**Shared Decision Making between Mother & Provider**

**Newborn Care at Lawrence General Hospital in the Setting of COVID-19 Pandemic**

April 20, 2020

Recommend Shared Decision Making based on four primary categories:

|  |  |  |
| --- | --- | --- |
| **1** | COVID19+ mother | Confirmed by testing within the past 72 hours |
| **2** | PUI, COVID19 symptoms/febrile | Testing pending |
| **3** | Asymptomatic mother | Tested under universal testing protocol |
| **4** | Negative | Mother who tested negative in the past 72 hours\* |

\*Negative test does not mean no risk of infection (due to false-negative tests and asymptomatic shedding)

For all categories above, review with parents the risks/benefits of skin-to-skin contact, delayed cord clamping, nutrition strategies, and immediate separation of the infant from the mother. Discussion should include recognition that our understanding of these risks/benefits is limited, with no data on long-term developmental outcomes in COVID-19 exposed/positive infants.

*All of the categories above can be counseled using the below guideline due to asymptomatic community prevalence of SARS-CoV-2, with variance on a case-to-case basis.*

**Delayed Cord Clamping:** Consider option with vigorous infant.

* **RISKS:**
  + Theoretical increased risk of transmission to infant
    - No known cases of confirmed vertical transmission diagnosed by detecting viral RNA from a mother to a fetus.
    - Fetus has exchanged the same blood supply during pregnancy - if vertical transmission occurs, likely would have occurred before delivery. There are reports of elevated COVID-19 IgM levels in infants, however none of these neonates were positive for SARS-CoV-2.
  + In other viral infections (i.e. HIV) there is no increase in vertical transmission with delayed cord clamping
* **BENEFITS:**
  + Delayed cord clamping for vigorous infants allows for a redistribution of placental blood as “preload” while the neonatal lungs are recruited.
  + Increased hemoglobin, iron, Immunoglobulins and stem cells
  + Improved neurodevelopment
* Whether the baby is placed on the mother’s abdomen or held by the provider during DCC should be discussed with the mother prior to delivery (see Skin-to-skin below)

**Skin-to-skin at delivery:**

* This area holds the least amount of evidence-based report care (none).
* Consider condition of mom, condition of infant
* **RISKS:**
  + Hypothetical transmission of SARS-CoV-2 infection via viral shedding on skin
  + Potential risk of transmission of SARS-CoV-2 after birth via contact with maternal respiratory secretion – although the risk of transmission and the clinical severity of SARS-CoV-2 infection in infants are not evidence-based.
* **BENEFITS:** 
  + Immediate skin-to-skin has been proven to improve breastfeeding success, which has significant implications to the health of the infant.
  + Stabilization of infant glucose
  + Stabilization of infant body temperature
  + Disrupted maternal–infant bonding in the first hours of life has been shown to have long-term effects on mom’s mental health
* If skin-to-skin practiced with + or unknown maternal status, to minimize risk of infant infection, suggest:
  + Moms use hand sanitizer to clean hands immediately after delivery and prior to holding infant
  + Removal of gown used during delivery immediately after delivery and prior to skin-to-skin
  + Surgical mask at any time of infant contact
  + Wash hands before and after touching infant
  + Routinely clean and disinfect surfaces, frequent maternal bathing – ideally before skin to skin

**Infant nutrition: breastfeeding guidelines**

* No reports of SARS-CoV-2 virus in breastmilk
* Few reports of antibodies to SARS-CoV-2 found in breastmilk
* For Category 1 & 2 until newborn test results/if newborn test negative (also could be considered with Category 3-4 if mom desires):
  + Option A: parents prefer to decrease risk of transmission and accept the risk of limited mother–infant bonding
    - The infant receives formula/donor milk
    - The mother can pump milk to establish supply until she is asymptomatic with two negative tests for SARS-CoV-2 at least 24-hour apart (or until she demonstrates improvement of symptoms for at least 72 hours / 7 days after start of symptoms)
  + Option B: parents prefer to limit risk of transmission and encourage mother–infant bonding
    - Mother washes her breast with soap/water and expresses milk while wearing a mask. Clean breast pump tubing and container per CDC.
      * A healthy family member/nurse can feed the expressed milk to the baby > 6 feet away from mom.
      * Continue precautions until… see Option A.
  + Option C: parents prefer to accept risk of transmission and maximize mother–infant bonding
    - Mother wears a surgical mask, washes her hands and breasts with soap and water and breastfeeds the baby.
    - Parents should understand that the risk of transmission with this approach is uncertain but possible.
    - Continue precautions until…. See Option A.
* Suggest that moms wear a surgical mask at any time of infant contact
* Wash hands before and after touching infant
* Routinely clean and disinfect surfaces, frequent maternal bathing – ideally before skin to skin.

**Newborn isolation from mother versus rooming in:**

* When counseling, consider:
  + Condition of mom
  + Condition of infant
  + Desire to breastfeed
  + Ability to maintain separation upon discharge
* Offer isolation of any infant from mom if desired by mom until:
  + Negative COVID testing for mom results
  + Positive COVID testing for infant results, in setting of Positive maternal testing
* **RISKS OF ROOMING IN:**
  + Potential for increased risk of transmission to infant, if not already infected
* **BENEFITS OF ROOMING IN:**
  + Maternal-infant bonding 🡪 shown to increase breastfeeding success, neurocognitive development, decrease postpartum depression
* In the setting of a COVID + mom:
  + Recommend at least infant in isolette positioned > 6 feet from mom
  + If another healthy caregiver is available to provide care for a PUI infant (testing pending) -- such as diapering, bathing and feeding the newborn -- they should use appropriate PPE: gown, gloves, surgical mask, and eye protection. (🡨 im assuming parents will not have gowns at home……)
    - This strategy may be beneficial to educate families and actively assist them in practicing precautions to be continued at home.

**Post-Hospital Care**

* Ideally, a healthy caregiver should care for the newborn until mother is afebrile (without antipyretics), demonstrates improvement of symptoms for at least 72 hours / 7 days after start of symptoms.
* If the social situation does not favor separation from mother, discharge of the neonate with droplet and adequate precaution is recommended.
* In any situation, provide education on ways to minimize transmission in the household and to infant.

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