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Interim Guidance for Suspected and Confirmed COVID-19 for Obstetrical Services: Labor & Delivery, Post-partum Units and Well-Baby Nurseries
August 13, 2020 (replaces Interim Guidance published on June 24, 2020)

RATIONALE

This updated guidance is for the NewYork-Presbyterian Obstetrical Services including Labor & Delivery, Antepartum and Post-partum Units, Well-Baby Nurseries, and Ambulatory Care Settings. It is based on current information from the Centers for Disease Control and Prevention, New York State Department of Health, New York City Department of Health and Mental Hygiene, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists (ACOG) and integrates current NYP guidance.

KEY CHANGES

1. **Prescreening prior to** and **screening upon arrival** of patients, support persons, and doulas expanded to include symptoms, exposure to COVID-19, and travel to either a U.S. state or territory on the NYS DOH advisory list or to a foreign country.
2. Patients admitted with recent **exposure or travel history are placed on contact and droplet precautions**.
3. Updated guidance for **universal surgical mask** use when in patient care areas, shared workstations, lounges, lobbies, hallways, and other shared areas.
4. Updated guidance for **universal eye protection** for all HCP when: 1) in direct contact with patients; 2) entering patient rooms or approaching patient bedsides, and 3) as part of standard precautions, whenever sprays or splashes of body fluids are anticipated.
5. Updated guidance to use an **N95 respirator during all aerosol-generating procedures**, regardless of the patient's SARS-CoV-2 test results.
6. **Table 1** provides updated guidance on repeat testing for mothers with previous history of being SARS-CoV-2 PCR positive including not testing mothers who were previously positive and/or COVID-recovered.
7. **Table 2** provides updated guidance for mother history, mother SARS-CoV-2 PCR and serology testing, and newborn PUI status. Newborns born to mothers who are PCR-negative and serology positive are NOT considered PUIs.
8. **Table 3** provides updated guidance for discontinuation of transmission-based precautions for patients with COVID-19 that uses either symptom-based or test-based strategy depending on a patient's immune status and severity of COVID-19 illness.
9. **Table 4** provides COVID-19 transmission-based precautions and staff PPE for confirmed or suspected COVID-19, low suspicion, or COVID-recovered.
10. **Table 5** provides updated guidance for management of mother/infant dyads on postpartum units including transmission precautions.
11. **Table 6** provides updated guidance for follow-up testing and PUI clearance of newborns born to SARS-CoV-2 mothers.
12. The duration patients have to be afebrile to be cleared from home isolation for COVID-19 has been decreased from 72 hours to 24 hours.
13. The guidance for the antepartum units is now found within the guidance for ED and inpatients: https://infonet.nyp.org/EPI/Documents/COVID-19TestingInstructions.pdf
14. The guidance for the ambulatory setting is now found within the guidance for ambulatory settings: https://infonet.nyp.org/EPI/Covid19Documents/COVID-19AmbulatoryTestingandManagementProtocol.pdf

Contact Infection Prevention & Control:

NYP-AH: 212-932-5219	**NYP-CU and NYP-MSCH:** 212-305-7025	**NYP-WC:** 212-746-1754
NYP-WBHC: 914-997-4377	**NYP-LMH:** 212-312-5976	**NYP-LH:** 914-787-3045
NYP-BMH: 718-780-3569	**NYP-HVH:** 914-734-3950	**NYP-Q:** 718-670-1255

LABOR & DELIVERY AREAS

SCREENING

Prescreen all patients, support persons, or trained doulas prior to as well as upon arrival to L&D for symptoms, exposure to COVID-19, or travel to U.S. state or territory with travel restriction due to high rates of SARS-CoV-2 community transmission. (Current list of states: https://coronavirus.health.ny.gov/covid-19-travel-advisory).

