

Questions and Answers



Pediatric Providers Webinar

Last update: 4-9-20

Questions Asked April 9, 2020

"COVID-19 Impact on Newborns" by Dr. Liz O'Brien, Intermountain Neonatologist

1. **Does antepartum fever always make a mother a PUI? Do we know the rate of positive CV19 in these mothers?**

Answer: Currently, NY reporting 7% rate, we do not know the rate in UT. Difficult to separate intrapartum fever symptom and differentiate between intra-amniotic infection and COVID-19. Current guidance would have us test the mom which would make her a PUI. Would like to get to a place of universal screening for all moms, but test availability does not support that yet. Working on a protocol for rapid testing with turn-around time of about 2 hours for mothers with fever and possible standard testing for afebrile mothers with turn-around time 24-48 hours—this is still in development.

2. **As of April 8th, Intermountain's PPE guideline is to "wear PAPR/N95 performing aerosolizing procedure or entering room within 1 hour for unknown, pending, and positive COVID-19 status patients," regardless of symptoms/PUI status. It seems that this would include all NRP code situations/newborn resuscitations, unless mother is known to be COVID. So we wear PAPR/N95 for all NRP situations unless mom is COVID negative (regardless of maternal symptoms)?**

<https://m.intermountain.net/PatientExperience/InfectionPrevention/Documents/What%20PPE%20to%20Wear%20to%20Stay%20Safe.pdf>

Answer: This is why we are trying to go to universal rapid screening. While we are working on a process for universal screening, we will continue to use airborne-contact precautions for NRP in setting of maternal PUI, COVID-19 positive, or emergent unknown delivery. For moms with no history of exposure or symptoms, continue with droplet contact and not consider room contaminated, though this may change. Different challenge for aerosol-generating procedure. Infection Prevention recommendations for non-PUI patient are to continue with current standards of droplet contact in order to preserve PPE.

Important to have non-PUI person caring for baby / assisting the mom. Caution though, this person should not be high risk for COVID, e.g. grandparent over the age of 60, or someone with chronic medical condition.

3. **Any restriction to outpatient phototherapy in positive or PUI infants? How should we communicate risk to home care?**

Answer: Home care already caring for some PUI, COVID+ patients. The key is communication – let them know the baby is PUI so that they can take necessary precautions. For positive babies with symptoms, consider delaying discharge and keeping them inpatient for care.

4. Are we advocating for shorter newborn nursery stays for asymptomatic moms and babies?

Answer: No, we are not necessarily doing that. However, we are noticing many families want to have shorter stays either due to concerns at being at a healthcare facility or due to the visitor policies. Either way, our focus is on providing safe discharge based on all factors involved.

5. How long to I monitor a newborn of a COVID+ mother for symptoms?

Answer: All infants exposed to COVID-19 positive mothers need to be watched for symptoms for 14 days after last exposure to mom, or 14 days after mom has been cleared for COVID-19 disease. Newly symptomatic infants should be tested or retested or presumed positive until 7 days after symptom onset and 3 days without fever, whichever is longer. Newly symptomatic infants with fever need to be evaluated for serious bacterial infection. Please see early onset sepsis and febrile infant Care Process Models. Also refer to additional information and [Intermountain's Policy Updates Regarding Newborns](#).