# COVID-19 OB Operational Guidelines

**April 2020**
**(Rev. 5.8.20)**

Pregnant women appear to be at increased risk of complications from COVID-19. Although it appears that postnatal transmission is uncommon, infections in the newborn have been documented. Testing for COVID-19 is now available and should be performed when indicated.

Knowing that a patient in labor is positive for COVID-19 changes the management of the newborn. A negative COVID-19 test in patients in labor, although not 100% sensitive, would provide some reassurance to healthcare workers caring for these patients.
This document is intended provide health care workers with information on how to operationalize COVID screening, testing, patient care, and discharge education for OB patients. It complements the *IU Health COVID-19 Infection Prevention Guidance for OB and Newborn Care* document. The most recent document may be found on the internal IU Health COVID-19 Resource Portal under Patient Care information. https://team.myiuhealth.org/covid-19 The document (as of April 13, 2020) is provided as Appendix A. CDC considerations for Inpatient Obstetric Healthcare Settings can be found here HERE.

These guidelines are intended to be used when patients present to the ED or Labor and Delivery areas primarily for encounters related to childbirth (e.g. in labor, awaiting induction, scheduled c-section). Patients in earlier stages of pregnancy and those who present for healthcare services unrelated to childbirth may be tested at the provider's discretion.

**Initial Screening, Testing, and Patient Placement**

- All pregnant patients presenting to ED, OB or Labor and Delivery areas encounters related to childbirth will be screened and tested for COVID-19 regardless of presence of symptoms.
- If a patient screens **positive for symptoms** of COVID-19, the patient will be placed in a single, private room and appropriate enhanced contact and droplet precautions. These patients will be considered "Persons Under Investigation" (PUI) until COVID-19 testing complete.
- If a patient screens **negative for symptoms** of COVID-19, they will be cared for under the normal universal precaution protocols and will not be placed into isolation. If test results for COVID-19 are positive, enhanced contact and droplet precautions will be put into place at that time. Patients who test positive for COVID-19 will be placed in appropriate enhanced contact and droplet precautions, and follow guidance already provided in the IU Health COVID-19 Infection Prevention Guidance for OB and newborn care. Patients who have a negative test will continue to be cared for under normal unit guidelines.
- Patients will retain their right to refuse testing for COVID-19. If the patient refuses testing, clinical staff will screen the patients for symptoms and make the

decision to enact enhanced droplet and contact isolation precautions based on symptoms.

- Placement in an airborne-isolation room with negative-pressure and special ventilation [AIIR] along with use of N95 respirator masks [with goggles or face shield] or PAPR is only needed if patient is undergoing an aerosol-generating procedure [AGP]. Vaginal deliveries are not considered to be aerosol generating. A reference to a list of aerosol-generating procedures may be found in Section IV of the *IU Health COVID-19 Infection Prevention Guidance for OB and newborn care.*
- Testing should be completed prior to delivery at the time the woman presents to ED or Labor and Delivery. If the initial test is negative, testing should not need to occur again throughout the course of the hospitalization unless symptoms develop, or testing is necessary for another procedure at the discretion of the provider. If a woman is tested and then discharged prior to delivery, tests will be considered adequate for 96 hours unless symptoms develop or at the discretion of the provider. If a test is positive, the guidance for repeat testing of COVID+ patients should be followed before removing the patient from isolation.

**Infant Testing**

Guidelines and algorithms for infant testing have been created for the following categories and scenarios:

A. Established Infants
    1. Established NICU infant with COVID-19 PUI caregiver
    2. Established NICU infant with symptoms concerning for COVID-19 regardless of COVID-19 exposure
    3. Established NICU Infant with COVID-19 POSITIVE caregiver
B. Infants born from COVID+ mothers
    1. Infant with COVID-19 PUI mother
    2. Infant with COVID-19 POSITIVE mother

Algorithms for infant testing are provided in this document as Appendix B.

**Testing Procedures**

- Guidelines for team members for testing patients for COVID-19 may be found on the COVID-19 Resource Page https://team.myiuhealth.org/COVID-19 Click on the Instructions for Lab Submission of COVI-19 Tests under the Testing Heading. **Please refer to the most up to date guidelines on the COVID-19 Resource Page as they are frequently updated base on testing availability or new evidence.**
- **Key points:**
    - Submit ONE SAMPLE for COVID-19 and RVP PCR tests if both tests are ordered.
    - Affix COVID-19 Specimen Label to each specimen submitted for COVID-19 testing
    - Specimens for other types of testing cannot be included within the same biohazard bag as specimens for COVID-19 testing.