See screening tool for patients and visitors: https://infonet.nyp.org/EPI/Covid19Documents/NYPCOVID-19ScreeningToolforPatientsandVisitor.pdf

- **Symptoms:** Prescreen all patients, support persons, including trained doula, for symptoms (subjective or measured fever ≥100^0 F, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
  - Patients with symptoms should be instructed to avoid public transportation, wear a surgical mask when they enter the hospital, self-identify immediately at presentation to L&D, and be placed in a single room with the door closed, if available. ***See below for PPE recommendations***.
  - Support persons or trained doulas with symptoms or fever cannot accompany the patient and should be replaced.
- **Exposure to COVID-19:** Prescreen all patients, support persons, and trained doulas for exposure to persons with newly diagnosed COVID-19 within the past 14 days.
  - Asymptomatic support persons with recent exposure may accompany the patient, but efforts should be made to identify an alternative support person to replace the exposed individual.
  - Doulas with exposure to a person with newly diagnosed COVID-19 should be replaced.
- **Travel:** All patients and support persons should be screened for international travel and travel from U.S. states or territories with significant rates of transmission of COVID-19, as defined by NYSDOH, with a quarantine requirement within the past 14 days. (Current states: https://coronavirus.health.ny.gov/covid-19-travel-advisory).
  - Asymptomatic support persons with recent travel may accompany the patient, but efforts should be made to identify an alternative support person to replace the individual with recent travel.
  - Doulas with a recent travel history should be replaced.

SARS-CoV-2 TESTING

- Obstetrical patients being admitted to NYP, including to L&D and antepartum units, should be tested for SARS-CoV-2 by sending a nasopharyngeal swab for PCR for SARS-CoV-2 testing. This includes asymptomatic patients (See **Table 1**).
- As the symptoms of COVID-19 overlap with those of influenza, if evaluating a pregnant woman for COVID-19, consider influenza as well (if the seasonal epidemiology supports influenza). Prescribing antiviral treatment for influenza without testing and/or over the phone is acceptable to help reduce the spread of disease in the outpatient setting as long as a plan for follow-up via telephone is conducted within 24-48 hours.
- PCR testing and serologic testing for SARS-CoV-2 take into account past history of COVID-like illness or previous positive PCR test for SARS-CoV-2 and/or maternal symptoms.

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Table 1. Obtaining PCR and Serology Testing for SARS-CoV-2 in Mothers Admitted to L&D

Mother's History	Mother's Symptoms on L&D	SARS-CoV-2 PCR Test[1]	SARS-CoV-2 Serology Test
No previous COVID-like illness	Yes/No	Yes	Yes
Yes, had previous COVID-like illness *but not tested*	Yes/No	Yes	Yes
Yes, SARS-CoV-2-PCR-Positve **<10 days ago**	Yes/No	No	Yes
Yes, SARS-CoV-2-PCR Positive **≥10 days to <4 weeks ago**	No	No[2]	Yes
Yes, had previous PCR SARS-CoV-2 Positive **≥4 weeks**	No	No testing required, mother considered **"COVID-recovered"**[2]	Yes
Yes, had previous PCR SARS-CoV-2 Positive **≥4 weeks**	Yes, new onset of symptoms without alternative explanation[3]	Yes	Yes

[1]Infants born to women who are PCR-positive for SARS-CoV-2 should be considered PUI and tested at HOL 24 (see **Table 4** for further newborn management).
[2]Discuss with IP&C to determine if mother meets criteria for discontinuation of isolation (see Table 3 below).
[3] Re-infection with SARS-CoV-2 has not been described to date, but feasible.

TRANSMISSION PRECAUTIONS AND PATIENT PPE (SEE BELOW FOR VISITOR PPE)

- Provide a surgical mask to ALL patients in L&D, *regardless of symptoms*.
- All patients should wear a surgical mask throughout their L&D admission, as tolerated.
- Place symptomatic patients immediately in a single room with the door closed on contact and droplet precautions. ***See below for PPE***.
- Place patients with recent exposure or travel history as described above on contact and droplet precautions (see Table 2). The duration of isolation for these patients is 14 days from their last exposure or from their day of departure.
- Provide patients with *Letter for L&D Patients and Postpartum Mothers* that explains COVID-19 policies including visitor guidelines: https://infonet.nyp.org/EPI/Documents/NYPLabor_Delivery_PostPartumLetterforFamilies.pdf

