

NEONATE OF SUSPECTED OR CONFIRMED COVID-19 MOTHER

Baby born to mother with suspected or confirmed COVID-19
(Maternal COVID-19 is not itself an indication for special care nursery admission)

PERFORM CLINICAL ASSESSMENT

COVID-19 test

Test the baby if meeting current case definition from DHHS OR

- If the baby is symptomatic AND the mother has confirmed COVID-19
- Collect nasopharyngeal and oropharyngeal on a single swab

Identify

- If additional care is indicated (i.e. other than routine newborn care)
- If additional care is indicated, can it be provided while baby co-located with mother

Risk minimisation

- Advise mother about importance of risk minimisation strategies

NO

NURSERY ADMISSION REQUIRED?

YES

MOTHERS AND NEONATES ON WOMENS WARD

- Single room on Women's Ward
- Clinical surveillance in line with the VICTOR chart
- Support maternal feeding choice (including breastfeeding)
- Support risk minimisation during usual mother-baby interactions
- Aim for prompt discharge to self-quarantine/isolation with mother or another carer (if mother unwell)
- Delay routine follow-up until negative test returned

RISK MINIMISATION STRATEGIES FOR MOTHER

- Hand hygiene before and after contact
- Cough or sneeze into elbow
- Face mask during baby care
- Visitor restrictions
- Cleaning/sterilising equipment and surfaces

ADMIT TO SPECIAL CARE NURSERY

- Admit to infectious end of SCN
- Nurse in incubator
- In isolation (if possible)
- All usual clinical care as indicated
- Support maternal feeding choice as much as possible

AFTER CARE

Discharge

Provide advice about:

- When to seek assistance
- Follow up and/or retesting
- Expected clinical course
- NST. Write verbal consent, mother in isolation. Aim for mother/baby to stay until >48 hrs. <48hrs NST can be completed prior to discharge, but the family should be fully informed of risks involved with inaccurate results. Dry on rack in room. Place in envelope once dry and label: COVID-19 on outside. Place envelope into normal mail with other samples.

Re-testing for COVID-19

- As clinically indicated (e.g. after mother returns negative test, to facilitate entry to general population, or as recommended by infectious diseases team or DHHS)
- Clearance requires two consecutive negative results, 24 hours apart.