    - The specimen container must be checked to ensure that it does not leak. Specimen leakage or container breakage, such as during the process of pneumatic tube transportation, constitute criteria for specimen rejection.
    - The container must be placed within a biohazard bag that is sealed.
- **Sending Specimens**
    - Academic Health Center: tube specimens to the Division of Clinical Microbiology (tube station number: 952). If the tube system is not available, follow your facility's tube system downtime process.
    - Other IU Health Hospitals: Deliver specimens and paper test requisition to your local laboratory to be sent to IUHPL Molecular Pathology. It is acceptable to use the pneumatic tube system to deliver specimens to each local laboratory.
- Primary sites will be responsible for ensuring that nurses are competent to complete COVID-19 testing with patients (will need to be competent in nasopharyngeal and oropharyngeal swabs).
- Educational resources for nasopharyngeal and throat swabs can be accessed on Lippincott Procedures:
    - **Nasopharyngeal specimen collection:** https://procedures.lww.com/lnp/view.do?pId=3724653&hits=culture&a=true&ad=false
    - **Throat specimen collection:** https://procedures.lww.com/lnp/view.do?pId=3724560&hits=culture&a=true&ad=false
- Obtaining a COVID-19 swab is not considered to be an aerosol generating procedure and does not require airborne isolation precautions (e.g. use of N-95 and negative airflow is not required).
- Nurses completing COVID-19 swabs with patients should don the appropriate PPE: gown, gloves, surgical mask, face shield.

**Isolation Precautions and Dyad Care**

- Enhanced droplet and contact isolation precautions will be enacted for all women who present with symptoms of COVID-19.
- Universal precautions for asymptomatic women will be implemented while the COVID-19 test is pending. Enhanced droplet and contact isolation precautions will be implemented only upon return of a positive COVID-19 test.
- Determination of whether to keep a mother with known COVID-19 and her infant together or separated after birth will be made on a case-by-case basis, using shared decision-making between the mother and the clinical team. Considerations to guide this decision include the following:
    - The clinical condition of the mother and of the infant
    - COVID-19 testing results of mother and infant (a positive mother and infant test would negate the need to separate)
    - Desire to breastfeed
    - Facility limitations to accommodate separation or colocation
    - 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

- If temporary separation is desired, infants with suspected or known COVID-19 should not be co-located with other infants in a nursery setting. Separation should occur in separate private rooms because of the risk of transmission to other infants.
- If colocation of the infant is desired by a mother testing positive for COVID-19, staff will need to consider implementing the following guidelines in order to minimize transmission of the virus:
    - Maintain the bassinette at a distance of at least 6 feet from the mother.
    - Implement engineering controls where possible (e.g. plexiglass barrier or curtain to maintain separation.
    - The mother should wear a mask whenever interacting with the infant and should perform hand hygiene before and after any interaction.
- Clinical documentation of the decision to temporarily separate or co-locate should be documented in the medical record.

**Breastfeeding**

- While breastmilk is not known to spread the virus, encouraging the mother to pump and having a healthy caregiver bottle feed the infant is preferred in COVID+ mothers.
- Mothers who choose to breastfeed should wear a mask, wash her breasts, and perform hand hygiene before and after feeding her infant.
- Clinical documentation in the medical record that the clinical risks and benefits of breastfeeding while COVID-19+ were discussed with the mother and/or caregiver should occur along with the mother's decision to breastfeed (if applicable).
- If a healthy caregiver is not available to bottle feed the infant and the mother wishes to feed her infant, she should wear a mask and perform hand hygiene before and after feeding.

**Visitor restrictions for COVID-19+ Mothers**

- For mothers who are laboratory confirmed COVID+, no visitors will be allowed. Exceptions for minor patients will be made according to the IU Health visitor restrictions.
- If a mother who is COVID-19+ decides to temporarily separate from the infant, one consistent designated healthy caregiver may be allowed to care for the infant in a separate location. In this instance, the caregiver may not go back and forth between the mother and the infant.

**Patient Education and Discharge Planning**

- Mothers who have a negative COVID-19 test do not require any additional education or discharge planning. Unit guidelines for discharge planning and education should be followed.
- **For mothers who are COVID+, the educational documents (Appendix C) must be reviewed with the mother prior to discharge.** The mother or representative and the nurse completing the discharge education should sign the document. A copy of the document should be scanned into Cerner to be retained in the medical record.

# APPENDIX A

# IU Health COVID-19 Infection Prevention Guidance for OB and Newborn Care

## Updated May 8, 2020

## Please refer to the IU Health COVID-19 Resource Page for the most current guidelines

Indiana University Health

**COVID-19 Infection Prevention Guidance for OB and Newborn Care**

Indiana University Health

April 13, 2020

New cases of COVID-19 are being reported throughout the United States and Indiana. Pregnant women are at an increased of complications resulting from respiratory viral infections. COVID-19 appears to cause its greatest morbidity in older individuals. However, child-bearing aged women can be infected and severe disease has been reported. Although it would appear that perinatal transmission of COVID-19 is uncommon, there are case reports that this is a possible mode of transmission. Additionally, postnatal infections in the newborn have also been documented. Fortunately, these infections have been asymptomatic or mild.

In this document we summarize the infection prevention guidelines that will in effect at IU Health facilities where OB and newborn care is provided. The current clinical knowledge about COVID-19 is constantly changing. As new information becomes available, recommendations may change.

**Definitions:**

- Screen: Scripted risk questions asked on patient arrival
- AIIR: Negative Air Flow Airborne Isolation Room
- IP: Infection Prevention Team
- AGP: Aerosol Generating Procedure
- PPE: Personal Protective Equipment
- HCW: Health Care Workers

## I. OB CARE

Suggest OB medical team create a standardized testing algorithm for suspected patients to provide guidance.