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Table 2. COVID-19 Precautions for Mothers and Newborns in L&D Based on Mother's History

Mother History	**Mother COVID-19 Precautions**	**Newborn COVID-19 PUI Precautions**
First positive PCR **<10 days including if obtained on L&D**	Contact/Droplet[1]	Contact/Droplet (Airborne if resuscitation anticipated)
First positive PCR **≥10 days to <4 weeks**	Contact/Droplet[1, 2]	Contact/Droplet (Airborne if resuscitation anticipated)[3]
First positive PCR **≥4 weeks (COVID-recovered)[4]**	None needed	None needed, not considered PUI
Positive exposure history	Contact/Droplet until 14 days since last day of exposure	None needed, not considered PUI unless mother is PCR-positive
Positive travel history	Contact/Droplet until 14 days since last day of travel	None needed, not considered PUI unless mother is PCR-positive

[1]Airborne isolation if aerosol-generating procedure will be performed.
[2]Discuss with IP&C criteria to discontinue isolation precautions for mother (see **Table 3**).
[3]For newborn PUI status, see **Table 5**.
[4]If new symptoms, explore alternative etiology and institute Contact/droplet precautions

CRITERIA TO DISCONTINUE ISOLATION

- **Criteria to discontinue isolation are based on the immune status of the patient and COVID-19 illness severity, and use either a symptom-based or test-based approach (see Table 2):** https://infonet.nyp.org/EPI/Covid19Documents/Discontinuing_Home_Ambulatory_Isolation_COVID-19.pdf

Table 3: Strategies to Discontinue Transmission-Based Precautions for Patients with COVID-19 based on Patient's Immune Status and Severity of COVID-19 Illness

Patient Category	**Strategy for Discontinuing Transmission-Based Precautions**	**Criteria for Discontinuing Transmission-Based Precautions**
Immunocompetent AND asymptomatic or mild-moderate illness[1]	**Symptom-Based**	• At least **10 days** have passed since the date of the first positive COVID-19 diagnostic test AND, if patient was symptomatic, • At least **24 hours without fever** without use of antipyretics • Marked improvement in symptoms (e.g., cough, shortness of breath)
Immunocompetent AND severe or critical illness[2]	**Symptom-Based**	• At least **20 days** have passed since the date of the first positive COVID-19 diagnostic test • At least **24 hours without fever** without use of antipyretics • Marked improvement in symptoms (e.g., cough, shortness of breath)

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Severely Immunocompromised[3] AND ANY severity of illness (asymptomatic to critical illness)	**Test-Based**	• At least **10 days** have passed since the date of the first positive COVID-19 diagnostic test • At least **24 hours without fever** without use of antipyretics • Marked improvement in symptoms (e.g., cough, shortness of breath) • Has tested negative for SARS-CoV-2[4] having **Negative results of a molecular assay (PCR) for SARS-CoV-2 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart**. • In patients with a tracheostomy or endotracheal tube, at least one lower respiratory tract specimen (i.e., tracheal aspirate) is also required (obtain after two negative NP swabs). **NOTE:** For severely immunocompromised NON-HOSPITALIZED patients who have met all clinical criteria, transmission-based precautions can be discontinued without additional testing, including upon readmission, if at least **four weeks** have passed since the initial positive COVID-19 diagnostic test.

[1]**Mild-moderate illness** is defined as having COVID-19 signs/symptoms with SpO2 ≥94% on room air.
[2]**Severe or critical illness** is defined as having COVID-19 signs/symptoms with SpO2 <94% on room air, respiratory failure, septic shock, and/or multiple organ dysfunction.
[3]**Severely immunocompromised** is defined as: Bone marrow transplant recipients, solid organ transplant recipients, patients receiving cytotoxic chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count <200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days.
[4]If testing is performed to discontinue isolation, ideally it should be performed at least 7-10 days after the first positive test, and if patient had symptoms, after resolution of fever and improvement in other symptoms. If a sample that is sent for the purpose of discontinuing isolation is positive, retesting should generally **not** be performed until at least three additional days have passed.

