



INFECTION CONTROL DEPARTMENT POLICY & PROCEDURE

Title: COVID-19 Guidelines Labor & Delivery and Newborn Nursery

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1. LABOR AND DELIVERY

- a. Women presenting to Labor and Deliver
 - i. Must undergo screening for COVID -19 (fever AND new cough/shortness of breath, OR travel to China, Iran, Italy, Japan, South Korea **with** symptoms or exposed to someone who has traveled to those areas).
 - ii. Presenting in labor
 1. **Mom already known to be COVID-19 Test Positive or Person Under Investigation (PUI)**
 - a. Admit to a labor room, shutting the door and using droplet and contact isolation with eye protection.
 - b. For patients showing symptoms requiring aerosolized treatments, the N95 mask should be used in place of the Surgical Mask.
 2. **Mom has a positive screening (fever, cough, SOB, travel):**
 - a. Admit to a labor room, shutting the door and using droplet and contact isolation with eye protection.
 - b. If not previously tested obtain a Rapid Influenza Test, a Respiratory Panel and consider a COVID-19 Test
 3. **Mom is a PUI who subsequently tests negative for COVID-19**
 - a. Use droplet precautions (similar to influenza)
 - iii. **Presenting Pregnant woman presenting to GHCH ED**
 1. Notify the OB Provider and OB charge nurse that the patient has no obstetrical concerns but has respiratory issues and will remain in the ED. Mask the patient if there are no respiratory concerns or there are obstetrical issues, mom evaluated for MSE in OB Triage.
 2. If admission is required
 - a. Admit to a labor room, shutting the door and using droplet and contact isolation with eye protection.
 - b. Obtain a Rapid Influenza Test, Respiratory Panel and consider a COVID-19 Test (if not already done).

b. Delivery

- i. **Vaginal:** in L&D using droplet precautions with eye protection (face shield or goggles).
Reading glasses are not acceptable.

- ii. **C-Section**
 1. OB Charge RN coordinate with main OR related to need for a backup OR while in use and cleaning
 2. Deep clean as done with any droplet, respiratory disease.

- iii. **Emergency C-Section** for patient already known to be COVID-19 Test Positive or Person under Investigation (PUI) arrives in labor. Not all emergency Cesarean Sections require general anesthesia. If at all possible spinal anesthesia is recommended. If general anesthesia is required so are N95s and/or PAPRs.
 1. Notify House Supervisor that there is a patient to be COVID-19 Test Positive or Person under Investigation (PUI) in labor.
 2. Arrange for the appropriate number of N95 Masks and/or PAPRs when the patient is in active labor or suspicion for Cesarean.

- iv. **Post-partum Recovery:** The determination of whether or not to separate a mother with known or suspected COVID-19 and her infant should be made on a case-by-case basis using shared decision-making between the mother and the clinical team. Considerations in this decision include
 1. The clinical condition of the mother and of the infant
 2. SARS-CoV-2 testing results of mother (confirmed vs. suspected) and infant (a positive infant test would negate the need to separate)
 3. Desire to feed at the breast
 4. Facility capacity to accommodate separation or colocation
 5. The ability to maintain separation upon discharge
 6. Other risks and benefits of temporary separation of a mother with known or suspected COVID-19 and her infant

 7. **If separation is not undertaken,** other measures to reduce the risk of transmission from mother to infant could include the following, again, utilizing shared decision-making:
 8. Admit to a post-partum room, shutting the door and using droplet and contact isolation with eye protection (face shield or goggles).
 9. Using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥ 6 feet away from the mother.
 10. Mothers who choose to feed at the breast should put on a face mask and practice hand hygiene before each feeding.
 11. If the mother is not breastfeeding and no other healthy adult is present in the room to care for the newborn, a mother with known or suspected COVID-19 should put on a face mask and practice hand hygiene before each feeding or other close contact with her newborn.
 12. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on Transmission-Based Precautions in a healthcare facility.