- Respiratory or Flu-like symptoms +/- fever with either COVID 19 confirmed exposure.
- Respiratory or flu-like illness symptoms +/- fever who are hospitalized, and

- Respiratory or flu-like symptoms +/- fever with high-risk co-morbidity such as immunocompromised status, autoimmune disease, diabetes, OR other condition per obstetrician discretion:

What to do if:

**1- Patient calls the office with illness complaints:**

- Patient should contact IU Health Virtual Visits for video consultation. If necessary, the patient will be sent to the Emergency Department for evaluation.
- Emergency Department must be called ahead so they can meet patient and escort safely back to isolation room.
- Limited access by personnel will be maintained during evaluation. Decision making will be based on illness and risk symptoms.

**2- Patients presenting in person:**

- Patients get initial screen at entry point into IU Health facility. Patients will also be screened at entry point to OB triage.
- If screen is **POSITIVE**, they will receive a surgical/isolation mask and will be sent to the ED.

**Temporary ED Triage of Pregnant Patients**
For all pregnant patients (any term) who present to the ED:

The following should be triaged to the **ED** per standard care:

Respiratory complaints (cough, shortness of breath, fever)
Concern for COVID-19 exposure or disease
Hemodynamic instability

The following should be triaged to **L&D per standard of care:**

Those not meeting above criteria who present with pregnancy-related complaint or other complaint that can reasonably be addressed by OB/Gyn staff through L&D

**Notes:**

Patients transferred to L&D upstairs will wear surgical/isolation masks unless instructed otherwise by L&D staff.

If a patient is triaged to L&D but then found to be at risk for COVID-19, attempts will be made to complete encounter in L&D in order to limit further

movement of patient and unnecessary additional PPE usage. If patient requires ED evaluation, L&D staff will call to charge RN prior to transfer.

- All patients presenting to OB will be tested for COVID-19 regardless of presence of symptoms.
- In the presence of a global COVID-19 pandemic, patients with fever, cough, shortness of breath, sore throat, vomiting, diarrhea and/or body aches may have COVID-19. These patients have a positive screen and require isolation. Personnel should use appropriate personal protective equipment [PPE].
- If a patient screens **positive for symptoms** of COVID-19, the patient will be placed in a single, private room and appropriate enhanced contact and droplet precautions. These patients will be considered "Persons Under Investigation" (PUI) until COVID-19 testing complete.
- **Infection Prevention [IP]** should be notified upon patient admission for patients presenting with symptoms for COVID-19 or when COVID-19 test is positive in asymptomatic patients. IP can assist in the ordering for COVID-19 testing and securing proper infection control measures.
- Appropriate gowns, gloves, and surgical/isolation masks for droplet and contact precautions will be available outside the room.
- Placement in a single patient room is appropriate with droplet contact isolation along with goggles or face shield.
- Placement in an airborne-isolation room with negative-pressure and special ventilation [AIIR] along with use of N95 respirator or equivalent [with goggles or face shield] or PAPR is only needed if patient is undergoing an aerosol-generating procedure [AGP]. List of AGP is provided in section IV of this document.
- If a patient screens **negative for symptoms** of COVID-19, they will be cared for under the normal unit protocols and will NOT be placed into isolation. If test results for COVID-19 are positive, isolation precautions will be put into place at that time. Patients who test positive for COVID-19 will be placed in appropriate enhanced contact and droplet precautions, and follow guidance already provided in the IU Health COVID-19 Infection Prevention Guidance for OB and newborn care. Patients who have a negative test will continue to be cared for under normal unit guidelines.
- Patients will retain their right to refuse testing for COVID-19. If the patient refuses testing, clinical staff will screen the patients for symptoms and make the decision to enact isolation precautions based on symptoms.
- Any other triage presentation: Evaluate per normal in triage room.

## II. OB ADMISSION for COVID-19 SUSPECTED OR POSITIVE PATIENT

**1-** If the respiratory status warrants it, patients will be admitted to an ICU. The obstetric team would be secondary and provide support in ICU as needed. [**Level 3 and Level 4 facilities**].

**2-** If respiratory status is stable and obstetrical care is needed, patient will be placed in an AIIR, if available. Single patient room is acceptable if AIIR is not available. Appropriate PPE will be used according to policy [see below]. [**Level 2, 3 & 4 facilities based on gestational age**].

**3-** Patients may be transferred to a Level 4 facility if ICU needs and capacity dictate. This is achieved in coordination with adult ICU and MFM teams.

## III. PPE and ISOLATION RECOMMENDATIONS

**1-** Droplet-Contact precautions are indicated for all **POSITIVE** and **SUSPECTED** cases for general care and non-aerosol-generating procedures [Gown, gloves, surgical/isolation mask [face mask], and face shield or goggles.

**2-** Airborne precautions are indicated for all aerosol-generating procedures. The use of N95 respirator (or equivalent) or PAPR [powered air-purifying respirator] is the recommended PPE.

**3-** Traffic in the OR should be minimal.

**4-** Anesthesia, sterile "attendees" and circulator must use N95 respirator (or equivalent) or PAPR during the intubation procedure.

**5-** Operating rooms must sit for 15 to 30 minutes after an AGP to allow appropriate air exchanges before cleaning can be initiated. [Rationale; OR rooms are positive pressure].