VISITOR GUIDELINES FOR L&D

- Only **one** consistent support person and/or a trained doula is allowed for each pregnant woman admitted for anticipated delivery in labor, scheduled cesarean-section, or induction of labor. https://infonet.nyp.org/EPI/Documents/OBVisitorGuidance.pdf
- All support persons and doulas must be screened for symptoms, exposure, and travel as described above.
- Each shift, the support persons and doulas will be screened for symptoms and fever. The support person's temperature will be taken at the time of patient admission and again during each shift.
- If the support person or doula develops symptoms or temperature ≥100^0 F, they must leave immediately.
- Support persons or doulas with symptoms will not be permitted to serve as a support person. They may be replaced by another support person or doula who will then be screened.

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- Support persons or doulas for patients with confirmed or suspected COVID-19 should wear a gown, gloves, a surgical mask, and eye protection. https://infonet.nyp.org/EPI/Documents/InterimGuidelines_SurgicalMaskUseatNYPbyPatientsVisitorsHCP.pdf
- When the patient is ready for transfer to the postpartum unit, the support person will perform hand hygiene and remove their gowns, gloves, and eye protection (if applicable), while continuing to wear a surgical mask.
- The designated, consistent, support persons described above will be allowed to accompany the patient to the postpartum unit for the duration of the patient's stay.
- Provide support persons with *Letter for L&D Patients and Postpartum Mothers* that explains COVID-19 Policies including Visitor Guidelines: https://infonet.nyp.org/EPI/Documents/NYPLabor_Delivery_PostPartumLetterforFamilies.pdf

STAFFING AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Limit staff caring for patients with COVID-19 to as few individuals as possible who can safely care for the patient until mother and newborn are cleared from COVID-19 precautions.
- Ancillary care providers such as nutrition and social work should interact with patients via telephone or other remote technology until mother is cleared from COVID-19 precautions. https://infonet.nyp.org/EPI/Covid19Documents/EDHospitalizedPPERequirements.pdf
- For all patients, wear **eye protection** (goggles, face shield) when caring for patients, when entering a patient's room or approaching the bedside, as part of standard precautions if splashes or sprays are anticipated (See **Table 4**).
- For all patients, use **N95 respirators** during aerosol-generating procedures such as intubation, suctioning, or administering aerosolized medications. Metered dose inhalers should be used whenever possible.
- N95 respirators can be used when providing direct patient care to patients with confirmed or suspected COVID-19.
- A negative pressure room is preferred, but if unavailable, aerosol-generating procedures can be done in a single room with the door closed. https://infonet.nyp.org/EPI/Documents/InterimGuidancePerformingAGPonPtswithCOVID-19Non-NegativePressureEnvironment.pdf
- For all patients, wear a fluid resistant gown during vaginal delivery.
- For all patients wear a sterile fluid-resistant gown during caesarean section.

Table 4: COVID-19-Related Transmission-Based Precautions and PPE

Patient Clinical Status Symptoms, SARS-CoV-2 PCR results	**Transmission-Based Precautions**	**PPE for HCP**
Confirmed COVID-19 PCR-positive ("detected" or "indeterminate"), +/- symptoms, and has not met criteria for discontinuation of isolation	**Contact/Droplet**	N95[1,2] or surgical mask + eye protection + gloves + gown
Suspected COVID-19 Symptoms of COVID-19 AND PCR pending or negative ("not detected"), but high clinical suspicion of COVID-19	**Contact/Droplet**	N95[1,2] or surgical mask + eye protection + gloves + gown

