**Subject to Change as More Data is Made Available**

**GUIDANCE**

A. A previous [study](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html) published on 2/12/2020 suggested no vertical transmission in a series of 9 infants. On 3/26/2020, JAMA published two research letters/studies that contradict these findings and potentially support both vertical transmission as well as risk of disease in the neonate born to a COVID-19 positive mother. A summary of the main points of these two studies with hyperlinks are below:

1. **Zeng et al:** Study of 33 newborns born to moms with COVID-19 positive pneumonia in Wuhan, China. Of these 33 infants, 3 infants tested positive for COVID-19 on RT-PCR. Of these 3 infants, two were term and one was preterm (31 weeks). All 3 infants were born via c-section and isolated after delivery. All 3 infants developed symptomatic pneumonia. The preterm infant also had presumed sepsis and respiratory failure requiring ventilation (likely due to a combination of prematurity and viral activity). Take home message: 9% of infants born to COVID-19 positive moms developed pneumonia. This occurred in term and preterm infants.

2. **Dong et al:** A term infant was born to a COVID-19 positive mom who had a c-section in Wuhan, China. All medical personnel including mom were in PPE. Infant was immediately taken to NICU and put under isolation. Infant COVID-19 RT PCR was negative at 2 hours of life. IgM/IgG were detected in the infant at the first day of life and at 14 days of life. Repeat infant PCR remained negative at day 16 of life. PCR of maternal breastmilk was also negative. This infant continued to have positive IgM antibodies as well as markers of inflammation and liver disease. The infant was discharged about 26 days after admission. Take home message: Potential but not confirmed evidence for vertical transmission in a term infant; more evidence is needed.


C. Recent data show that infants < 1 year of age have more severe disease than older children [https://pediatrics.aappublications.org/content/pediatrics/early/2020/03/16/peds.2020-0702.full.pdf](https://pediatrics.aappublications.org/content/pediatrics/early/2020/03/16/peds.2020-0702.full.pdf). Therefore, we are concerned about protecting these infants to the greatest extent possible.

D. At this time, COVID-19 has not been found in breastmilk. Breastmilk confers immunity as well as important nutrients for the infant. Therefore, we recommend giving breast milk to the infant.
POLICIES

A. Policies for Healthy Term and Late Preterm Infants to Moms with Known or Suspected COVID-19

1. **Counseling:** We (OB/Peds) will counsel and recommend mom and baby separation to prevent transmission of COVID to the infant. If it is not possible, please see below: C. Policies for Mom/Infant Co-Location below.

   Counseling should include explanation that separation is recommended by CDC and AAP guidelines.

   If mom chooses not to separate after counseling, we will abide by her wishes and plan for co-location.

B. Policies for Healthy Term/Late Preterm Infant Separated from Mom with Known or Suspected COVID-19

   1. **Delivery:** At delivery, infant will be placed in an incubator so mom can see infant and then transported to the NICU (PCN service for further care).

   2. **Bathing:** Bathing of infant will be performed as soon as possible after birth per CDC recommendations to prevent spread of disease through bodily fluids from birth.

   3. **Breast Milk:** Caregivers will help mom express breast milk and pump when able. Please see UWMC lactation guidelines for providing expressed breast milk to an infant on the PCN service. CDC guidelines on equipment use/cleaning and this milk will be given to the infant by a health care provider or designated caregiver. The infant may require supplemental feeds with formula. *We will not allow breastfeeding in the hospital if separation is initiated.*

   4. **Inpatient Procedures:** The number of caregivers and hospital personnel entering the patient room will be minimized to the greatest extent possible. Erythromycin, Hep B, and Vitamin K will all be given according to the normal schedule. The hearing screening will be deferred to outpatient at 14 days of life without symptoms.

   5. **Infant Testing/Clearance for COVID-19:** We will test the infant at 24 hours and 48 hours of life and then every 48-72 hours until there are 2 negative consecutive tests. One swab that first samples throat and then nasopharynx can be used to conserve swab supplies. It should be sent in viral transport media to the lab. If infant is ready to be discharged before 48 hours, further testing should be discussed on a case by case basis.
If the infant has two negative tests, droplet and contact isolation precautions may be discontinued after consultation with infection prevention.

6. **Discharge**: Infants who are COVID positive/PUI with no symptoms may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis with plans for frequent contact for 14 days. Caretakers should wear appropriate protective equipment (see discharge guidelines for parents).

Infants with negative PCR testing can be discharged to the care of a healthy caregiver. If parent is in the same household and is COVID-19 positive, they should stay 6 feet away and use mask/gown for care (see discharge guidelines for parents).

All discharges of a COVID positive/PUI infant require a clinic provider to call and discuss management of the infant. The University of Washington Roosevelt Clinic will see these infants.

C. **Policies for Healthy Term/Late Preterm Infant Co-locating with Mom with Known or Suspected COVID-19**

1. **Delivery**: At delivery, infant will be treated as PUI and will be placed at least 6 feet away from mom in an incubator. An asymptomatic, COVID-19 caregiver will take care of the infant while located in the room. If this caregiver is not available, mom will need to do care with PPE for infant.

2. **Bathing**: Bathing of infant will be performed as soon as possible after birth per CDC recommendations to prevent spread of disease through bodily fluids from birth.

3. **Breastfeeding**: Moms who are breastfeeding need to wear masks and do appropriate hand-washing procedures before feeding – please see UWMC lactation guidelines.

4. **Inpatient Procedures**: The number of caregivers and hospital personnel entering the patient room will be minimized to the greatest extent possible. Erythromycin, Hep B, and Vitamin K will all be given according to the normal schedule. The hearing screening will be deferred to outpatient at 14 days of life without symptoms.

5. **Infant Testing for COVID-19**: We will test the infant at 24 hours and 48 hours of life and then every 48-72 hours until there are 2 negative consecutive tests. One swab that first samples throat and then nasopharynx can be used to conserve swab supplies. It should be sent in viral transport media to the lab. If the infant is discharged before 48 hours, further testing should be discussed on a case by case basis. Isolation will continue for both mom and infant unless both are cleared per hospital criteria (infant with two consecutive negative tests and mom via the test based/non-test based algorithm).
6. **Discharge:** Infants who are COVID positive/PUI with no symptoms may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis with plans for frequent contact for 14 days. Caretakers should wear appropriate protective equipment (see discharge guidelines for parents).

Infants with negative PCR testing can be discharged ideally to the care of a designated healthy, non-infected caregiver. If mother is in the same household, she should stay 6 feet away and use mask/gown for care (see discharge guidelines for parents).

**All discharges of a COVID positive/PUI infant require a clinic provider to call and discuss management of the infant. The University of Washington Roosevelt Clinic will see these infants.**