**6-** Patient will receive recovery care in the patient's single private room.

**7-** **Reuse** of PPE encouraged per guidelines. Refer to COVID link on IU Health portal.

## IV. AEROSOL-GENERATING PROCEDURES

Health care workers in areas where patients are undergoing aerosol-generating procedures should be using PPE consisting of N95 respirator (or equivalent) or PAPR, gown, gloves, face shield or goggles. When available the patient should be in an AIIR.

1. **Indications for N95 use for <u>ALL patients</u> are reserved for the below listed aerosol generating procedures unless patient is asymptomatic and COVID-19 negative test within the last 96 hours:**
   - Intubation
   - Bronchoscopy
   - ENT/OMS surgical procedures including other procedures that involve the sinuses
   - Thoracic surgery

- Cardiopulmonary Resuscitation (CPR)

2. **Indications for N95 use and negative airflow room for SUSPECTED or CONFIRMED COVID-19 are reserved for the below listed aerosol generating procedures:**
   - Intubation
   - Extubation
   - Bronchoscopy
   - Thoracic surgery
   - ENT/OMS surgical procedures including other procedures that involve the sinuses
   - Cardiopulmonary Resuscitation (CPR)
   - Non-invasive positive pressure ventilation (BIPAP, CPAP)
   - High Frequency Oscillatory Ventilation
   - Open airway suction
   - Tracheostomy Care in non-intubated patients
   - Nebulizer therapy (Continuous and Breath Actuated Nebulizer)
   - Sputum induction
   - Laser plume
   - Autopsy
   - Manual ventilation BEFORE intubation
   - Cesarean section (Since emergent intubation may be required and is not always anticipated)

3. **Scenarios NOT considered aerosol-generating and therefore will not be done in negative pressure and will not need N95 mask use:**
   - Optiflow/Vapotherm
   - Non-rebreather
   - Oxygenation with a Mask - Venti-mask/facemask
   - Chest Physiotherapy
   - High flow O2
   - Manual ventilation AFTER intubation
   - Closed suctioning after intubation
   - Manipulation of oxygen mask
   - Defibrillation

- Insertion of NG/OG tube
- NP and OP swabs
- EGD/Colonoscopy
- TEE
- Vaginal delivery
- Bowel surgery
- Laparoscopy
- Cautery smoke in non-ENT, non-lung procedures
- All other surgical procedures not listed in #1 or #2

These procedures do not require placement of patient in an AIIR.

## 6. WHEN DOES A VAGINAL DELIVERY POSE A RISK OF TRANSMITTING SARS-CoV-2 TO A HEALTHCARE WORKERS?

Vaginal delivery is high-risk for COVID transmission to healthcare workers if the patient has **CONFIRMED** or **SUSPECTED COVID-19** because:

**1-** Prolonged exposure, close contact with patients [3 feet or less]: Second stage of labor [pushing] typically lasts 1 to 4 hours. The bedside nurse is 1-to-1 with this patient in the room for the entire time. Patient care during this time is in very close proximity. In addition to the nurse, it is common for the delivering physician to be in the room for 1 hour although the team will try to minimize exposure as much as possible.

**2-** Patient mask-wearing during pushing is very sub-optimal.

**3-** Screaming, heavy/fast breathing and repetitive Valsalva used during pushing increases intrathoracic pressure, often resulting in vomiting and coughing in COVID patient while pushing. Coughing fits will be significantly worse in symptomatic COVID patients given high incidence of pneumonia.

Healthcare workers must use appropriate personal protection equipment consisting of goggles or face shield [eye protection], surgical mask, gown, and gloves during vaginal delivery. If the patient must undergo or go through an aerosol-generating procedure or event, the patient must be placed in an AIIR, if available and the healthcare worker must use a N95 respirator(or equivalent) of PAPR.

## 7. CAREGIVER RESTRICTIONS:

When assigning personnel to work with patients with suspected or confirmed COVID-19, the health status of the worker may pose a risk to the person. Health care workers

in the following categories can **opt-out** of caring for these patients. The HCW can do so without the fear of retribution or poor performance evaluation. HCWs who opt out will be assigned to work that will minimize risk of exposure. These categories are:

**1-** Pregnancy

**2-** Immunocompromised status (those taking daily immunosuppressive therapy or those on chemotherapeutic agents)

**3-** Age ≥50 years of age with underlying cardiopulmonary disease requiring daily medications

**4-** Age ≥65 years of age.

Opt-out requests must be made directly to the service manager. If there are questions, Infection Prevention can be contact for consultation.

## 8. OTHER OB SPECIFIC CONSIDERATIONS:

- Nitrous oxide program is suspended for the duration of the pandemic.
- Oxygen therapy should be used judiciously for fetal reasons in the COVID positive patient via nasal cannula at 4L/min with mask.
- While **post-partum tubal ligations** are elective procedures, there are overall clinical health reasons where these should not be delayed.
- Patients who already have an epidural for delivery can use the same to perform a tubal ligation. Rationale: Avoids re-exposure to the procedure and its risks.
- For patients without epidural, strong consideration should be given to delaying the tubal ligation. However, as stated, there may exist an overall clinical reason that it should not be delayed, but only if regional anesthesia can be accomplished for performance of the procedure.
- Tubal ligations can be deferred if there is a question of available resources such as PPE, staff, physicians, other procedures, etc.
- While neonatal circumcisions are elective procedures, there are overall clinical reasons for these not to be postponed. Requiring infants to return to a hospital or clinic for discharge home increases risk of exposure to infections from the environment. Circumcisions not performed in the neonatal period require general anesthesia, increasing complication risk and having potential neurodevelopmental effects.