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Low suspicion for COVID-19 No symptoms of COVID-19 AND PCR pending* *If PCR is subsequently reported as positive/detected, manage as "confirmed COVID-19" above.	**Contact/Droplet**	N95[1,2] or surgical mask + eye protection + gloves + gown
SARS-CoV-2 PCR negative No symptoms of COVID-19 AND PCR negative ("not detected")	None	Universal surgical mask[2] + eye protection
COVID-Recovered[3] Prior history of positive SARS-CoV-2 PCR, no symptoms of COVID-19, and meets criteria for discontinuation of isolation	None	Universal surgical mask[2] + eye protection

[1]Cover N95 with a surgical mask or face shield to conserve N95 for reuse including care of multiple patients. https://infonet.nyp.org/EPI/Documents/ConservePPEandOtherSupplies.pdf
[2]N95 required for all aerosol-generating procedures.
[3]Discuss with IP&C clearing patients who are COVID-recovered.

Guidance for Operating Room

- Clear other patients and visitors from hallway outside the OR.
- Limit staff in the ORs to as few individuals as possible who can safely care for the patient. https://infonet.nyp.org/EPI/Documents/NYPGuidelines_RespiratorySupport_Suspected_Confirmed_COVID-19PtNon-invasiveVent.pdf

Timing to Perform Terminal Cleaning

- Regular patient room: as per standard practice at patient discharge
- Non-negative pressure room AND patient was on airborne isolation and/or if aerosol-generating procedure was performed within one hour before patient discharge: wait-to-clean time 60 minutes after patient discharge
- Negative pressure room: wait-to-clean time 30 minutes after patient discharge
- Operating room: wait-to-clean time 30 minutes after patient discharge

Local teams should contact EVS to coordinate cleaning of rooms.

Transport of Patients from L&D to Operating Room or to Post-partum unit
https://infonet.nyp.org/EPI/Documents/InterimGuidanceforTransportofCOVID-19Patients.pdf

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POSTPARTUM UNITS AND WELL-BABY NURSERIES

STAFFING AND PERSONAL PROTECTIVE EQUIPMENT (PPE)

Confirmed (SARS-CoV-2-positive) or Suspected COVID-19 Patients

- Limit staff caring for patients with confirmed or suspected COVID-19 to as few individuals as possible who can safely care for the patient until mother and newborn are cleared from COVID-19 precautions.
- Ancillary care providers such as nutrition and social work should interact with patients via telephone or other remote technology until mother and newborn are cleared from COVID-19 precautions.
- Staff should wear a gown, gloves, a surgical mask or N-95 respirator, and eye protection for SARS-CoV-2-PCR-positive patients or PUIs.
    - N95 respirators are required while administering aerosolized medications. Metered dose inhalers should be used whenever possible. A negative pressure room is preferred while administering aerosolized medications.

No suspicion for COVID-19 (SARS-CoV-2-PCR-negative) or COVID-recovered

- **Universal PPE:**
    - Universal surgical mask use is required for all healthcare personnel (HCP) when in patient care areas, shared workstations, lounges, lobbies, hallways, and other shared areas. (See https://infonet.nyp.org/EPI/Documents/COVID-19TestingInstructions.pdf.)
    - Eye protection should be worn during the care of ALL patients (*regardless of patient symptoms or SARS-CoV-2 test results*) when: **1)** in direct contact with patients; **2)** entering a patient's room or approaching a patient's bedside, and **3)** as part of standard precautions, whenever sprays or splashes of body fluids are anticipated. These recommendations are intended to reduce the risk of HCP exposure from patients with unrecognized infection and/or who may not reliably wear a mask.
- **An N95 respirator** should be used by HCP during all aerosol-generating procedures, regardless of the patient's SARS-CoV-2 test results. (For SARS-CoV-2-PCR-negative patients or patients cleared from COVID-19 precautions, staff wear surgical mask, and eye protection while caring for all patients.

PRECAUTIONS FOR MOTHER-NEWBORN DYADS ON POSTPARTUM UNITS BASED ON SARS-COV-2 TEST RESULTS

This section describes different management scenarios for mother-infant dyads based on SARS-CoV-2 test results for mothers.

