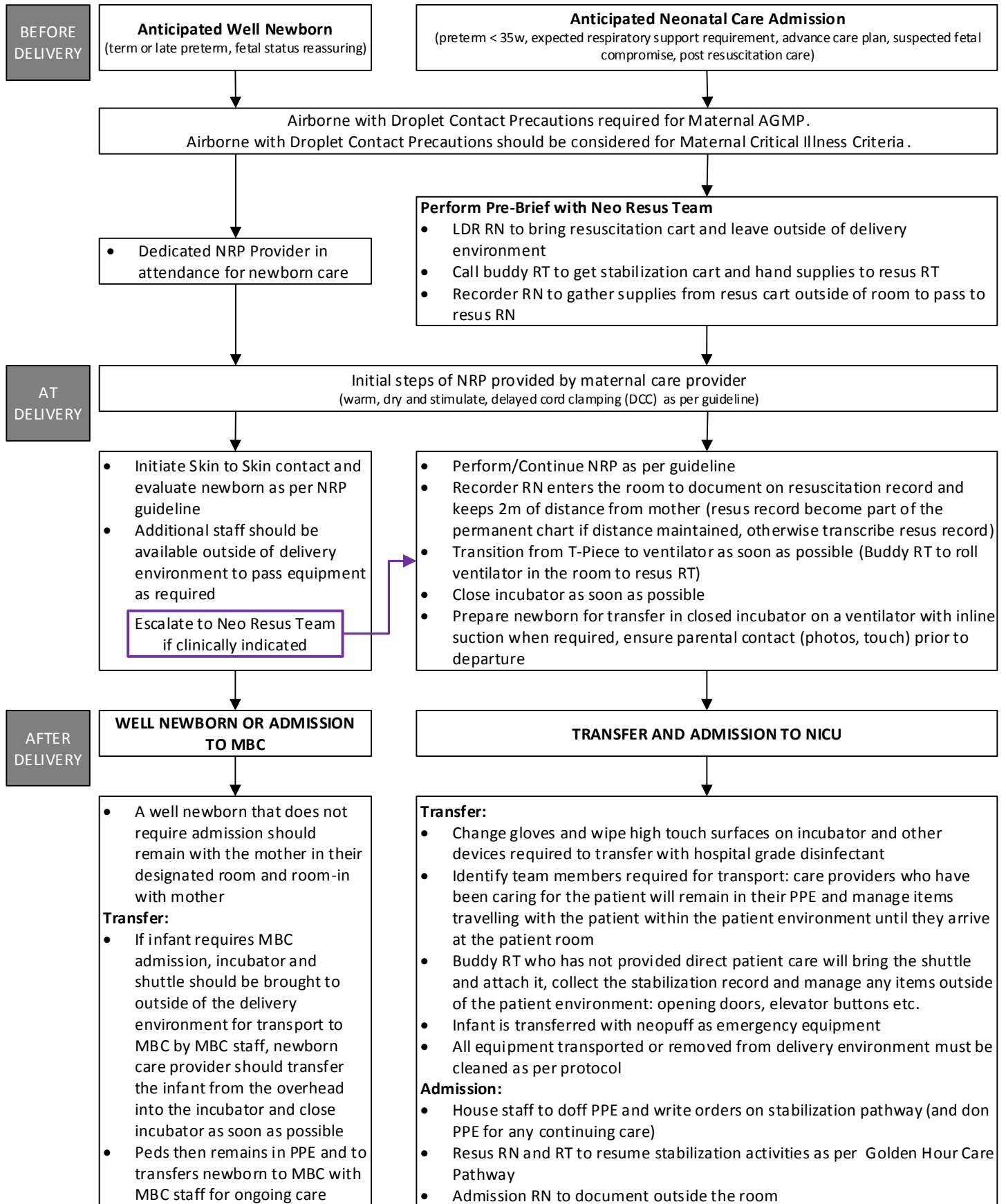
- Airborne with Droplet Contact precautions are required for both maternal and neonatal care providers in the presence of AGMP related to maternal care.
- Airborne with Droplet Contact precautions should be considered for both maternal and neonatal care providers for maternal critical illness.

Critical Illness Criteria:

- Intubated;
 - SpO₂ <94% on room air;
 - Supplemental Oxygen for COVID-19 (positive or suspect);
 - End Organ Support (e.g. inotropic support, dialysis);
 - Significant Immunosuppression (e.g. HIV with CD4<200);
 - And/or as deemed collectively by members of the delivery team that the mother is critically unwell.
- Clear communication between maternal and newborn care providers is essential for the safety of all involved.

NEWBORN DELIVERY MANAGEMENT WHEN MOTHER IS IDENTIFIED AS COVID-19 POSITIVE, SUSPECT/PATIENT UNDER INVESTIGATION OR CONTACT WITH COVID-19

DOCUMENT TYPE: ALGORITHM



References

- Canadian Pediatric Society (2020). Delivery Room Considerations for Infants Born to Mothers with Suspected or Proven COVID-19. <https://www.cps.ca/en/documents/position/delivery-room-considerations-infants-born-to-mothers-with-suspected-or-proven-covid-19> Accessed April 28, 2020
- COVID-19 Working in neonatal settings: <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#working-in-neonatal-settings> Accessed Mar 18, 2020
- COVID-19 - guidance for paediatric services-RCPC UK <https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#working-in-neonatal-settingshttps://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services%20> Accessed Mar 18, 2020
- BC Children's and Women's Hospital (2020) [COVID-19 Patient Transfer/Transport Procedure](#)
[Delayed Cord Clamping Procedure](#)
[Patient Care Equipment Cleaning and Reprocessing](#)
- BC Children's and Women's Hospital (2020) [Management of the Infant of Confirmed, Suspect/Patient Under Investigation or Contact to COVID-19 Guideline](#)
- Intubation and ventilator care for nCoV paediatric patients in PAM, HKWC Jan 2020 Accessed Mar 18, 2020
- Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.htm> Accessed Mar 18, 2020

Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
19-Mar-2020	C-06-01-60571 Newborn Delivery Management When Mother Is COVID-19 Positive Or Patient Under Investigation	Developed by BCW Neonatal Programs; Approved by Professional Practice Director
31-Mar-2020	"	Updated by BCW Neonatal Programs; Approved by Professional Practice Director
07-May-2020	"	Updated by BCW Neonatal Programs; Approved by Professional Practice Director
05-Jun-2020	"	Updated by BCW Neonatal Programs; Approved by Professional Practice Director

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