## 9. POST-DELIVERY CARE OF MOM/BABY COUPLET

Non-infected **asymptomatic** women who come for delivery can be managed with no specific restrictions. They are encouraged to report to their health care providers any

symptoms they may have that may suggest an infection, especially respiratory symptoms such as cough, fever, sore throat and shortness of breath.

- All patients presenting to OB or Labor and Delivery areas, even though asymptomatic, will be screened and tested for COVID-19.
- Newborns of asymptomatic mothers can be taken to the Well-Baby Nursery and/or NICU as clinically-indicated. No isolation precautions are required.
- Newborns from asymptomatic mothers can room in.

Women with **symptoms** compatible with **COVID-19** infection, consisting but not limited to, fever, cough, sore throat, nausea, diarrhea, and vomiting will be placed in a single patient room in enhanced droplet-contact isolation.

The following isolation precautions will be implemented for all **suspected or confirmed COVID-19** infected women.

- Following delivery, the newborn will be stabilized in the delivery or C-section suite as per protocol.
- Infant should be bathed as soon as possible after birth
- Newborns born [vaginal delivery or by C-section] from a suspected or confirmed COVID-19 infection mother will be considered **EXPOSED** and separation and isolation is strongly recommended.
- Newborns from a mother with suspected or confirmed COVID-19 will require enhanced droplet-contact isolation in a single patient room. If AGP is anticipated, newborn should be placed in AIIR, if available. Based on the condition of the newborn, transfer to another unit or hospital with available facilities and equipment may be required.
- Caregiver should use appropriate PPE such as gown, gloves, surgical/isolation mask, and face shield or goggles. HCWs caring for infants undergoing AGPs require use of N95 respirator (or equivalent) or PAPR, if available.
- Health care workers are NOT to go back and forth between mother and newborn.
- Exposed newborns should not have contact with their **COVID-19 POSITIVE** mothers.
- Despite the risk, some infected mothers may elect to have newborn **room-in** with them. In mother's room, ideally the infant should maintain 6 feet distance between mother and newborn, as well as 6 feet away from the door. When caring for the newborn, the mother should use gloves, gown, and surgical/isolation mask. Mother should be instructed on methods of appropriate hand hygiene.
- When infant is in isolation, they should remain in that room for the duration of their hospital stay. Routine newborn procedures (heel stick test, congenital heart disease screen, bilirubin check, and hearing screen) should be done inside the room. Circumcision, if desired, should be done in the isolation room.

- Ideally, a physical barrier [plexiglass barrier] can be used to separate mother from the newborn as a mean of reducing potential transmission.
- The risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the healthcare team.
- The decision to discontinue temporary separation of the mother from her baby should be made on a case-by-case basis in consultation with clinicians, infection prevention specialists. The decision should take into account disease severity, illness signs and symptoms, and results of laboratory testing for SARS-CoV-2. Considerations to discontinue temporary separation are the same as those to discontinue transmission-based precautions for hospitalized patients with COVID-19. Consult Interim Considerations for Disposition of Hospitalized Patients with COVID-19.

**BREASTFEEDING:**

- Newborns born from **ASYMPTOMATIC** mothers can breastfeed ad lib with no restrictions.
- While breast milk is not known to transmit SARS-CoV-2, pumping and bottle-feeding breast milk is preferred where mother is COVID-19 POSITIVE or SUSPECTED. This is to reduce infant contact with infectious respiratory droplets from mother.
- If refusal of separation and mother is adamant on breastfeeding, the infant can be placed at the breast to feed. If mother breastfeeds directly, she should wash torso, don surgical/isolation mask, and wash hands before and after feeding.

**NEWBORN DISCHARGE CONSIDERATIONS:**

- If refusal of separation and mother is adamant on breastfeeding, the infant can be placed at the breast to feed. If mother breastfeeds directly, she should wash torso, don surgical/isolation mask, and wash hands before and after feeding.
- Providers should consider monitoring infant in hospital for 48 hours prior to discharge.
- It is important that infant have close follow-up at discharge.
- For follow-up appointments, mother should stay at home until cleared to leave by her medical professional. Infant should be brought to PCP appointments by a healthy provider only. An asymptomatic infant does not require isolation in an outpatient physician office, but should be brought back for assessment soon after arrival so that healthcare personnel can assure infant is without symptoms.

- For caregivers who are in quarantine or isolation at home, they should wash hands and wear mask when caring for baby. This includes when holding, bathing, feeding, or changing diapers.

