Suraksha

An OPD Activation Initiative

"Hum Surakshit toh Desh Surakshit"

During COVID-19
For Gynaecologists

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SURAKSHA MODULE – 2

POSTPARTUM AND NEWBORN CARE

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POSTPARTUM AND NEWBORN CARE

" You can do everything you can to try to stop bad things from happening to you, but eventually things will happen, so the best prevention is positive attitude" – Marie Osmond.

POSTPARTUM AND NEWBORN CARE

The mother and the newborn need utmost care for prevention and transmission of corona virus infection (COVID-19) around the time of parturition, so maternity care providers carry highest responsibility to take appropriate precautions.

This includes:

- Appropriate space and staff to isolate pregnant patients with suspected or confirmed COVID-19,
- Training for all healthcare personnel for correct adherence to infection control practices,
- Use and handling of personal protective equipment (PPE); and
- Processes to protect newborns from the risk of COVID-19.[1]

During hospitalization

- All healthcare facilities providing obstetric care must ensure that healthcare personnel are trained and capable of implementing the recommended infection control interventions.[1]
- Healthcare facilities providing inpatient obstetrical care should limit visitors to pregnant women with suspected or confirmed COVID-19.[1]
- Depending on the extent of community-transmission, hospitals may consider limiting visitors to only one essential support person and the same person should be present throughout hospitalization.[1]
- Visitors should be instructed about the use of masks and should not be allowed to go to other locations within the hospital premises, including the newborn unit.[1]

Mother/Newborn contact

- Mother/newborn skin-to-skin contact has various benefits including mother/newborn bonding, increased likelihood of breastfeeding, stabilization of glucose levels, and maintaining the newborns body temperature.
- Transmission of COVID-19 after birth through contact with an infected individual is a major concern. Determination of whether or not to separate a mother with suspected or confirmed COVID-19 from her new born should be made on case-by-case basis.[1]

Mother/Newborn contact

Considerations in this decision include:

- The clinical condition of the mother and of the infant.
- SARS-CoV-2 testing results of mother (confirmed vs. suspected) and infant (a positive infant test would negate the need to separate)
- Desire to feed at the breast

Mother/Newborn contact

- Facility capacity to accommodate separation or co-location.
- The ability to maintain separation upon discharge.
- Other risks and benefits of temporary separation of a mother with known or suspected COVID-19 and her infant.

- A newborn to a woman with suspected or confirmed COVID-19 requires 14 days of quarantine and infection prevention and control precautions.[2]

Measures to be taken to reduce the risk of transmission from mother to newborn in case of no separation include:

- ✓ Use physical barriers like a curtain between the mother and newborn and keep the newborn ≥6 feet away from the mother.[1]
- ✓ Mother with suspected or confirmed COVID-19 should put a face mask and practice hand hygiene prior to every feeding or other close contact with newborn.[1]
- ✓ The facemask should not be removed during contact with newborn.[1]
- ✓ All practices should be continued while the mother is on transmission-based precautions.[1]

Measures to be taken to reduce the risk of transmission from mother to newborn in case of no separation include:

If the decision is made to temporarily put the mother with known or suspected COVID-19 and her infant to reduce the risk of transmission in separate rooms, the following should be considered:

- Infants with suspected COVID-19 should be isolated from other healthy infants
- If another healthy family or staff member is present to provide care such as diapering, bathing and feeding for the newborn, they should use appropriate PPE with its disposal. For healthy family members, appropriate PPE includes gown, gloves, face mask, and eye protection.
- For healthcare personnel, recommendations for appropriate PPE are outlined.

Breastfeeding

- Breast milk is the best source of nutrition for most infants. We do not know whether mothers with COVID-19 can transmit the virus via breast milk, but the limited data available suggest this is not likely to be a source of transmission. The viral DNA has not been detected in breast milk to date.[2]
- Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers.
- Mothers with COVID-19 who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. A dedicated breast pump should be provided to the patient.[1]

Breastfeeding

- Hand hygiene prior to feeding and the entire pump should be disinfected after use to reduce the risk of infection to the newborn.[1]
- If direct breastfeeding is intended, the mother should put on a face mask and practice hand hygiene before each feeding.[1]
- Currently , there is a lack of evidence to support precautions such as cleansing the breast prior to feeding or milk expression, but mothers may consider additional care to minimize theoretic potential routes of exposure.

