CARE OF NEONATES BORN TO PREGNANT WOMEN WITH SUSPECTED OR CONFIRMED SARS-CoV-2 INFECTION

Presentation with “influenza-like illness”
Testing for SARS-CoV-2 infection

No skin-to-skin contact
Delay cord clamping
by provider holding baby without maternal skin contact;
Limit providers in DR/OR to minimize exposure

PAPR or N95 masks + eye shield
gown and glove - all providers if risk
of aerosol generation
Mother - mask

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

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

NUTRITION - shared decision-making with parents to discuss 3 choices

Formula or donor milk (if available)

Pump and discard EBM* (if Mother desires to breastfeed)

Clean breasts express BM with precautions*

EBM fed by a healthy caretaker
Mother-PPE clean breasts*--breastfeeding

TESTING FOR SARS-CoV-2

Nasopharyngeal and oropharyngeal swab
Tracheal aspirate - if intubated
24h after birth
24h after birth only

24h and 48 h after birth

DISCHARGE PROCESS IN ASYMPTOMATIC INFANTS

Discharge to a healthy caretaker until mother has resolution of fever + improvement in signs/symptoms + two negative SARS-CoV-2 tests > 24h apart

Mother +ve Baby +ve Retest infant in 2-3 weeks

Discharge to mother with contact & droplet precautions until mother has resolution of fever + improvement in signs/symptoms + 2 negative SARS-CoV-2 tests > 24h apart

Mother +ve Baby +ve (both asymptomatic)

Discharge home with mother

Close follow-up of mother and infant through video visits and telephone calls

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