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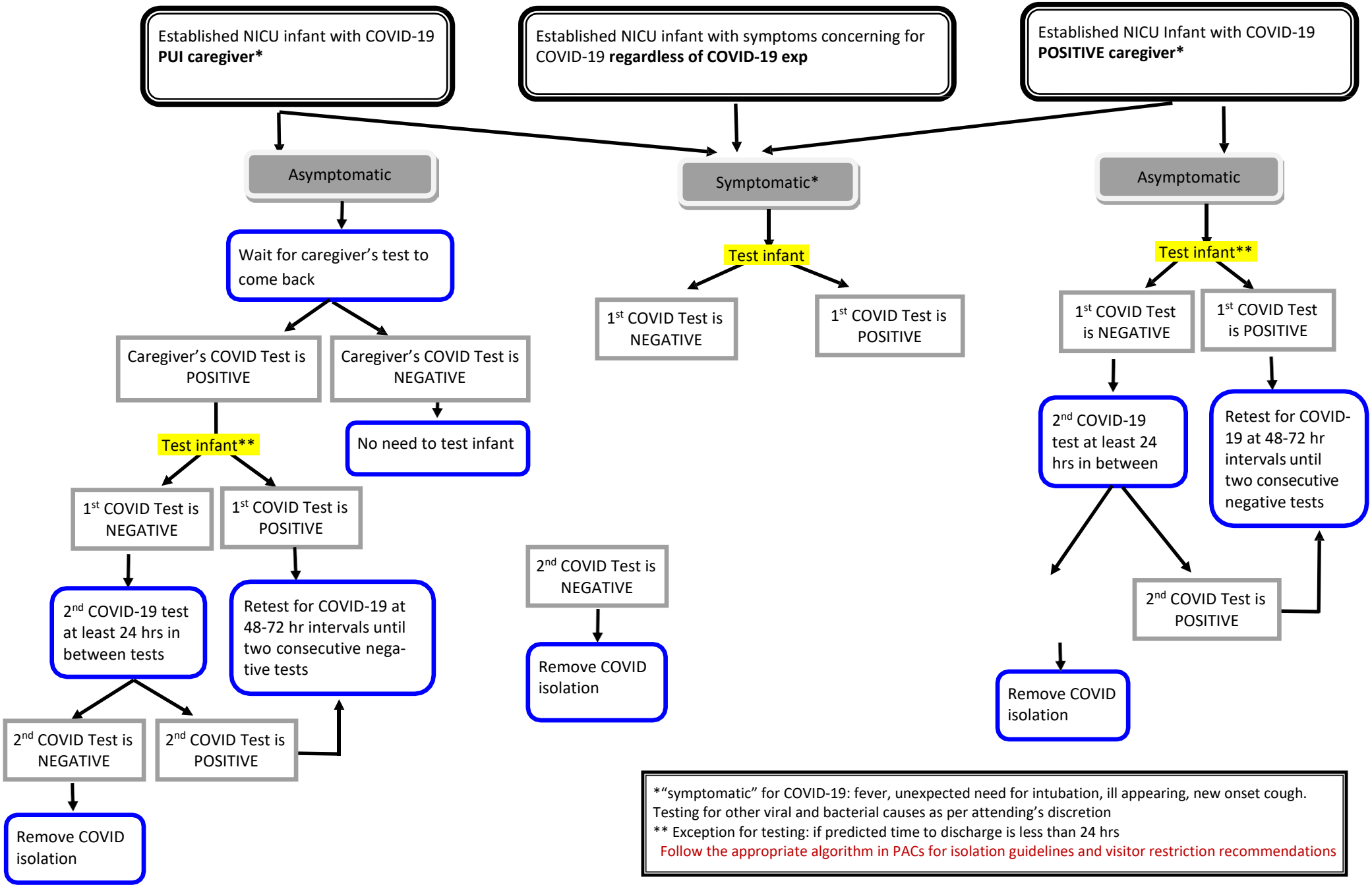
# APPENDIX B

