Baseline Practice Survey Results

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Participating Hospitals

- Anna Jaques hospital
- Baystate Medical Center
- Beth Israel Deaconess Medical Center
- Beth Israel Deaconess Plymouth
- Beverly Hospital
- Boston Children's Hospital
- Boston Medical Center
- BWH
- Cambridge
- Emerson Hospital
- Fairview Hospital
- Floating Hospital for Children at Tufts Medical Center
- Health Alliance hospital
- Heywood Hospital
- Lawrence General Hospital
- Lowell General Hospital
- Melrose-Wakefield Hospital
- Mercy Medical Center
- Metrowest Medical Center
- Milford regional Medical Center
- Mount Auburn Hospital
- Newton-Wellesley Hospital
- NSMC Salem
- Signature Healthcare Brockton Hospital
- South Shore Hospital
- St. Elizabeth's Medical Center
- UMASS Memorial
- Winchester Hospital

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General

With regards to newborn care, are you approaching care similarly for known COVID-19 positive mothers as for mothers who are being evaluated (i.e., mother is a PUI)?

Newborn Care	Responses (n=28)
Yes: if mother is on precautions as COVID+ or PUI, we use same approach for baby	27 (96%)
No: we may use different approaches depending on mom's status and risk.	1 (4%)
Other or additional clarification	0 (0%)

Additional clarification: Hearing screening is being done in a separate room (usually done in mother's room)

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For women that are not known to be COVID-19 positive, what is your hospital's current approach on L&D for assessing whether they be a PUI and then deciding on precautions?

Precautions	Responses (n=27)
Women with symptoms of illness are considered PUIs and are tested and then managed with special precautions	25 (93%)
All women on L&D, regardless of symptoms of illness, are considered PUIs and are tested and then managed with special precautions	0 (0%)
Women without symptoms of illness are tested, but are not managed with special precautions	0 (0%)
Other or additional clarification	2 (7%)

For women that are not known to be COVID-19 positive, what is your hospital's current approach on L&D for assessing whether they be a PUI and then deciding on precautions?

Other or additional clarification:

- Women with symptoms of illness are considered PUIs and our Hospital Covid Team evaluates to confirm testing.
- All are considered PUIs for the delivery process at least but not tested unless symptomatic
- Women with symptoms, such as intrapartum/postpartum fever, oxygen requirements or typical Covid symptoms, are tested and placed on precautions.
- All asymptomatic pregnant patient are screened with questionnaire to rule risk of respiratory illness
- We do not have universal testing. We screen at the sole entrance to the hospital and on admission to L&D. If a positive screen they are put on precautions and infection control is consulted to determine whether testing can be done.

Delivery Room

For a delivery in which the infant is anticipated to be well, what is your approach to neonatology or pediatric involvement?

Pediatric Involvement for Well Infant	Responses (n=27)
Neonatology/pediatrics would be notified of the delivery and would be present inside the room	2 (7%)
Neonatology/pediatrics would be notified of the delivery and would join delivery after birth if assistance was needed	18 (67%)
Neonatology/pediatrics would not be notified of delivery unless additional concerns were noted	6 (22%)
Other or additional clarification	1 (4%)

For a delivery in which the infant is anticipated to be well, what is your approach to neonatology or pediatric involvement?

Other or additional clarification:

- NICU team present and outside room in PPE baby places in isolette and brought to adjacent room for resuscitation or directly to NICU private room if term and vigorous
- Except for C/sections
- I would know about patient but only called to delivery for "usual" indications.
- We are looking at maybe being outside of room and since we are following AAP guidelines of separating baby, will have baby brought out by nurse to a specific room designated for these babies. They will be evaluated there. If mother wants rooming in we may be in the room at time of delivery or go in later to evaluate baby.
- If this is Covid positive or PUI Mom, the neonatal team will remain outside the room. The baby will be taken by the labor nurse to the door and handed off to the neonatal team.
- Baby would be separated from parents until asymptomatic or if PUI, test negative

For deliveries at term in which the infant is anticipated to be well, where would the initial newborn care occur?

Initial Newborn Care for Term, Well Babies	Results (n=27)
In delivery or operating room	16 (59%)
In separate room	10 (37%)
Other or additional clarification	1 (4%)

For deliveries at term in which the infant is anticipated to be well, where would the initial newborn care occur?

Other or additional clarification:

- After delivery if parents had agreed for separation till definitive testing results come back, baby is moved to a nursery location
- Separate room or NICU single room or negative pressure room as available
- It will depends if mother and baby will cohort in the same room or mother prefers temporary separation from the baby
- Infant placed in isolette ASAP. Quick dry, into isolette...
- NICU not in room if infant anticipated to be well. Would then transport infant to NICU.

