



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## HOW YOU CAN SLOW THE SPREAD OF COVID-19

Take care of others by taking care of yourself.

Wash your hands, don't touch your face, and stay home if you are sick.

Stay at Home and Physically Distance

Stay at home whenever you can. Maintain 2 meters distance from those outside of your household.

## Guideline for the Management of the Healthy Newborn Born to a Pregnant Mother/Individual Who Is a Confirmed or Suspect Case of COVID-19

Updated: Sept. 4, 2020

*Knowledge is changing rapidly and therefore information below may be modified in response to new information and evidence.*

### Site Applicability

Sites in British Columbia that deliver health care to newborns within Birthing units, homebirth, and community settings. This document is intended for the subsequent care of the newborn at and after the time of birth.

### General Information:

- SARS-CoV-2 is a novel coronavirus that causes COVID-19 illness in adults and children. In the context of a global COVID-19 pandemic, B.C. has implemented a number of public health measures to prevent the spread of SARS-CoV-2.
- Pregnancy outcomes with confirmed COVID-19: To date, information is available of about 60 cases of pregnant women with confirmed COVID-19 in China. The pregnancy outcomes have been reported to be good overall, with spontaneous and iatrogenic preterm labour being the most reported adverse pregnancy outcomes.
- COVID-19 virus has a very low infection rate in children estimated at 1-5% worldwide.
- The majority of cases in children are the result of a household transmission by droplet spread from another family member with symptoms of COVID-19.
- **Vertical Transmission: Within the small cohort referred to in previous statement there is no strong evidence of vertical transmission at this point.**
- Teratogenicity: There is currently no reported increased risk of congenital anomaly, though the number of reported cases is small.
- COVID-19 virus has a very low infection rate in children estimated at 1-5% worldwide. The majority of cases in children are the result of a household transmission by droplet spread from another family member with symptoms of COVID-19.

### Definitions:

- COVID-19 disease categories as used in this document:
  - Confirmed case: Neonate has laboratory result confirmation for SARS-CoV-2.
  - Suspect case: Neonate who has become symptomatic of a viral influenza type illness and COVID-19 is a part of the differential diagnosis and testing has been sent.
  - Case contact: Neonate is asymptomatic but has had close or prolonged contact with someone who is asymptomatic or a confirmed case of COVID-19. For example, a neonate who is asymptomatic born to a



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If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.

Non-medical inquiries (ex. travel, physical distancing): 1-888-COVID19 (1888-268-4319) or text 604-630-0300



woman with suspect or confirmed case of COVID-19, or a newborn exposed to a health care worker with confirmed COVID-19.

- IPAC: Infection Prevention and Control

#### Additional information:

- For the most up to date information on PPE please refer to BCCDC Personal Protective Equipment document: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
- For most up to date information aerosol generating medical procedures please refer to refer to [http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs\\_requiring\\_N95.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs_requiring_N95.pdf)

#### Overall Principles:

- Only essential staff should enter mother and newborn's room.
- Visitors should be kept to a minimum: one adult caregiver, parent or support person.
- There is no evidence to indicate all newborns born to mother who is a confirmed or suspect case of COVID-19 should be separated from mother.
- Newborns born to mother who is a confirmed or suspect case of COVID-19 require appropriate isolation precautions for a minimum of 14 days, to ensure the full incubation and infectious period has passed while maintaining the mother-newborn dyad as much as possible.
- Healthcare workers should don PPE for Respiratory Droplet and Contact precautions when providing care for the baby, and only essential providers should be involved in their care.
- Discontinuation of infection prevention precautions ONLY in consultation with IPAC.
- There is no need for staff to self-isolate after looking after a suspected or confirmed case of COVID-19 if correct PPE precautions have been taken.

#### Postpartum Care:

- Test ALL newborns born to mothers who are confirmed cases of COVID-19 for SARS-CoV-2 within 1- 2 hours of birth.
- Newborns should be bathed as soon as reasonably possible after birth to remove virus potentially present on skin surfaces.
- Routine testing for SARS-CoV-2, of newborns born to mothers who are suspect cases of COVID-19 is not recommended. Test newborns only if mother's test results come back as positive for SARS-CoV-2.
- If newborn tests positive for SARS-CoV-2 isolate until:
  - At least 10 days have passed since the onset of symptoms; AND
  - Fever has resolved without the use of fever-reducing medication: AND
  - Symptoms (respiratory, gastrointestinal, and systemic) have improved
- If newborn tests negative for SARS-CoV-2 isolate as per a close contact and monitor for influenza like symptoms.
- Newborn of mother with confirmed COVID-19 is considered a close contact and should isolate with mother for 14 days to ensure the full incubation and infectious period has passed.
- The neonate should ideally remain in a closed incubator until the COVID-19 related risk of transmission has been reasonable excluded.
- Isolation of newborn from mother is not necessary unless clinically indicated by disease severity.
- Mother to mask and utilize strict hand washing protocol for skin-to-skin.