- **All** mothers should wear a mask throughout hospitalization, including in patient rooms

NEWBORNS BORN TO MOTHERS WITH COVID-19

- Newborns of mothers who are **newly SARS-CoV-2-PCR-positive**, mothers with indeterminate results, or mother whose test is pending, are considered PUIs. Newborn PUI status can be cleared if mother's pending test is negative. See **Table 5** for specific details.
- Maintain contact and droplet precautions throughout hospitalization for mother and newborn.
    - Place newborn who is PUI in isolette and test at HOL 24 for SARS-CoV-2 by PCR to assess for *in utero* transmission.

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  - Newborn should remain in isolette unless being changed or fed.
  - Mother should remain at least six feet away unless feeding the newborn.
  - If mother is unable to care for newborn or newborn needs nursery care, place newborn in isolette in the nursery on contact and droplet precautions.
- At discharge, provide SARS-CoV-2 positive mother with *Discharge Instructions for Postpartum Patients:* https://infonet.nyp.org/EPI/Documents/POST-PARTUMCOVID-19PATIENT_DischargeInstructions.pdf

Table 5: Mothers SARS-CoV-2 Test Results and Newborn PUI Status

Mother PCR	Mother Serology	Newborn PUI	Isolation for Mother and Newborn
Positive[1] <10 days, including L&D	Negative or Positive	Yes	Contact/Droplet
Positive ≥10 days to <4 weeks[2]	Negative or Positive	Yes	Contact/Droplet If newborn is SARS-CoV-2-PCR-negative at 24 HOL, discuss with IP&C discontinuing Contact/Droplet
Negative	Positive	No	No transmission precautions required[3]
Negative	Negative	No	No transmission precautions required[3]
COVID-recovered[4]	Positive	No	No transmission precautions required[3]
COVID-recovered[4]	Negative	No	No transmission precautions required[3]
Negative, positive exposure history	Negative	No	Contact/Droplet
Negative, positive travel history	Negative	No	Contact/Droplet

[1]Indeterminate result is considered positive
[2]Discuss with IP&C if can discontinue transmission precautions after newborn testing.
[3]Can be admitted to semi-private room; privacy curtain should be pulled closed throughout the hospital stay.
[4]COVID-recovered defined as four or more weeks since initial PCR positive test or cleared from COVID-19 precautions while hospitalized as discussed with IP&C (see **Table 3**)
https://infonet.nyp.org/EPI/Covid19Documents/Discontinuing_Home_Ambulatory_Isolation_COVID-19.pdf

Breastfeeding

Risks and benefits of breastfeeding should be discussed with COVID-19-positive mothers who are considering breastfeeding. Options include:

- Mothers who request direct breastfeeding should wear a mask, perform hand hygiene, and clean their breasts with soap and water.
- Mother can express breast milk after performing appropriate breast and hand hygiene. Caregivers who are asymptomatic and not known to have had COVID-19 may feed the breast milk to the infant. The breast pump and components must be cleaned between pumping sessions as per hospital protocol.

Bathing newborns

- The risks and benefits of early bathing for newborns born to SARS-CoV-2 positive mothers are unknown. Newborns born to SARS-CoV-2 positive women with respiratory symptoms should be bathed as soon as reasonably possible after birth to remove virus potentially present on the newborn's skin.
- Bathing of infants born to women who are SARS-CoV-2 negative or SARS-CoV-2 positive without respiratory symptoms can be performed as per usual WBN practices and parental preference.

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Testing and Follow-up of Infants in the WBN born to SARS-CoV-2-Positive Mothers

- Newborns born to mothers whose first positive SARS-CoV-2-PCR test is less than 10 days prior to delivery are PUIs (see Table 5).
- Newborns born to mothers whose first positive SARS-CoV-2-PCR test is 10 days to <4 weeks prior to delivery are PUIs; if their SARS-CoV-2 test is negative at 24 hours of life, they are no longer PUIs.
- Infants born to SARS-CoV-2-PCR-positive mother can be discharged home as per usual WBN practices.
- Infants do not have to wait for SARS-CoV-2-PCR test results if pending when infant and mother are ready for discharge.
- Infants who are PUIs should have close outpatient follow-up (See **Table 6**).
- When infant who is a PUI comes to ambulatory care, implement contact and droplet precautions until DOL 14 if initial testing is negative and infant remains well.
- For infants who are SARS-CoV-2-PCR-positive test, discontinuation of contact and droplet precautions will be decided with IP&C on a case-by-case basis.
- Repeat testing guidance is provided below and should be performed on a case-by-case basis according to local testing resources and parental preference.

