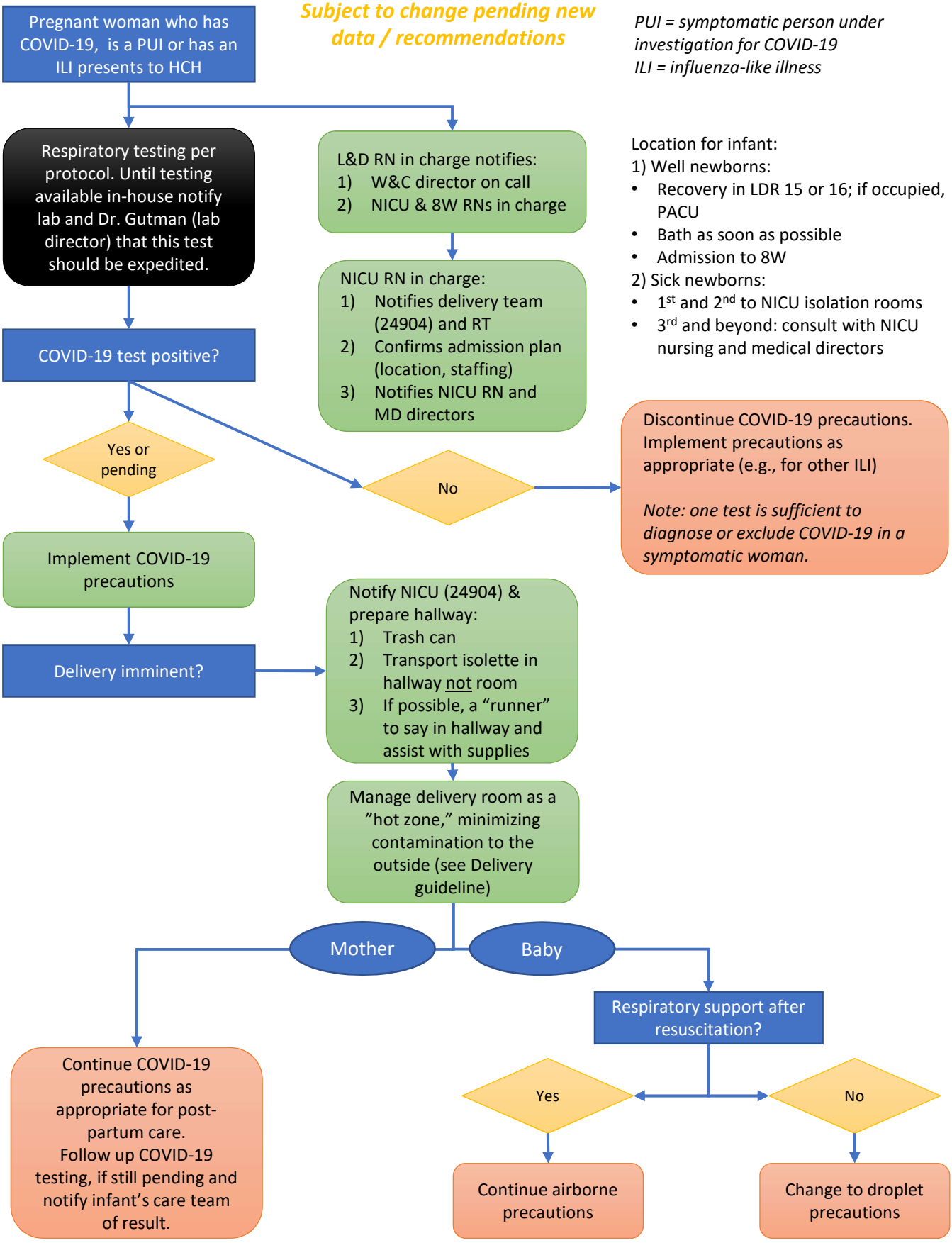
HCH Labor & Delivery Management of Possible COVID-19

Updated 3/27/2020

Subject to change pending new data / recommendations

PUI = symptomatic person under investigation for COVID-19
ILI = influenza-like illness



Location for infant:

1) Well newborns:
   - Recovery in LDR 15 or 16; if occupied, PACU
   - Bath as soon as possible
   - Admission to 8W
2) Sick newborns:
   - 1st and 2nd to NICU isolation rooms
   - 3rd and beyond: consult with NICU nursing and medical directors

Updated 3/26/2020

Management of Delivery to COVID+ or PUI Mother

Subject to change pending new data / recommendations

BACKGROUND

It is unlikely, though still possible, that COVID-19 is transmitted vertically from mother to child. Avoiding infection of infant at delivery is of paramount importance. Avoiding cross-contamination from delivery room to other parts of hospital is critical. Greatest risk of transmission is through contact with respiratory/droplet secretions from infected persons. There is a theoretical exposure risk through urine and stool during delivery process .

LOCATION and EQUIPMENT PREPARATION

1. Deliveries should occur in LDR 15 or 16, if possible (negative pressure rooms).
2. Delivery team should bring own PPE and the PPE bag (Mary assembling; will be in chart room)
3. Delivery room should be considered a "hot zone." All non-essential equipment, supplies, clothing, etc, should be left outside the room or fully covered by protective gear (badges, paper, pens, phones)
4. Transport isolette should be prepared outside delivery room. ALL infants born to COVID+/PUI mothers should be transported through the hospital in isolette, not open crib.
5. Warmer bed should be separated from the delivery bed by at least 6 feet and with a physical barrier (curtain, door, screen) if possible.

STAFF PREPARATION

1. The minimum number of staff should attend the delivery. In addition to the L&D staff, for a routine birth requiring the neonatal delivery team, only 1 MD/NNP should attend; for a high-risk delivery, 2 MD/NNPs should attend. RT should not attend high risk deliveries in this case.
2. Staff who will be within 6 feet of infant warmer bed should don airborne PPE, as suction or respiratory support may be needed, and aerosolization may occur.

BIRTH

1. Infant should not be placed on mother's abdomen; should stay 6 feet away from mother and partner.
2. Delayed cord clamping should proceed as usual.

RESUSCITATION and RECOVERY

1. Goal for resuscitation is providing the standard of care (NRP) while protecting health care workers.
2. Infant should be resuscitated with the minimum number of providers to safely provide care.
3. If well, infant can be recovered by the NRN in the newborn anteroom of LDR 15 or 16 using droplet precautions, maintaining minimum 6 foot separation from mother and partner. If occupied, check with L&D charge RN about best location for NRN care.
4. Infants who are well should be isolated on 8W or, if mother refuses separation, per non-separation guidelines. These infants require droplet precautions.
5. Infants who require NICU care should be transported to the NICU as soon as stable. Consider giving surfactant in NICU rather than delivery room to minimize exposure time.

TRANSPORT to NICU

1. When resuscitation is complete, delivery team member #1 should leave room and change into clean PPE and open / prepare isolette. Delivery team member #2 should continue infant care then place infant in isolette avoiding contact with surfaces outside delivery room. Delivery team member #1 should close isolette door then wipe down with purple wipes any surfaces that may have been touched by team member #2. Team member #2 exits delivery room and, if needed to assist with transport within 6 feet of isolette, also changes into clean PPE. Level of respiratory support needed by infant determines PPE : a) If requires respiratory support→ airborne PPE, b) Without respiratory support→droplet PPE
2. Infant transported to NICU for further care. A clean person should wipe down with purple wipes any surfaces that may be contaminated en route.