- Document confirmed COVID-19 status of mother on liaison form to ensure newborn is followed up by public health after discharge into the community.
- Discharge mother and newborn as soon as both are stable:
  - Newborn screening is considered an essential service
  - Birthing hospitals should collect blood spot cards as close as possible to 24 hours after birth
  - Birthing hospitals may consider increasing blood collection rounds to facilitate timely discharge
  - If a newborn is discharged before 24 hours of age, an initial card should be collected. Deferral is not recommended to avoid the risk of COVID-19 exposure at an outpatient blood collection facility and to ensure timely diagnosis for conditions on the newborn screening test panel.

#### **Newborn feeding:**

- For mothers wishing to breastfeed, precautions should be taken to limit viral spread to newborn:
  - Hand washing before and after touching the newborn and related equipment, for example, breast pump, breast pump parts of newborn feeding equipment
  - Wearing a mask to minimize respiratory secretions to the newborn during breastfeeding and skin-to-skin contact
  - Avoiding coughing or sneezing on milk storage containers and breast pump parts
  - Following recommendations for pump and pump parts cleaning after each use
  - Cleaning outside of the pump areas of high touch, such as buttons and dials, with sanitizer or wipes, each time it is used
  - Routinely cleaning and disinfecting surfaces with which the symptomatic mother has been in contact
- Mothers who are formula feeding should also practice strict hand hygiene, wear a mask, and adhere to sterilisation guidelines with feeding equipment as per usual

#### **After discharge home:**

- Advice should be given to mother about self-isolation measures while at home until the end of the isolation period.
  - People that test positive for SARS-CoV-2, must self-isolate at home until:
    - At least 10 days have passed since the onset of symptoms; AND
    - Fever has resolved without the use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved
  - People that test negative for SARS-CoV-2, must self-isolate at home until:
    - Resolution of fever without the use of fever-reducing medication; AND
    - Improvement in symptoms (respiratory, gastrointestinal, and systemic): AND
  - People who are not tested for SARS-COV-2 must self-isolate at home until:
    - At least 10 days have passed since the onset of symptoms; AND
    - Fever has resolved without the use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved
  - Members of the general public who are identified by public health officials as close contacts of confirmed COVID-19 cases, must self-isolate for 14 days to ensure the full incubation and infectious period has passed
- Breast pumps should be cleaned and disinfected according to the manufacturer's instructions
- Parents/caregivers should be given instructions how to appropriately don/discard PPE, effective handwashing, and ensuring the pump and pump parts are as clean as possible. For example, wash breast pump kit collection with warm soapy water, rinse with clear water then air dry; sanitize parts at least once daily.
- Phone contact by Public Health Nurse or Primary Care nurse should occur within 24-48 hours after discharge.
- Public health workers should don PPE for respiratory droplet precautions if they are providing direct patient contact and, if not, they can provide care and advice either virtually or from outside the home.



- Primary care provider follow-up should be arranged within 3-5 days of discharge if possible. Advise parent/caregiver to call ahead and notify clinic prior to arrival so that healthcare workers can don PPE for contact and droplet precautions.

**Parents should be told of the signs and symptoms to watch for in newborn at home:**

- Fever or low temperature (<36.5 or > 37.5)
- Signs of respiratory distress
  - Respiratory rate >60
  - Nasal flaring
  - Chest retractions
  - Grunting
  - Changes in baby's skin color to blue or gray
  - Cough
- Vomiting
- Diarrhea
- Poor feeding

**Re-admission to hospital:**

- If the newborn develops any of these signs and/or symptoms at home, mothers or caregivers should phone 8-1-1, as well as their primary care provider to communicate the findings and determine plan for newborn assessment. Call ahead to notify hospital staff if bringing the newborn into the hospital and notify them of their COVID-19 status.