Table 6: Follow-up Testing and PUI Clearance for Infants born to SARS-CoV-2-Positive Mothers

Mother PCR Positive test	Newborn PCR at 24 hours of life[1]	Symptoms develop within 14 days of birth[2]	Follow-up and Testing
<10 days prior to delivery	Negative	NO	- PUI status cleared at DOL 14 days, if infant remains asymptomatic.[3] - Repeat testing should be performed on a case-by-case basis according to local testing resources, e.g., ~ DOL 5 and DOL 14.
≥10 days to <4 weeks prior to delivery	Negative	See follow-up	- PUI status cleared if test is negative and if infant remains asymptomatic.[3] - Repeat testing should be performed if infant develops symptoms after discharge
<10 days prior to delivery	Negative	YES[2]	- Evaluated in Clinic: assess symptoms as per usual newborn care. Perform repeat testing, according to local testing resources. - Evaluated in Emergency Department: alert ED that infant is PUI so Transmission-Based precautions can be implemented and SARS-CoV-2 testing performed. - Discontinuation of transmission-based precautions will be decided in consultation with IP&C on a case-by-case basis.
<10 days prior to delivery	Positive	NO	- Repeat testing and duration of Transmission-Based precautions determined on a case-by-case basis according to testing resources, e.g., DOL 14.
Positive <10 days prior to delivery	Positive	YES[2]	- Evaluated in Clinic: assess symptoms as per usual newborn care Perform repeat testing at presentation, according to local testing resources.

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			- Evaluated in Emergency Department: alert ED that patient is COVID-19 positive so appropriate transmission-based precautions can be implemented. - Discontinuation of Transmission-Based precautions will be decided in consultation with IP&C on a case-by-case basis.

[1]Perform testing to assess if vertical transmission of SARS-CoV-2 occurred
[2]Common symptoms in older children and adults include fever, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, headache, or chills/ shaking chills. The presentation of COVID-19 in newborns is not fully described.
[3]PUI status clearance in exposed asymptomatic patients has generally been the incubation period of 14 days, *but this is unknown for infants.*

VISITORS TO POSTPARTUM UNITS

- Only consistent support person(s) described above are allowed for each pregnant woman on Postpartum units. See *Interim Guidance for Visitors to Labor & Delivery Units and Postpartum Units:* https://infonet.nyp.org/EPI/Documents/OBVisitorGuidance.pdf
- Each shift, support persons must be screened for symptoms consistent with COVID-19 including fever, cough, shortness of breath, sore throat, nasal congestion, muscle aches, fatigue, diarrhea, chills/shaking chills, headache, or loss of taste or smell. If the support person develops symptoms or temperature $\geq 100^0$F, they must leave immediately.
- Support persons with symptoms will not be permitted to serve as a support person, but they can be replaced by another support person who will then be screened.
- Support persons must remain in the patient's room unless they are leaving the hospital due to fever, symptoms, personal reasons, or patient discharge.
- Provide support persons with *Letter for L&D Patients and Postpartum Mothers* that explains COVID-19 policies including Visitor Guidelines: https://infonet.nyp.org/EPI/Documents/NYPLabor_Delivery_PostPartumLetterforFamilies.pdf
- Support persons will be allowed to visit the NICU, but only one designated consistent visitor is permitted at the bedside at a time. (see NICU visitor guidance: https://infonet.nyp.org/EPI/Documents/PediatricVisitorGuidance.pdf)
- No support persons will be allowed in the well-baby nurseries.

