Objective: COVID-19 is now prevalent in our community, and the goal of the UWMC Mother/Baby Unit is to provide superior care and prevent risk of infection and/or transmission of the virus on our units.

Background:
1. At this time, there is a paucity of data on vertical transmission to infants during delivery. While the two preliminary publications below support no vertical transmission, we are hearing about unpublished data from ID physicians that suggests vertical transmission is possible. ([https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30360-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30360-3/fulltext)) ([https://www.frontiersin.org/articles/10.3389/fped.2020.00104/full](https://www.frontiersin.org/articles/10.3389/fped.2020.00104/full)).

2. There is currently no evidence of COVID-19 in breastmilk but confirmatory studies have not been done – only preliminary ones. Similar viruses (SARS) have not been found in breastmilk.

3. A study of children (published Feb 14, 2020) with the virus who had an affected family member showed that none of the infants required ICU care and most had mild symptoms if any at all. [https://jamanetwork.com/journals/jama/fullarticle/2761659](https://jamanetwork.com/journals/jama/fullarticle/2761659). More recent data preliminarily suggest that infants less than 1yr may be at highest risk of more significant disease compared to older kids, but in this study, only about 1/3 of cases were confirmed coronavirus cases (the others could have been RSV or other disease).

4. The CDC website is constantly evolving with new information: [https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html). Current guidance is to recommend separation of mom and infant. The AAP will soon release guidance that affirms these same recommendations. At this time, we are recommending separation of mom and infant for any COVID+ or PUI mom. PUI is currently defined as fever, cough, SOB, muscle ache, or sore throat (it is very broad). For a mom that is PUI, OB will test mom as soon as possible and if a negative test is obtained, the infant will be reunited with mom.

GUIDANCE

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

1. Counseling: We will counsel and recommend mom and baby separation to prevent transmission of COVID+ in medical settings where this is possible. 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 guideline, forthcoming AAP guideline, and that of our local Seattle Children’s Infectious Disease team.

   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 isolette 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 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 for COVID-19:** We will not a priori test hospitalized infants of COVID+ mothers. Hospitalized infants who develop symptoms should be tested at the time they develop symptoms. Otherwise, infants who become ill after discharge should present to care – ED or PCP as needed – and be evaluated/tested then. The incubation period is 2-14 days so a negative test after birth does not rule out disease.

6. **Inpatient Visitors:** TBD per Cindy Sayre/UWMC ID team

7. **Discharge:** Infants may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis. Current CDC guidelines recommend that a healthy caregiver take care of infant and continue separation until 14 days after birth. Discharge requires a provider to clinic call to discuss management of the infant *(we are still working on identifying clinics that would 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. This requires another healthy caregiver to be present to care for infant. If 6 feet is not feasible, place the infant in an isolette. If mom and infant will be transported to a different room, infant will need to be transported in an isolette.

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 not a priori test hospitalized infants of COVID+ mothers. Hospitalized infants who develop symptoms should be tested at the time they develop symptoms. Otherwise, infants who become ill after discharge should present to care – ED or PCP as needed – and be evaluated/tested then. The incubation period is 2-14 days so a negative test after birth does not rule out disease.

6. **Inpatient Visitors**: TBD per Cindy Sayre/UWMID team

7. **Discharge**: Infants may be discharged home with appropriate precautions and plans for outpatient follow-up on a case-by-case basis. Current CDC guidelines recommend that a healthy caregiver take care of infant and continue separation until 14 days after birth. Discharge requires a provider to clinic call to discuss management of the infant. **we are still working on identifying clinics that would see these infants**.