# INFANT COVID-19 TESTING ALGORITHYMS:

## ESTABLISHED INFANTS

## INFANTS BORN TO COVID-19+ MOTHERS

# COVID-19 TESTING: Established infants

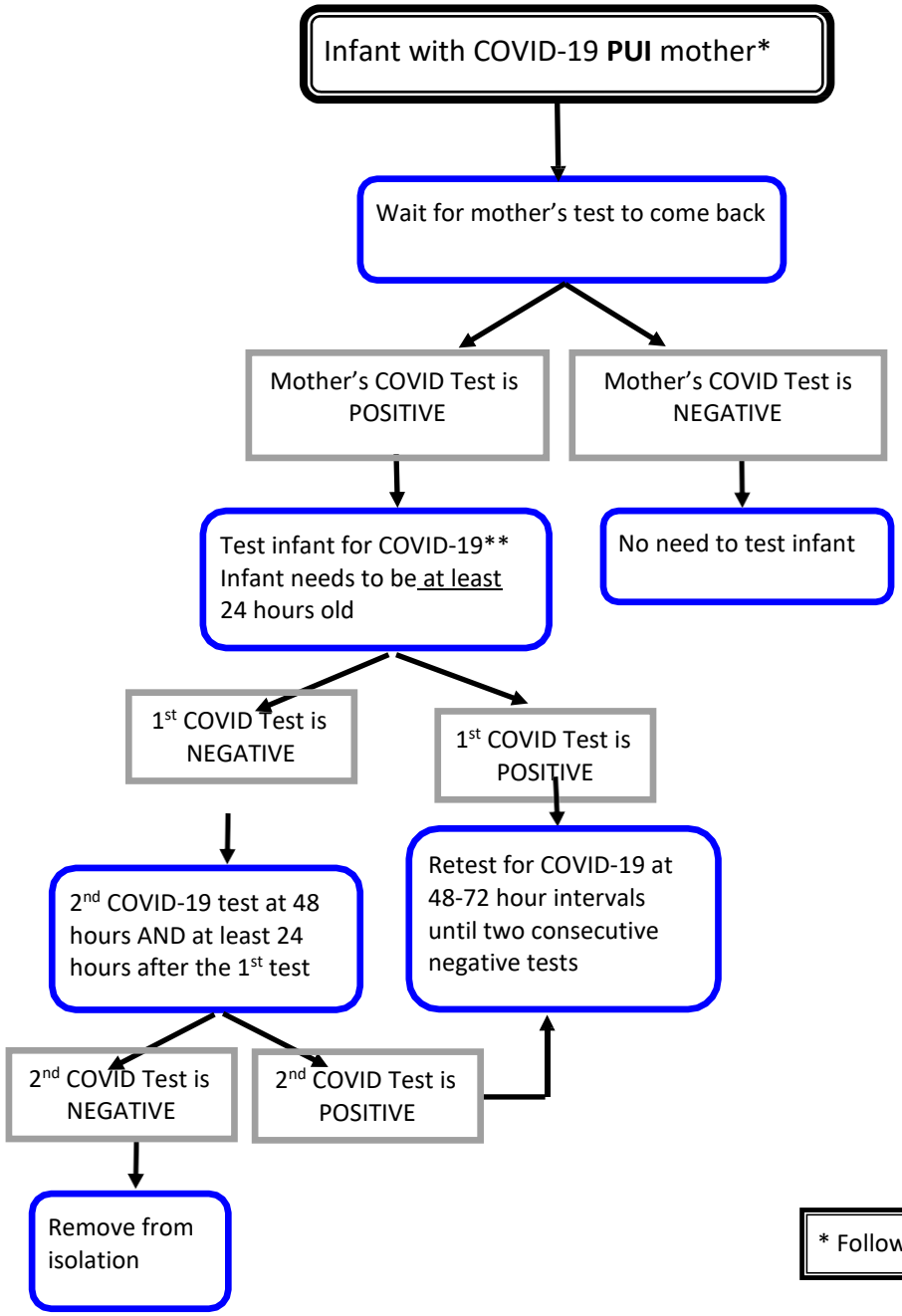


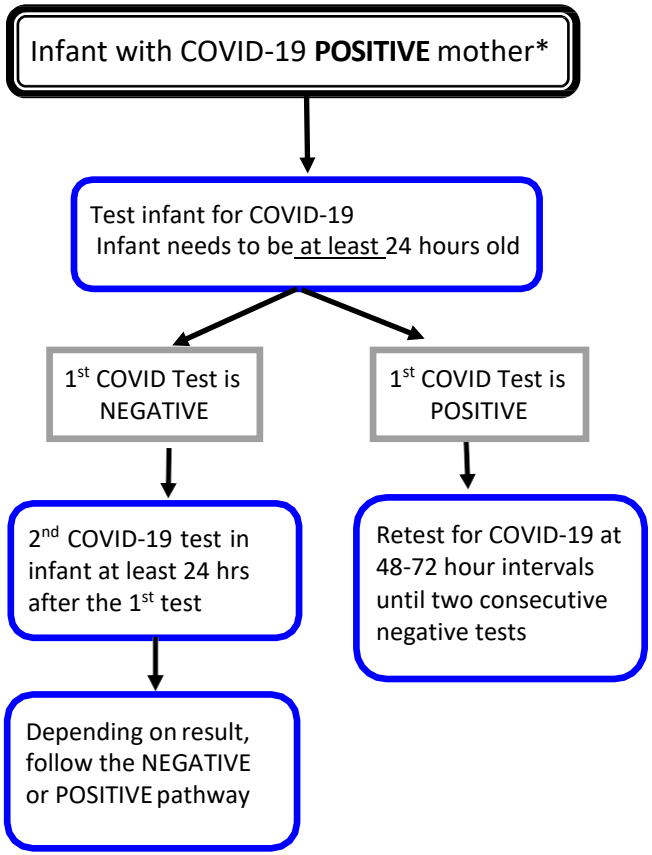

*"symptomatic" for COVID-19: fever, unexpected need for intubation, ill appearing, new onset cough. Testing for other viral and bacterial causes as per attending's discretion

** Exception for testing: if predicted time to discharge is less than 24 hrs

Follow the appropriate algorithm in PACs for isolation guidelines and visitor restriction recommendations

# COVID-19 TESTING: Infants born from COVID mothers




* Follow the appropriate algorithm in PACs for isolation guidelines and visitor restriction recommendations

# APPENDIX C

# DISCHARGE EDUCATION FOR COVID-19+ MOTHERS.

**THESE DOCUMENTS (3 PAGES TOTAL) MUST BE PRINTED AND REVIEWED WITH THE MOTHER PRIOR TO DISCHARGE AND SIGNED BY THE PATIENT/REPRESENTATIVE AND THE REGISTERED NURSE.**