Newborn COVID-19 testing

- Routine testing is not recommended for asymptomatic newborn to mother with suspected or confirmed COVID-19.[2]
- Tests are recommended in symptomatic newborn in case of contact with a COVID-19 positive caregiver or when transmission is suspected due to environmental setting.[2]
- Tests should be done 12-24 hours after birth.[2]

Newborn care

1. Newborns with suspected COVID-19 should be isolated from other healthy newborns.[1]
2. In case of temporary separation of the mother and newborn, family or staff member appointed to provide care and feed the newborn should use appropriate PPE. Family member should use appropriate PPE like gown, gloves, face mask, and eye protection.[1]
3. The number of visitors and the duration of visits to the newborn units should be restricted.[2]
4. Usual criteria should be considered for discharge.[2]
5. Healthcare providers should prioritize newborn care and vaccination of infants and young children when possible.[3]

Newborn care

Well term baby and well mother
Baby is well (term or near-term gestation) and mother is well

- o Co-locate with mother in a single room OR
- o Discharge home
- o PPE: Droplet and contact precautions

Baby requiring neonatal unit admission without respiratory support

- o Single room
- o Closed incubator/cot
- o PPE: Droplet and contact precautions

Newborn care

- **Baby requiring neonatal unit admission with respiratory support (or critically unwell and likely to require respiratory support)**
  - Negative pressure room (if available)
  - Closed incubator/cot
  - PPE: Airborne and contact precautions
- **Baby with confirmed COVID-19**
  - Babies are known to be significant shedders of respiratory viruses
  - A confirmed COVID-19 positive baby may or may not require care within neonatal unit
  - Follow PPE precautions appropriate to clinical situation as above

Initial care (baby of suspected or confirmed COVID-19 mother)

- Assign a dedicated neonatal team member to attend the birth according to usual clinical indications (i.e. not required for reason of suspected or confirmed COVID-19 mother alone)
- To minimise healthcare provider exposure
    - o Consider if neonatal stabilization/resuscitation in a room outside of the birthing room/theatre is appropriate
    - o Experienced/senior clinician to attend in the first instance
- If intubation not anticipated, droplet and contact precautions recommended
- If intubation Anticipated, use airborne and contact precautions

Initial care (baby of suspected or confirmed COVID-19 mother)

Resuscitation

- Minimise equipment on resuscitation cot to essential items
  o Place extra equipment anticipated to be required in sealed plastic bags
- Follow standard neonatal resuscitation recommendations

Admission to neonatal unit

- COVID-19 positive mother (i.e. no other neonatal criteria), is not itself an indication for admission to a neonatal unit
- Perform clinical assessment after birth as per usual assessment protocols
- Assess if required care can safely be provided during co-location with mother
- Follow usual clinical criteria, processes and protocols relevant to admission

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Discharge

- Consider usual criteria for readiness for discharge (e.g. wellness, laboratory test results)
  - An appropriate caregiver has been identified and counseled.
  - For discharge home, a negative test is not required prior to release from isolation
- Discharge prior to 14 days
  Continue clinical monitoring and appropriate precautions until 14 days complete.
- Consider local capacity when determining how clinical monitoring is to be undertaken after discharge (e.g. telehealth services, home visiting, GP,ASHA and anganwadee workers)

Post discharge

- Provide post discharge advice about indications for readmission and possible course of disease.
- Most commonly reported are respiratory symptoms requiring readmission one to three weeks after discharge.
- Delay routine follow-up as required (e.g. hearing screen)

Reference:

1.Coronavirus Disease 2019 (COVID-19) [Internet] [Updated Apr 06, 2020]. Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html. Accessed on May 06, 2020.

2.Maternity care for mothers and babies during the COVID-19 pandemic [Internet]. Available at: https://www.health.qld.gov.au/__data/assets/pdf_file/0033/947148/g-covid-19.pdf. Accessed on May 06, 2020

3.Coronavirus Disease 2019 (COVID-19) [Internet] [Updated May 05, 2020]. Available at: https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html. Accessed on May 06, 2020.

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