CARE OF INFANTS BORN TO PREGNANT WOMEN WITH SUSPECTED OR CONFIRMED COVID-19 INFECTION

MOTHER-INFANT BONDING IS ENCOURAGED AT ALL TIMES IN BOTH PATHWAYS.
SHARED DECISION MAKING WITH PARENTS TO DISCUSS CHOICES

**SEPARATION PATHWAY**

Neonatal resuscitation and further care in a separate room followed by a bath (if stable) and placement in an isolette.

**CO-LOCATION PATHWAY**

Neonatal resuscitation in the same room > 6 ft from the mother (consider a physical barrier e.g., curtain) followed by a bath (once stable).

**INFANT NUTRITION – SHARED DECISION MAKING WITH PARENTS TO DISCUSS CHOICES**

- Clean the breast. Express breast with pump while wearing mask and gloves. Expressed breast milk fed by a healthy caretaker
- Infant formula

- Mother wears mask and gown, cleans breast, hand washes prior to direct breast feeding

**DISCHARGE PROCESS IN ASYMPTOMATIC INFANT**

**TESTING FOR COVID-19**

- Consider deep nasal swab at 24 hr. and 48 hr. after birth if rapid turnaround available.

**MOTHER positive, INFANT negative**

Discharge to a healthy caretaker until mother has resolution of symptoms, including fever, for 3 days, and 7 days since onset of symptoms, or two negative COVID-19 tests 24 hours apart.

**Both MOTHER + INFANT Positive**

Discharge to mother with contact and droplet precautions until mother has resolution of symptoms, including fever, for 3 days, and 7 days since onset of symptoms, or two negative COVID-19 tests 24 hours apart.

Discharge to home with mother. Keep distance from other household members.

CLOSE FOLLOW-UP OF MOTHER AND INFANT THROUGH TELE-MEDICINE AND TELEPHONE CALLS.
DIRECT PHYSICIAN TO PHYSICIAN HANDOFF VIA PHONE PRIOR TO DISCHARGE WITH PMD.

Adapted from ‘Care of Infants born to SARS-CoV2+ pregnant women’. University of California at Davis. March 2020