For preterm deliveries or term deliveries in which NICU/SCN admission is anticipated, where would initial newborn care occur?

Initial Newborn Care for Term, Well Babies	Results (n=26)
In delivery or operating room	19 (73%)
In separate room	7 (27%)
Other or additional clarification	0 (0%)

For preterm deliveries or term deliveries in which NICU/SCN admission is anticipated, where would initial newborn care occur?

Other or additional clarification:

- in an ajoining room
- we do not have a NICU
- Again minimal prior to isolette. Would do as much as needed in isolette enroute to isolation room in SCN
- Initially in delivery room or OR until newborn is stabilized. Then to a separate room.
- If C/S - attempt to hand off baby into separate resuscitation area to minimize maternal exposure to NICU team

If the infant is well at delivery, what is your approach to timed or delayed cord clamping?

Cord Clamping	Results (n=27)
We clamp the cord immediately at delivery	11 (41%)
We still do timed or delayed cord clamping	12 (44%)
Other or additional clarification	4 (15%)

If the infant is well at delivery, what is your approach to timed or delayed cord clamping?

Other or additional clarification:

- Cord clamp delay is discouraged, OB and mother make the decision.
- Not sure/ Unclear (x2)
- Not defined in our policy
- 30 seconds with baby at perineum, not Mom's abdomen or no DCC (if OB prefers)
- I'm not sure there is a consensus - hasn't been discussed. In generally, most of our babies (covid & non-covid) have immediate cord clamping with most OBs, Midwives more likely to do delayed).
- ACOG stance on Delayed Cord Clamping: With respect to conduct of labor and delivery, ACOG has stated that delayed umbilical cord clamping is highly unlikely to increase the risk of transmitting pathogens from the mother to the fetus when the mother is infected; thus, COVID-19 is not a reason to modify usual practice with respect to delayed cord clamping [3]. Similarly, umbilical cord blood banking can be performed if planned, as COVID-19 transmission by blood products has not been documented. In symptomatic women with suspected or confirmed COVID-19, one expert group suggested leaving the vernix caseosa in place for 24 hours after birth since it contains antimicrobial peptides [8].

If the infant is well at delivery, what is your approach to skin-to-skin care immediately after birth?

Skin to Skin Care	Results (n=27)
Skin-to-skin care is not allowed at delivery	25 (93%)
Skin-to-skin care is allowed if the mother has proper protections, such as a mask	2 (7%)
Other or additional clarification	0 (0%)

If the infant is well at delivery, what is your approach to skin-to-skin care immediately after birth?

Other or additional clarification:

- The recommendations about separation meaning no skin to skin or DCC and moving infant directly to warmer on other side of room are discussed ahead. The one mother we've had requested DCC and skin to skin, then agreed to having baby across the room.
- I don't know. We are advocating 6 feet separation with curtain or other barrier. Breastfeeding allowed with proper hygiene.
- Our goal is no skin to skin and separation unless the mother insists. Then we may allow it with proper maternal protection.
- Skin to Skin is allowed for moms who are NOT Covid 19 positive or PUI only.

For deliveries where neonatology/pediatrics will be present, what type of PPE is worn by the neonatology/pediatric team?

PPE	Responses (n=27)
Gown, gloves, eye protection, and N95 for all	17 (63%)
Gown, gloves, eye protection, and regular surgical mask as default, with N95 for certain deliveries (i.e. if PPV or intubation is anticipated)	9 (33%)
Gown, gloves, eye protection, and regular surgical mask for all	1 (4%)
Other or additional clarification	0 (0%)

Other or additional clarification: This is new -- previously the N-95 was brought in the room to be available, now it is worn.

Newborn Care

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Do these newborns receive an early bath (<6 hours) specifically because of possible COVID-19 exposure?

Early Bath	Results (n=27)
Yes	18 (67%)
No	8 (30%)
Other or additional clarification	1 (3%)

Other or additional clarification:

- Has not come up - no guidance at this point
- Early bath but timing not specified
- Early but once temp established

For mothers that are known COVID-19 positive and the newborn is well, what is your approach to location of newborn care?

Newborn Care for COVID+ Mom	Responses (n=28)
We would always place the baby in a separate room	9 (32%)
We would have baby room-in with mother if she is capable to care for the infant	6 (21%)
We would support rooming-in or separation based on mother's preferences	13 (46%)
Other or additional clarification	0 (0%)

For mothers that are known COVID-19 positive and the newborn is well, what is your approach to location of newborn care?