- v. Infant is considered a PUI and should be in Isolette with droplet precautions.
- vi. If the decision is made to temporarily put the mother with known or suspected COVID-19 and her infant to reduce the risk of transmission in separate rooms, the following should be considered:
 1. Infants with suspected COVID-19 should be isolated from other healthy infants and cared for according to the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
 2. If another healthy family or staff member is present to provide care such as diapering, bathing and feeding for the newborn, they should use appropriate PPE. For healthy family members, appropriate PPE includes gown, gloves, face mask, and eye protection.
 3. For healthcare personnel, recommendations for appropriate PPE are outlined in the Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
 4. Considerations to discontinue temporary separation in the healthcare setting are the same as those to discontinue transmission-based precautions, as described in the Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Interim Guidance).
 5. Patients who have clinically recovered and are able to be discharged from the hospital but who have not met criteria to discontinue temporary separation and who wish to reduce the risk of transmission to the newborn should continue separation at their place of residence until cleared as described in the Discontinuation of Home Isolation for Persons with COVID-19 (Interim Guidance).
 6. For more information regarding implementation of care at home, please see Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for Coronavirus Disease 2019 (COVID-19), and Preventing the Spread of Coronavirus Disease 2019 in Homes and Residential Communities

c. Discharge

- i. Based on clinical indications for need for continued hospital care for respiratory illness vs discharge to home isolation pending recovery consider transferring to a medical unit.
- ii. Early discharge of appropriate patients is encouraged to safeguard the patient, staff and newborn.

2. NEWBORN NURSERY

- a. For Moms who are either COVID -19 Test Positive or a PUI, their infants should be placed in Isolette immediately post-delivery.
- b. Mom will be transferred to Mother-Baby Rooms using droplet isolation with eye protection is acceptable (per WHO).
- c. Per CDC guidelines, the infant is considered a PUI
- d. Transporting infants: Use droplet and contact precautions using goggles or face shield.
- e. Infant will remain in precautionary isolation until discharge or for a minimum of 14 days or until discharged.

- f. Infant should only be tested for COVID-19 if symptomatic or at Physician’s discretion
- g. Visitors for PUI (infant) are only the significant other.
 - i. Must be healthy and without any respiratory symptoms
 - ii. Must wear appropriate PPE, including gown, gloves, face mask and eye protection
- h. Breast Feeding
 - i. If temporary separation is undertaken, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply.
 - ii. Either COVID-19 Test Positive or PUI Moms should be encouraged to pump breast milk for their infants using good hand hygiene and wearing a mask. If possible, a dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand hygiene. This expressed breast milk should be fed to the newborn by a healthy caregiver
 - iii. Specific instructions need to be given to not contaminate the Breast Milk or bottle. If we cannot guarantee good sterile technique, mom should pump and dump until is she no longer infectious.
 - iv. Specific instructions need to be given regarding cleaning of breast pump. 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.
 - v. If Mom subsequently tests COVID-19 negative: Breast feed using respiratory, droplet precautions (similar to influenza)
 - vi. If Mom is COVID-19 Test Positive she should continue to pump her breastmilk until she is asymptomatic and cleared by the Public Health Department. If a mother with known COVID-19 and her infant do room-in and the mother wishes to feed at the breast, she should put on a face mask and practice hand hygiene before each feeding
- i. Discharge: Infant and mom should be independently discharged home as soon as medically stable.
 - i. Discharge to Dad and/or appropriate family member.
 - ii. At home mom should be quarantined for 14 days post birth. During quarantine she should wear a mask when handling newborn.
 - iii. Mom and baby should be isolated away from each other until is asymptomatic and is cleared by the Public Health Department
 - iv. Testing the infant for COVID-19 should be considered if infant becomes symptomatic or at physician’s discretion.

Approved By:

Director Infection Control/Employee Health

Date

Chief Nursing Officer

Date