

Transitioning to home with newborn and COVID+ parent(s)



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TESTING

Per CDC:

- SARS-CoV2 PCR is recommended for all neonates of COVID+ or suspected moms, regardless of symptoms
- Timing: at ~24 hrs age. If initial test results negative, or not available, repeat at 48 hrs
- Serologic testing is not recommended at this time
- Caveats
 - For asymptomatic neonates with expected DC <48 hrs, a single test can be performed prior to discharge
 - In areas with limited testing capacity, prioritize testing for symptomatic neonates or longer anticipated LOS

Per AAP:

- “If testing capacity is available, testing well newborns will facilitate plans for care after hospital discharge; will determine the need for ongoing precautions and use of personal protective equipment for care of hospitalized infants; and will contribute to our understanding of viral transmission and newborn illness.”

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COHORTING, FEEDING

- Currently, no clear evidence supports transplacental viral transmission from mother to newborn.
- CDC stance: Although ideal setting for hospital care of a healthy term newborn is within the mother's room, should strongly consider temporary separation of the newborn from confirmed or suspected COVID+ mom to reduce the risk of transmission. Considerations include:
 - Clinical condition of mom and baby
 - Testing availability
 - Space
 - PPE
- AAP: Rooming-in is controversial; experts are divided. The risk to the infant is simply unknown at this time. The safest course of action to minimize risk to baby is to separate mom and baby, at least temporarily.
- The AAP strongly supports breastfeeding as the best choice for infant feeding.

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ADDITIONAL CONSIDERATIONS

- Prenatal huddle, discussions on cohorting
- Newborns should be bathed shortly after birth
- Symptomatic baby – NICU has different considerations
- Visitor policy
- Newborn screening unchanged
- Circumcision
- Follow-up plans