Other or additional clarification:

- A healthy father or support person is asked to provide the care for the infant either way except BF with hand hygeine and mask.
- these babies come to NICU
- We keep baby in same room Separated by at least 6 feet And barrier like curtain Support person and couplet nurse caregiver Would like to use isolette but we only have 2 And need one for transport
- We cannot separate due to size but we would keep baby in isolate and use distancing, hand washing by mother and significant other along with mask when skin to skin and breastfeeding
- We will encourage separation.
- Mom may refuse separation. We will keep them 6 feet apart in an isolate. Mom is encouraged to pump and have a healthy person feed. If she chooses to breastfeed, she is given mask, clean gown, and glove. We limit contact to BF only.
- If parents refuse separation, we discuss risks and teach proper crib distance, hand hygiene and masks. If parents accept separation, we teach proper distancing at home until mother is cleared based on AAP/CDC guidelines. We do recommend support person NOT to be in the high risk category.
- Separation in different location is offered Second option-separation in mom's room in isolette.
- We follow the CDC guidelines for rooming in. We allow rooming in and ask that a healthy caregiver be present to care for the baby. If one is not, we ask that mother have good hand hygiene and wear a mask. When she is not providing direct care, we ask that she maintain >/=6 feet separation and maintain infant in an isolette.

For mothers that are PUIs being evaluated for COVID-19 and the newborn is well, what is your approach to location of newborn care?

Newborn Care for PUI Mom	Responses (n=28)
We would always place the baby in a separate room	11 (39%)
We would have baby room-in with mother if she is capable to care for the infant	5 (18%)
We would support rooming-in or separation based on mother's preferences	12 (43%)
Other or additional clarification	0 (0%)

For mothers that are PUIs being evaluated for COVID-19 and the newborn is well, what is your approach to location of newborn care?

Other or additional clarification:

- Same as for COVID+ moms (x2)
- These babies come to NICU
- We would keep baby in isolate and use distancing, hand washing by mother and significant other along with mask when skin to skin and breastfeeding
- We will encourage separation.
- Mom may refuse separation. We will keep them 6 feet apart in an isolate. Mom is encouraged to pump and have a healthy person feed. If she chooses to breastfeed, she is given mask, clean gown, and glove. We limit contact to BF only.
- in separate rooms until testing results are back. We may have to allow rooming in based on census later on.
- Separation in different location is offered Second option-separation in mom's room in isolette.
- Try to separate until test negative
- As above. We follow the CDC guidelines for rooming in. We allow rooming in and ask that a healthy caregiver be present to care for the baby. If one is not, we ask that mother have good hand hygiene and wear a mask. When she is not providing direct care, we ask that she maintain >/=6 feet separation and maintain infants in an isolette.

If you allow rooming-in, what is your approach to direct breast-feeding?

Breastfeeding Approach	Responses (n=25)
We do not have infants directly breastfeed	7 (28%)
Mothers can directly breastfeed while wearing proper protections (mask) and using proper hand hygiene	15 (60%)
Other or additional clarification	3 (12%)

If you allow rooming-in, what is your approach to direct breast-feeding?

Other or additional clarification:

- We don't allow rooming in (x2)
- Mom is encouraged to pump and have a healthy person feed. If she chooses to breastfeed, she is given mask, clean gown, and glove. We limit contact to BF only.
- We encourage pumping and baby fed by healthy support person. If mom refuse pumping, we teach proper hand washing and use of mask.

What is your approach to milk expression (not direct breastfeeding)?

Milk Expression Approach	Responses (n=28)
We would not give expressed breast milk to the infant	0 (0%)
We would use expressed breast milk for the infant	28 (100%)
Other or additional clarification	0 (0%)

Other or additional clarification: Mom to use hand hygiene and wear mask while pumping

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If you allow rooming-in, for mothers that are relatively well and want to room-in, does a healthy partner need to be present to allow rooming-in?

Rooming In	Responses (n=25)
Yes: rooming-in requires a healthy partner be present to provide most care for infant	9 (36%)
No: rooming-in can still occur if mother is by herself, with attempts to maintain distance between mother and infant other than during direct care	10 (40%)
Not applicable: we don't allow rooming-in	6 (24%)
Other or additional clarification	0 (0%)

If you allow rooming-in, for mothers that are relatively well and want to room-in, does a healthy partner need to be present to allow rooming-in?

Other or additional clarification:

- This has not come up, has not been discussed or decided. Probable answer would be No.
- Our preference is separation but NICU census/staffing and numbers of these babies may require some well infants to room in with mother with physical barriers and we would allow expression of breast milk fed to baby by well caregiver
- Default is separate till results known and negative. Healthy partner in room only if parents refuse recommended separation
- We follow the CDC guidelines for rooming in. We allow rooming in and ask that a healthy caregiver be present to care for the baby. If one is not, we ask that mother have good hand hygiene and wear a mask. When she is not providing direct care, we ask that she maintain >/=6 feet separation and maintain infants in an isolette.

