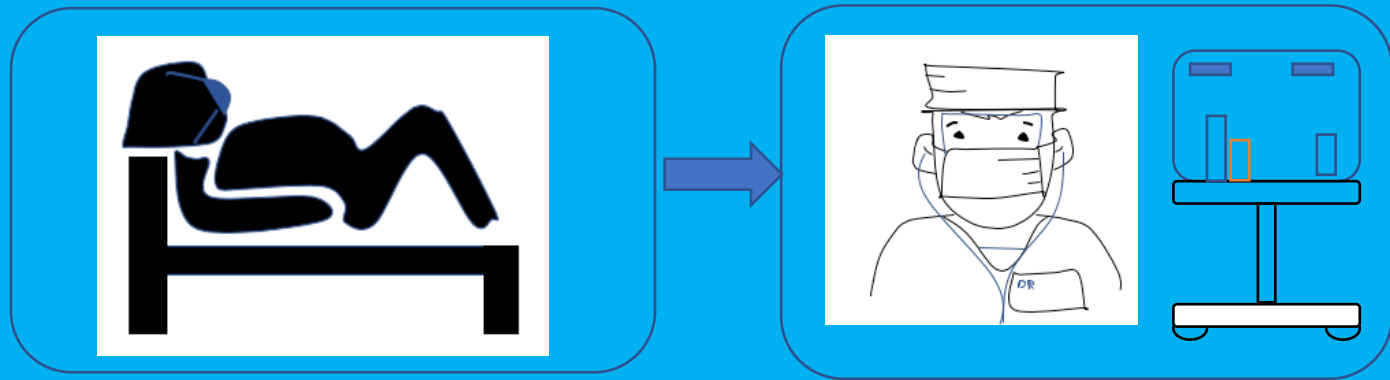


CARE OF INFANTS BORN TO PREGNANT WOMEN WITH SUSPECTED OR CONFIRMED COVID-19 INFECTION

MOTHER-INFANT BONDING IS ENCOURAGED AT ALL TIMES IN BOTH PATHWAYS.

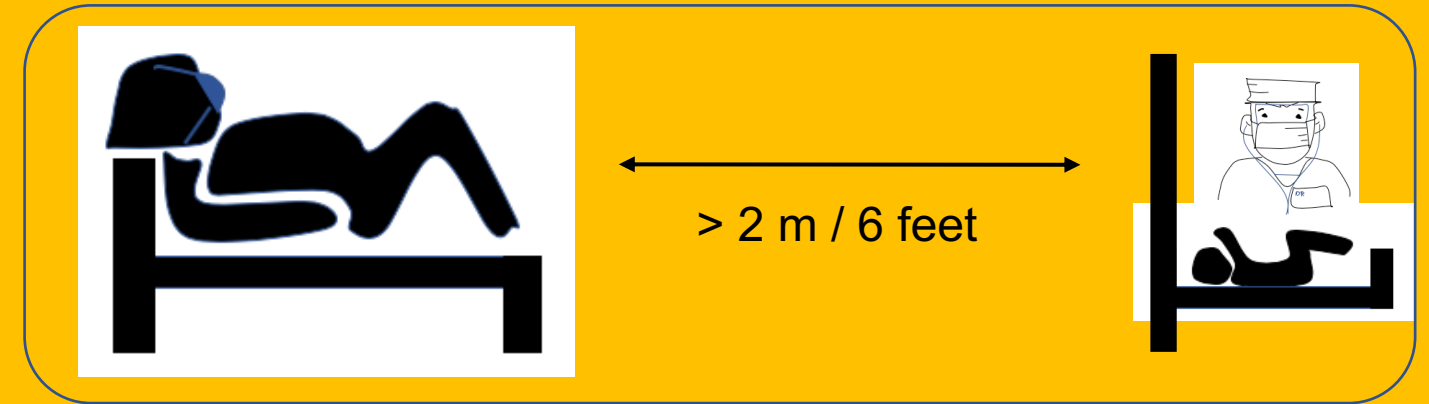
SHARED DECISION MAKING WITH PARENTS TO DISCUSS CHOICES

SEPARATION PATHWAY



Neonatal resuscitation and further care in a separate room followed by a bath (if stable) and placement in an isolette.

CO-LOCATION PATHWAY



Neonatal resuscitation in the same room > 6 ft from the mother (consider a physical barrier e.g., curtain) followed by a bath (once stable)

INFANT NUTRITION – SHARED DECISION MAKING WITH PARENTS TO DISCUSS CHOICES

or

Clean the breast. Express breast with pump while wearing mask and gloves. Expressed breast milk fed by a healthy caretaker

Infant formula

Mother wears mask and gown, cleans breast, hand washes prior to direct breast feeding

DISCHARGE PROCESS IN ASYMPTOMATIC INFANT

TESTING FOR COVID-19

Consider deep nasal swab at 24 hr. and 48 hr. after birth if rapid turnaround available.

MOTHER positive, INFANT negative

Discharge to a **healthy caretaker** until mother has resolution of symptoms, including fever, for 3 days, and 7 days since onset of symptoms, *or* two negative COVID-19 tests 24 hours apart.

Both MOTHER + INFANT Positive

Discharge to home with mother. Keep distance from other household members.

Discharge to **mother** with contact and droplet precautions until mother has resolution of symptoms, including fever, for 3 days, and 7 days since onset of symptoms, *or* two negative COVID-19 tests 24 hours apart.

CLOSE FOLLOW-UP OF MOTHER AND INFANT THROUGH TELE-MEDICINE AND TELEPHONE CALLS. DIRECT PHYSICIAN TO PHYSICIAN HANDOFF VIA PHONE PRIOR TO DISCHARGE WITH PMD.