

COVID-19/PUI Newborns

April 20, 2020

Intermountain Hospital Policy Updates for Pediatric Providers Regarding COVID19/PUI Newborns

1. Delivery of COVID/PUI Newborns
 - a. Expectant mothers with COVID19 or under investigation for COVID19 (PUI) will be delivered at level III/IV facilities (IMED, UVH, DRMC, MKD) if possible. If deliveries occur at Level I/II facilities, mother and newborn may stay if deemed medically appropriate and if the facilities are able to separate/isolate mother and newborn (see below).
 - b. Neonatal resuscitations are considered an aerosol generating procedure (AGP) for newborns of mothers with COVID19 or PUI and require airborne precautions for PPE. This includes PAPR/N95, eye protection, gown and gloves. Other AGPs in the care of newborns include PPV, CPAP, intubation, and mechanical ventilation.
 - c. Universal testing is done for expectant mothers near or at the time of delivery and will help guide policies about hospital care and follow up care as appropriate.
2. Newborn hospital care for COVID/PUI newborns- Policies regarding the care of newborns is being updated on a regular basis and can be found at the newborn units of the hospitals.
3. Discharge of COVID/PUI newborns
 - a. Newborns are eligible for discharge once hospital stability criteria are met. SARS-CoV-2 infection status has the following special considerations:
 - Asymptomatic infants, COVID-19 confirmed OR testing pending, may go home with a healthy caregiver under appropriate precautions and planned outpatient follow up.
 - Family education re: disease course, infant precautions and isolation precautions for the immediate postpartum period will be reviewed (e.g., strict hand hygiene, home visitors, quarantine, etc.)
 - SARS-CoV-2 negative infants should be discharged home to a designated healthy adult caregiver and watched for symptoms.
4. Transition to outpatient care for COVID/PUI newborns
 - a. **Direct inpatient provider to outpatient provider dialogue is required when discharging a newborn or if the mother has not been cleared.**
 - b. 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.
 - c. Families with a mom or newborn COVID/PUI are instructed to call the outpatient clinic to inform clinic of COVID/PUI status. Newborn is brought to clinic by asymptomatic caregiver when possible. Newborn Caregivers in high risk groups* should not be the designated caregiver to bring the child to the appointment. Siblings should not accompany the newborn to the visit.

- d. Outpatient clinics are encouraged to see COVID/PUI newborns at times of the day to minimize exposure to other well children AND exposure to other sick children coming to the clinic. Clinic staff will use appropriate PPE when seeing COVID/PUI newborns.
- e. Caregivers bringing patients will wear a surgical mask during the visit as they are likely exposed. Outpatient providers should include COVID/PUI mothers by phone or video visit while seeing the newborn and creating treatment plans.
- f. **Newborns should receive critical newborn follow up regardless of COVID status. For COVID+ newborns, clinic teams should stay in close contact with families to monitor for worsening of symptoms and need for re-evaluation.** In addition, clinic teams will monitor for clearance of COVID/PUI status.
- g. Outpatient management of hyperbilirubinemia should be done in a way to minimize potential exposures. This may include using point of care bilirubin testing, transcutaneous bilirubin testing, and having blood draws in the clinic room without sending the patient to an outside lab. When outside lab testing is required, clinic teams should communicate with the lab to minimize exposures.