Testing

What is your approach to testing newborns for COVID-19?

Approach to Testing Newborns	Responses (n=28)
We are testing all newborns born to moms who are COVID-19 positive or are PUIs	4 (14%)
We are testing all newborns born to moms who are COVID-19 positive, but not newborns of moms who are PUIs unless the mom's tests come back positive	14 (50%)
We are only testing some newborns of moms who are COVID-19 positive, such as those in the SCN/NICU	4 (14%)
We are not currently testing newborns	5 (19%)
Other or additional clarification	1 (3%)

What is your approach to testing newborns for COVID-19?

Other or additional clarification:

- The exception are babies that will be requiring longer term nicu care- even those with PUI moms are tested (ie: prematurity, known reason for extended NICU course)
- Testing not available
- This is plan; haven't had any positive mom's yet (several pui's but all came back negative)
- We may test newborns born to PUI mothers if mother is symptomatic. This is left to the discretion of the pediatrician
- Due to the shortage of swabs we are testing only symptomatic newborns. If we have a "comfortable" swab supply, we plan to test all babies of Covid 19 positive or PUI moms at 24 hours.
- We are testing babies of COVID+ or PUIs who are in the SCN. (Well babies are not getting tested)

If you are testing newborns for COVID-19, how many tests will you send?

Rooming In	Responses (n=25)
1 test	8 (32%)
2 or more tests	12 (48%)
We are not typically testing newborns	3 (12%)
Other or additional clarification	2 (8%)

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If you are testing newborns for COVID-19, how many tests will you send?

Other or additional clarification

- We would like to but do not have test
- We have not needed to test any newborns yet but will likely send 1 test
- If mother is positive, we would send 2. If mother is a PUI, and is ruled OUT, the baby may only have one sent. (For SCN only, NOT testing L1 babies)
- 1 test, possibly two. We do early discharge for SVD and C/S. So it depends on the timing of discharge. Initial test > 24h, second test 48H for SVD, 48-72H for C/S This may change.
- One test at 24hrs
- N/A, not currently testing

If you are testing newborns for COVID-19, how many hours after birth do you typically send the first test?

- At birth
- > 24h
- 24 (x12)
- 24-36 (x2)
- After 24 hours (x2)
- 48
- 48-72
- Variable

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Final Questions

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If we administer this practice survey again, are there additional questions that you would find useful?

- Are all defining Covid+, suspect, and PUI the same? Particularly suspect vs. PUI. Is the father/healthy partner considered a PUI in the same sense that the newborn is?
- if a mom develops symptoms after she has already been rooming in and is now a PUI- do you separate them or allow to room in?
- What do you do with a well baby and mom is too sick to go home?
- Not at this time.
- Not at this time. We just put our guidelines together. May have more questions as we implement it.
- What are the discharge instruction to the Covid positive or PUI mom around caring for their newborn
- Care for the newborn at home, instructions for families, instructions for PCPs.
- When/how are circumcisions being addressed? How long is your response time for the COVID test results to return?
- Do people wear PPE incl N95 in every delivery regardless PUI or confirmed COVID? What are dc plans for baby if mom is still symptomatic sick and there is only one signif other who was exposed to COVID?
- Approach to intubation if mom Covid+ or PUI Need for cuffed ETT, viral filters, self -inflating masks etc
- Since risk of aerosol is only with intubation (and nebs) what equipment are you wearing to deliveries of PUI, COVID+ vs not undersuspicion
- 1. What are Obs doing for PPE for all L&D staff for COVID positive/suspect deliveries? 2. What are Obs doing for PPE for all L&D staff for all other deliveries? (note asking because of concern about asymptomatic people with COVID-19. This has been a concern among Obs/L&D here). 2. Where are you caring for babies who are separated from their mothers and do not need SCN/NICU care? 3. Visitation policies--how many parents, in/out, masking, etc.

Do you have any comments about the clinical care of newborns in the setting of the COVID-19 crisis at your hospital?

- we have had 7 total PUI- 2 that were confirmed positive (remaining 5 ruled out) as of today, things have changed with regards to care and may change again
- MANY
- We are aligning our practice with Tufts Medical Center as much as possible.
- We are concerned about bili readmissions (now baby and parents may have been exposed), as well as home births who are presenting to our ED - do we test babies? Just screen parents?
- Some concerns about early discharges and possibly missing other health care concerns and abilities for PCPs to absorb the load.
- This is rapidly evolving and will likely be different tomorrow.
- We have not had any yet, but I am sure they will come. We have guidelines in place and I know with experience these will need to be tweaked. Hoping to learn from others.

Thank you!

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