**THE SIGNED COPY MUST BE SCANNED INTO THE MEDICAL RECORD**

**PLEASE PROVIDE A COPY TO THE PATIENT UPON DISCHARGE**

# Home Care Instructions for Household Members with Viral Syndrome and Possible COVID- 19 infection

1. **Limit visitors**. Anyone who is not caring for your family member should stay in another home or stay in other rooms. If possible, the family member should use a separate bedroom and bathroom. Keep elderly people, those with weak immune systems, and/or chronic health conditions separated.
2. **Make sure that shared spaces in the home have good air flow.** Open windows or use an air conditioner, if possible.
3. **Wash your hands often** with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Use soap and water if your hands are visibly dirty.
4. **Avoid touching your eyes, nose, and mouth with unwashed hands**.
5. **Wear a disposable facemask if one is** available when in the same room as your family member.
6. **Wear a disposable facemask (if available) and gloves** when you touch or have contact with your family member's blood or body fluids, such as saliva, nasal mucus, vomit, urine, or diarrhea. Throw these away after each use and do not reuse. When removing, first remove and dispose of gloves, them immediately wash your hands with soap and water or alcohol-based hand sanitizer. Next, remove and dispose of the facemask, and immediately wash your hands again with soap and water or alcohol-based hand sanitizer.
7. **Avoid sharing household items.** Do not share dishes, drinking glasses, cups, eating utensils, towels, bedding, or other items with the patient. Follow cleaning instructions below.
8. **Clean all "high-touch" surfaces**, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tables, and bedside tables, every day using household disinfectants. Clean any surfaces that may have blood or body fluids on them.
9. **Cleaning Instructions:**
    1. Follow the recommendations provided on cleaning product labels, including any precautions you should take when applying the product.
    2. Wash laundry thoroughly with the warmest temperature recommended. Immediately remove and wash clothes or bedding that have blood or body fluids on them. Wear disposable gloves while handling soiled items and keeps soiled items away from your body. Wash your hands immediately after removing your gloves.
    3. Place all used disposable gloves, facemasks, and other contaminated items in a lined container before disposing of them with other household waste. Wash your hands immediately.
10. **Monitor your family member's symptoms**. If your family member is getting sicker (trouble breathing, pain in chest), call their doctor or use the IU Health Virtual

Clinic App. Tell them that your family member has or may have COVID-19 so they can provide directions for care, prepare for their visit, and take steps to keep others from getting infected. If your family member need to visit the emergency department, call the emergency department to tell them you are coming so they can prepare for you visit. If your family member has a medical emergency and you need to call 911, notify the operator that they have or are being evaluated for COVID-19.

**11. Monitor your own health** for signs and symptoms of COVID-19, including fever, cough, or shortness of breath. If you develop any symptoms, use the IU Health Virtual Clinical App or contact your doctor to describe your symptoms and let them know you are in close contact of someone who has or may have COVID-19. Before you visit a clinic or hospital, call your doctor. This will help them take steps to keep other people from getting infected.

**These recommendations should be followed until <u>BOTH</u> of the following apply:**

- Your family member has been fever free for 3 days (72 hours) without the use of fever- reducing medications and their cough, shortness of breath or other respiratory symptoms are improving.
- It has been at least 10 days since your family member first noticed symptoms.

# COVID-19-Positive Mom Caring for Her Baby

- Moms who are positive for COVID-19 should have little contact with their baby until they have recovered and are no longer contagious
- Choose a healthy caregiver to take care of your baby until you can.
- People in the home who are ill (with symptoms like a cough, fever, diarrhea, vomiting, sore throat, etc.), and have not been diagnosed with COVID-19, should not care for your baby.
- You are no longer considered contagious if:
    - You have been without a fever for at least 72 hours (3 days or more) without taking fever medicine.
    - It has been more than 7 days since the beginning of your illness.
- **Try to keep at least 6 feet between you and your baby**, for as much time as possible.
- **If you need to care for your baby, wear a mask and wash your hands often with hand sanitizer or water & soap.**
- Hand hygiene includes washing hands with soap and water for at least 20 seconds or using an alcohol-based (needs to have 60-95% alcohol) hand sanitizer for at least 20 seconds.
- **While breastmilk is not known to spread the virus, pumping and having a healthy caregiver bottle-feed your breastmilk is preferred**. This reduces the chance your baby will encounter infectious respiratory droplets from you which can spread the virus.

## Pumping Breastmilk

- Wash your hands and breasts before and after pumping.
- Wash all the parts and breast pump as directed after each use.

## Feeding Your Baby

- Have a healthy caregiver feed your baby.
- **If you prefer to breastfeed,** wear a face mask and wash your breasts and hands before starting. Use soap and water for 20 seconds. After breastfeeding, wash your breasts and hands again

## Your baby needs to be closely watched

- Call your baby's health care provider if they are not eating well, have a fever or are having trouble breathing.

## Doctor's Appointments

- Call your health care provider's office before coming to clinic. Stay at home until cleared to leave by your doctor.
- Have a healthy caregiver bring your baby to their routine check-up. If you have no one to help, talk with your baby's health care provider before the appointment.
- If your baby does not have symptoms, they do not need isolation when they go for their appointment.

I have received information on caring for my baby while being COVID + and my questions have been answered.

Patient Name:
Patient/Representative Signature: _____
Relationship to Patient: _____Date:_____Time:_____
Witness Signature: _____Date:_____Time:_____