

# Care of Newborns Impacted by the COVID-19 Pandemic

**NeoQIC Collaborative**

Wednesday April 8, 2020

12 pm – 1 pm



# Webinar Strategy

- A couple of short presentations, then discussion
- Please enter your name and hospital in chat box
- Please enter questions or comments in the chat box
- Please keep yourself muted unless speaking



# Agenda

- Guidance from professional organizations
- Results of NeoQIC practice survey
- Some resources
- Open forum for discussion of challenges and questions
- Options for data collection, including new NeoQIC proposal



# Existing Guidance on High-Yield Topics

Meg Parker



Coronavirus Disease 2019 (COVID-19) Feb 18, 2020

## Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings



March 18, 2020

## Q&A on COVID-19, pregnancy, childbirth and breastfeeding

18 March 2020 | Q&A



## **INITIAL GUIDANCE:**

### **Management of Infants Born to Mothers with COVID-19**

**Date of Document: April 2, 2020**

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American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatal

Perinatal Medicine, and Committee on Infectious Diseases



# Delivery Room Management

- AAP:
  - Airborne, droplet, and contact precautions should be utilized
  - For COVID + mothers, wear N95, gown, gloves, and face shield to delivery



# Separation vs. Rooming-In

- AAP:
  - When the physical environment allows, separate to reduce risk of infection in the infant.
  - If separation is not possible, maintain separation in the room by 6 ft, use curtain, isolette
  - For families that chose to have their infants in the room, education them on the risks
- CDC:
  - Consider temporary separation to reduce risk of infection in the infant
  - Discuss risks/benefits with mother
  - If separation is not possible or against mother's wishes, use physical barriers like 6 ft distance, isolette, curtains
- WHO:
  - Rooming-in, skin-to-skin, and breastfeeding encouraged with good respiratory and hand hygiene





# Caregiver Precautions with Newborn care

- CDC: Healthy family members caring for infant should have “appropriate PPE”
  - Gown, gloves, face mask, and eye protection
- CDC: If no other healthy adult is present and rooming-in is occurring, COVID + or PUI mother should have face mask and practice good hand hygiene

# Breastfeeding

- AAP and CDC:
  - Mothers can express breast milk with appropriate hand hygiene and this can be fed to infant by uninfected caregivers.
  - Mothers that wish to directly breastfeed should comply with strict hand hygiene and wear masks
- WHO:
  - Mothers should wear masks and use good hand hygiene

# Testing

- AAP:
  - Bath after birth to reduce risk of transmission to the infant
  - Testing at 24 hours, repeat at 48 hours unless the infant is discharged home before this time
  - Swab throat then nasopharynx
  - Centers with limited resources for testing may make individual risk/benefit decisions regarding testing



# Discharge Planning

## AAP

- Discharge per normal center's criteria
- If infant COVID + and asymptomatic
  - Frequent follow-up for 14 days
  - Use masks, gloves, hand hygiene in home environment
- If infant is COVID negative:
  - Discharge to healthy caregiver if possible
  - Mother should continue to maintain 6 ft distance, mask, proper hand hygiene at home

# Select Practice Survey Results

Administered 3/31 to 4/4

Meg Parker

## 28 Hospitals Completed the Survey

- 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



# Areas of Strong Agreement Among Hospitals

- Precautions and newborn care is the same for mothers that is COVID + and PUIs
- Currently no hospital has universal testing of mothers upon entry to L&D
- Nearly all prohibit skin-to-skin care
- No restrictions on expressed breast milk



# Delivery Room



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# Involvement of Pediatric Team at Delivery for Well Newborns

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%)

# Location of Delivery Room Newborn Care

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%)

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

# 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%)

Notably- we received several comments suggesting that that the baseline practice was immediate cord clamping and that this practice didn't change

# PPE at Delivery

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%)

# Newborn Care



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# Early Bath

Early Bath (< 6 hours)	Results (n=27)
Yes	18 (67%)
No	8 (30%)
Other or additional clarification	1 (3%)

# Location of Newborn Care for COVID + Mothers

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%)

Note: Answers similar for PUI mothers  
We received a LARGE number of comments

# If Rooming In, What is Approach to Breastfeeding

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 Rooming In, Approach to Newborn Caregiver?

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%)

# Testing

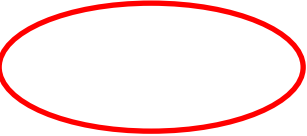
# Newborn Testing

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%)

# How Many Newborn Tests?

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%)

# When is the First Newborn Test?

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

# What Other Questions Would Be Useful?

- Discharge planning!!!
- PUIs that present after birth
- Further questions on PPE for L&D staff

# Some Resources



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# Some Resources

- PNQIN/NeoQIC pages

<https://www.pnqinma.org/pnqin-covid-19-response>

- Perinatalcovid19.org

<https://perinatalcovid19.org/>

- NeoCLEAR

[https://docs.google.com/spreadsheets/d/1L9tsrLn9a7LMqI\\_nnUfMA3uS1SSurj4XUh2yT2bEUc/edit#gid=1867332198](https://docs.google.com/spreadsheets/d/1L9tsrLn9a7LMqI_nnUfMA3uS1SSurj4XUh2yT2bEUc/edit#gid=1867332198)





# Open Forum

Munish Gupta

# Key Topics

- Delivery room management
- Separation vs. rooming-in
- Precautions
- Infant testing
- Breastfeeding
- Discharge planning



# Resources

- <https://www.pnqinma.org/pnqin-covid-19-response>
- PNQIN Website



# Resources

- <https://perintalcovid10.org>
- NeoClear website

# Low Touch-High Yield NeoQIC Data Collection



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# Other Neonatal-Focused Data Registries

- AAP
- VON

# NeoQIC Registry

- Simple excel template
- Local data collection and storage
- Periodic sharing of aggregate data



# What Else Can NeoQIC Do to Help Our Teams?



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