

**Craigavon Neonatal pathway for the Management of an Infant of a Mother  
with Positive or Suspected COVID-19**  
Updated 18<sup>th</sup> March 2020

Underlying principles

1. Evidence suggests vertical transmission risk is very low
2. Evidence suggests unless an AGP (aerosol generating procedure) in anticipated, risk of transmission is low
3. In normal circumstances parents would normally be advised not to visit if they were unwell, had cough, flu, temp, sore throat. This remains the case.

**Suspected/positive COVID-19 mother presents in pod**



Following assessment admission to delivery suite required but **delivery not imminent**, patient enters through delivery suite side door to room 8 which is the designated area for further assessment

**Suspected/positive COVID-19 mother presents in pod**



Following assessment in the pod if **delivery is imminent and no paediatric team involvement is anticipated** patient enters through delivery suite side door to room 10 which is the designated area for delivery



**Transfer well mother and baby to postnatal**

- Complete NEWTTs 4 hourly and escalate any concerns to Senior Paediatric team
  - Mum should wear facemask for breastfeeding
- Involve other family members who are not COVID-19 positive in the care of the baby
  - Contact IPC to follow up on contact tracing
- If any infant is swabbed for COVID -19 email [Annie.wiggam@southerntrust.hscni.net](mailto:Annie.wiggam@southerntrust.hscni.net) details of the patient
  - Neonatal follow up will be required with ongoing community surveillance

**Suspected/positive COVID-19 mother presents in pod**



Following assessment in the pod if **delivery is imminent and paediatric team attendance is anticipated** patient enters through delivery suite side door to room 10 which is the designated area for delivery



Paediatric team remain outside room 10 wearing apron, gloves, face mask and visor



Infant delivered, midwife wraps baby and brings baby to the paediatric team at the door



Paediatric team take baby to designated lobby area outside room 10 where the resuscitation panda is located



Initial assessment carried out



If infant needs AGP for respiratory support, paediatric staff member puts on full FFP3 protection and baby is transferred to the isolation room in neonatal via back corridor and further interventions take place in neonatal isolation room

**Suspected/positive COVID-19 mother requires emergency caesarean section**



Mother transferred to theatre 6



Paediatric team attend theatre 6

## Mum positive or suspected COVID-19 and baby needs admitted for Neonatal care

### WHERE WILL THE BABY BE NURSED?

**1 case** Negative pressure NNU Isolation room with access to this room via the neonatal back corridor

**More than 1 case** Use N4 - restricted access via viewing corridor. This is not a negative pressure room

All babies being isolated should be nursed in an incubator

The isolation room should be clutter free at all times and only essential equipment stored in the room.

### WHAT NEEDS DONE IMMEDIATELY?

See the NEONATAL BLUE COVID-19 folder section 6: Laboratory investigations and sample requirements

Take 3 **DRY** swabs, one from both nostrils and a throat swab

All samples from patients that are from known or suspected Coronavirus patients **must be delivered by hand and double bagged** and should be **clearly labelled as "Risk of Infection - Suspect Covid"**

Specimens should be placed in the first bag in the isolation room by a staff member wearing recommended PPE. This staff member should then drop the bag into the second bag held by a staff member outside the room.

- Form should be clearly **labelled as ?COVID-19 in clinical details.**
- Request forms should be placed in an outside pocket on the exterior bag facing outwards with details visible to staff.
- If any infant is swabbed for COVID -19 email [Annie.wiggam@southerntrust.hscni.net](mailto:Annie.wiggam@southerntrust.hscni.net) details of the patient
- **MRSA & Pseudomonas routine swabs should be done as normal**

### Who can visit?

Case by case discussion with IPC who will review whether or not mum/dad/partner is positive or suspected positive. They will advise staff on contact tracing and screening required.

### Can mum breastfeed?

There is no evidence at present that the virus can be carried in breast milk. The following precautions are recommended.

- A dedicated breast pump should be used and kept within the isolation room and ward recommendations for pump cleaning should be followed after every use
- Infant's mother should decontaminate her hands before touching her baby, breast pump or bottles.
- She should wear a disposable face mask for feeding at the breast

**Table 1: Transmission based precautions (TBPs): Personal protective equipment (PPE) for care of patients with pandemic COVID-19**

	<b>Entry to cohort area (only if necessary) no patient contact*</b>	<b>General ward *</b>	<b>High risk unit ICU/ITU/HDU</b>	<b>Aerosol generating procedures (any setting)</b>
<b>Disposable Gloves</b>	No	Yes	Yes	Yes
<b>Disposable Plastic Apron</b>	No	Yes	Yes	No
<b>Disposable Gown</b>	No	No	No	Yes
<b>Fluid-resistant (Type IIR) surgical mask (FRSM)</b>	Yes	Yes	No	No
<b>Filtering face piece (class 3) (FFP3) respirator</b>	No	No	Yes	Yes
<b>Disposable Eye protection</b>	No	Risk assessment	Risk assessment (always if wearing an FFP3)	Yes

**\*Personal protective equipment (PPE) for close patient contact (within 1 metre) also applies to the collection of nasal or nasopharyngeal swabs.**

The agreed list of AGP is:

- intubation, extubation and related procedures such as manual ventilation and open suctioning
- tracheotomy/tracheostomy procedures (insertion/open suctioning/removal)
- bronchoscopy
- surgery and post-mortem procedures involving high-speed devices
- some dental procedures (such as high-speed drilling)
- non-invasive ventilation (NIV) such as Bi-level Positive Airway Pressure (BiPAP) and Continuous Positive Airway Pressure ventilation (CPAP)
- High-Frequency Oscillating Ventilation (HFOV)
- High Flow Nasal Oxygen (HFNO), also called High Flow Nasal Cannula
- induction of sputum

For patients with suspected/confirmed COVID-19, any of these potentially infectious AGPs should only be carried out when essential. Where possible, these procedures should only be carried out in a single room with the door shut. Only those staff who are needed to undertake the procedure should be present. A disposable, fluid repellent surgical gown, gloves, eye protection and a FFP3 respirator should be worn by those in the room.

## **References**

GOV.UK COVID -19 IPC guidance

<http://www.gov.uk/governance/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Coronavirus (COVID-19) Infection in Pregnancy. Information for healthcare professionals  
Version 1: Published Monday 9 March, 2020

SHSCT IPC Toolkit resource re COVID-19

PHE guidance- COVID-19: Infection Prevention and Control in healthcare settings Version 1.0  
updated 15<sup>th</sup> March 2020.