Patient is SARS-CoV-2 positive or indeterminate or test is pending:

- Support persons must remain in the patient's room and wear a mask, gown, gloves, and provided eye protection throughout patient's stay. https://infonet.nyp.org/EPI/Documents/InterimGuidelines_SurgicalMaskUseatNYPbyPatientsVisitorsHCP.pdf
- Before and after handling the newborn, support persons must take off their gloves, perform hand hygiene, and don new gloves. They should not remove their mask to kiss or nuzzle the newborn.
- Prior to using the bathroom in the patient's room, support persons must remove their gloves and perform hand hygiene. After using the bathroom, they must perform hand hygiene and don new gloves.
- At patient discharge, support persons must remove their gowns, gloves, and eye protection within the patient's room, perform hand hygiene, and continue to wear their mask while in the hospital. They should not touch any environmental surfaces outside of the patient's room.

Patient is SARS-CoV-2-negative:

Contact Infection Prevention & Control:

NYP-AH: 212-932-5219	**NYP-CU and NYP-MSCH:** 212-305-7025	**NYP-WC:** 212-746-1754
NYP-WBHC: 914-997-4377	**NYP-LMH:** 212-312-5976	**NYP-LH:** 914-787-3045
NYP-BMH: 718-780-3569	**NYP-HVH:** 914-734-3950	**NYP-Q:** 718-670-1255

- Support persons must remain in the patient's room and wear a mask throughout the patient's stay and practice appropriate hand hygiene.
- Before and after handling the newborn, support persons must perform hand hygiene. They should not remove their mask to kiss or nuzzle the newborn.
- Before and after using the bathroom, support persons must perform hand hygiene.
- At patient discharge, support persons must perform hand hygiene and continue to wear their mask while in the hospital.

Discharging COVID-19-positive Mothers

- Patients with confirmed COVID-19 can be discharged as per routine postpartum parameters for discharge readiness, but must remain on home quarantine. *See Discharge Instructions for Post-partum Patients:* https://infonet.nyp.org/EPI/Documents/POST-PARTUMCOVID-19PATIENT_DischargeInstructions.pdf
- Patients should only remain hospitalized if hospitalization is indicated for other clinical reasons such as respiratory distress.

Discontinuing Home Isolation for COVID-19

- Inform COVID-19-positive mother that she cannot discontinue home quarantine and cannot accompany the infant to well-baby care visits until the following criteria are met. **Criteria for Discontinuing Home Isolation:**
  1. **At least 10 days** have passed since symptoms started or since date of first SARS-CoV-2 test.
  2. **At least 24 hours** without fever and without taking medicines that treat fever, e.g., Tylenol, ibuprofen, or aspirin.
  3. **Marked improvement** in other symptoms such as cough, shortness of breath

  https://infonet.nyp.org/EPI/Covid19Documents/Discontinuing_Home_Ambulatory_Isolation_COVID-19.pdf

Caring for Infants at Home

- Efforts should be made to support mother and baby in the home and reduce the risk of transmission to the infant and other family members. https://infonet.nyp.org/EPI/Documents/POST-PARTUMCOVID-19PATIENT_DischargeInstructions.pdf
- If the baby needs medical care within the first 14 days of life, e.g., well-baby care or pediatric emergency room for urgent medical issue, the mother should call in advance and explain that she was diagnosed with COVID-19 and that her baby was exposed to COVID-19 so that appropriate isolation precautions can be arranged.

Congregate Events and Vendors

- These events should be canceled until further notice.
- Vendors may be permitted to the hospital on a case-by-case basis if their role is considered part of patient

Note: The guidance for the antepartum units is now found in the ED and inpatients guidance:
https://infonet.nyp.org/EPI/Documents/COVID-19TestingInstructions.pdf

Note: The guidance for the ambulatory setting is now found in the Ambulatory setting guidance:
https://infonet.nyp.org/EPI/Covid19Documents/COVID-19AmbulatoryTestingandManagementProtocol.pdf

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References

https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html

https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html

Contact Infection Prevention & Control:

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