

Patient presenting to UH MacDonal Women's Hospital for Delivery

- <35.0 week - NICU Notified PUI admitted for delivery via Code Pink
- ≥35.0 week - Peds Nursery provider notified PUI admitted for delivery
- Peds Nursery provider discusses rooming in options with mother (see talking points)

- Infant Delivers
- L&D Division Secretary notifies Peds Infection Control @ pager 30492 or 36625 after 4p

- Code Pink called for standard indications and if mother is moderately to severely ill from COVID-19 as **Code Pink Level xxx PPE Required**
- Infant considered PUI
- NB Caregivers don PPE outside of delivery room prior to entering. PPE includes gown, gloves, eye protection, and N95.
- Code Pink Team providers that may intubate or assist with intubation, see Intubation Procedure Guideline for PPE recommendations

NO SKIN to SKIN with Positive or R/O COVID-19 Mother

Healthy Newborn

NB Requires resuscitation

Rooming In

Not Rooming In

- See intubation procedure guideline

- NB banded, mom verifies bands
- NB transferred with mother in isolation to postpartum
- Transporting team dons gown, gloves, isolation mask, eye protection
- Mother dons isolation mask, clean gown, covered with clean sheet
- Await NB COVID-19 testing until mother's test results

- NB banded, mom verifies bands
- NB transferred to separate isolation room proximal to mother
- Transporting team dons gown, gloves, isolation mask, eye protection
- Assigned 1:1 RN care
- Await NB COVID-19 testing until mother's test results

- Once stabilized, NB transferred to NICU in Isolette
- RT remains in PPE including N95 (no need to change unless visibly soiled) while managing airway
- Other members of transporting team **doff all** PPE and perform hand hygiene
- Placed in Isolation, Room/Signage on Door
- Hotline/ IC notified
- Await NB COVID-19 testing until mother's test results

NOTE
Hepafilter is only needed in situations that meet aerosolization criteria

Care of the Postpartum Mother and Newborn

Rooming In

Yes

No

- Healthy parent or other caregiver is instructed on good hand hygiene, wears isolation mask when providing care to the newborn
- Healthy parent or other caregiver stay in room at all times with door closed
 - Uses patient bathroom and food is brought in
- Mother breastfeeds using proper hand hygiene, while wearing a isolation mask
- The nurse is available for nursing care donning appropriate PPE: Gown, glove, eye protection, isolation mask

- If Healthy Caregiver is Unavailable
 - Place crib 6 feet from head of mother's bed
 - Mother will practice proper hand hygiene while wearing surgical mask for infant care when nurse is unavailable to help.

- Healthy parent or other caregiver is instructed on good hand hygiene, wears isolation mask when providing care to the newborn
- Healthy parent or other caregiver stays in room at all times with door closed
 - Uses patient bathroom and food is brought in
- The nurse is available for nursing care donning appropriate PPE: Gown, glove, eye protection, isolation mask
- Separate nurse assigned to mother and NB
- Infant fed mother's expressed breastmilk or Medolac if choosing to breastfeed

- Mother pumps breast milk with proper hand hygiene
- Breast pump and tubing are cleaned after each use according to manufacturer's recommendations

- Mother completes video education regarding breast feeding
- Lactation consult completed **via telemedicine**
- Mother reviews latch, breastfeeding and newborn care prior to discharge

DISCUSS BENEFITS AND RISKS OF ROOMING IN: Pediatric consult

RISKS:

- Lack of data regarding transmission from mother to newborn
- Separation results in disruption of breastfeeding (can pump as alternative)
- Reduced protection against actively circulating LRTI
- Disruption of bonding
- Lack of practice with taking care of an infant while themselves infected

BENEFITS:

- Allow for optimal mother infant bonding including ability to breast feed while in the hospital