**References:**

1. Dong YY, Mo X, Hu YB et al. "Epidemiological characteristics of 2143 Pediatrics Patients with 2019 Coronavirus Disease in China". Pediatrics 2020 Mar [Epub]
2. Royal College of Paediatrics and Child Health. "COVID-19 – guidance for paediatric services". Updated 13<sup>th</sup> March, 2020.
3. Hospital Authority Central Committee on Infectious Diseases and Emergency Response, Hong Kong. "Interim Recommendation on Clinical Management of Paediatric Patients of Coronavirus Disease 2019 Infection". Effective 13<sup>th</sup> March, 2020.
4. Royal College of Obstetricians & Gynaecologists. "COVID-19 Virus Infection and Pregnancy". Downloaded 16<sup>th</sup> March, 2020.
5. Lu Q, Shi Y. "Coronavirus disease and neonate: what neonatologist need to know". Medical Virology 2020 Feb [Epub]
6. Wang LS, Shi Y, Xiao TT et al. "Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection 1<sup>st</sup> edition". Annals of Translational Medicine. 2020 February [Epub].
7. Neonatal Unit, Department of Paediatrics, Prince of Wales Hospital, Hong Kong. Management of infants with COVID-19. 2020 March [personal communication]
8. Neonatal Unit, Department of Paediatrics & Adolescent Medicine, Queen Mary Hospital, Hong Kong. Management of infants with COVID-19. 2020 March [personal communication]



9. Kam KQ, Yung CF, Cui L et al. "A well infant with coronavirus disease 2019 with high viral load". Clinical Infectious Diseases. 2020 February [Epub].
10. Rasmussen SA, Smulian JC, Lednicky JA et al. "COVID 19 and Pregnancy: what obstetricians need to know". American Journal of Obstetrics & Gynecology. 2020 February [Epub]
11. Pediatric Committee, Medical Association of Chinese People's Liberation Army; Editorial Committee of Chinese Journal of Contemporary Pediatrics. "Emergency response plan for the neonatal intensive care unit during epidemic of 2019 novel coronavirus". Chi J Contemp Pediatrics 2020;22(2):91-95.
12. Working group for the Prevention and Control of Neonatal 2019-nCoV Infection in the Perinatal Period of the Editorial Committee. "Perinatal and neonatal management plan for prevention and control of 2019 novel coronavirus infection 1<sup>st</sup> edition". Chin J Contemp Pediatr. 2020; 22(2):87-90.
13. Section on COVID-19 Infection Precaution, BCCW Infection Control Manual.
14. Toronto Region Recommendations for management of Pregnant Women and Neonates with Suspected or Confirmed COVID-19. Version date: 17<sup>th</sup> March, 2020.
15. Alberta Health Service. COVID-19 (Novel Coronavirus, 2019-nCoV) Interim IPC Recommendations. Version date: 13<sup>th</sup> March, 2020
16. BC CDC – PICNet (Provincial Infection control Network of British Columbia). 2019 Novel Coronavirus: Aerosol Generating Medical Procedures in Healthcare Settings [http://www.bccdc.ca/Health-Professionals-Site/Documents/2019-nCoV\\_AGMP\\_PICNet.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/2019-nCoV_AGMP_PICNet.pdf) Version date: February 7, 2020
17. BC CDC. Pregnant Women with COVID-19+ or PUI General Guidelines for Admission and Hospital Treatment. <http://www.bccdc.ca/Health-Professionals-Site/Documents/Pregnancy-COVID19-Hospital-Admission-Treatment.pdf> Version date: March 18, 2020
18. SOGC Committee Opinion on COVID-19: <https://sogc.org/en/content/featured-news/Updated-SOGC-Committee-Opinion%E2%80%9320COVID-19-in-Pregnancy.aspx>
19. Royal College of Obstetrics and Gynecology of UK : Coronavirus 19 Infection in Pregnancy (published Friday March 13, 2020)
20. WHO Clinical Guidelines for the Management of COVID-19 related acute respiratory distress syndrome
21. Centers for Disease Control Guidelines: Pregnancy and Breastfeeding
22. Royal College of Obstetrics and Gynecology of Australia : COVID-19- guidance for pediatric services, last updated March 16, 2020
23. <https://www.health.gov.bc.ca/library/publications/year/2013/healthy-start-initiative-phs.pdf>
24. <https://www.health.gov.bc.ca/library/publications/year/2019/BBC-7th-edition-FINAL-Nov2019.pdf>
25. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
26. <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/infection-control/personal-protective-equipment>
27. [http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs\\_requiring\\_N95.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/AGMPs_requiring_N95.pdf)

