

Maternal–Neonatal COVID-19 General Guideline

May 4th, 2020

Webinar to be hosted by PCMCH: May 6th, 2020 4:30PM – 5:30 PM



Maternal-Neonatal COVID-19 Task Force

The Provincial Council for Maternal and Child Health (PCMCH) was tasked by the MOH to put together an expert group to address practice changes regarding maternal-neonatal health in relation to the COVID-19 pandemic.



Task Force Members

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Recommendation Topics

- Use of PPE by Providers and Patients during Labour and Delivery
- Support People for Pregnant Patients during a Labour and Delivery Admission
- Care of Babies Born to Suspected and Confirmed COVID-19 Mothers
- Infant Testing
- Care and Testing of Babies in NICU/SCN
- Monitoring/Surveillance
- and more

The Provincial Council for Maternal and Child Health

Maternal-Neonatal COVID-19 General Guideline

April 30th, 2020



Use of PPE by Providers and Patients during Labour and Delivery

Droplet-Contact Precautions:

1. A point of care risks assessment should be done by health care workers (HCWs) for risk of droplet and contact transmission during labour, delivery, and newborn care. Droplet-contact precautions is recommended for all health care providers at all births in Ontario. . Suitable precautions may include: gloves, gown, a surgical/procedure mask, and eye protection (goggles or face shield).
2. Pregnant patients who screen positive for signs/symptoms of COVID-19 should be treated as suspected for COVID-19, should be given a surgical/procedure mask for all stages of labour (if tolerated) and be advised to perform hand hygiene.



Use of PPE by Providers and Patients during Labour and Delivery

Airborne Precautions:

3. Only essential OR staff should be in the room for administration of general anesthesia for a caesarian section, such staff should follow Airborne precautions (including appropriately fitted N95 mask). Once intubation is complete, other HCWs may enter the room and use Droplet/Contact precautions.
4. All staff present in the operating room for caesarean section under regional anesthesia should use Droplet/Contact precautions. In the event that regional anesthesia is not sufficient and the procedure needs to be converted to general anesthesia, only necessary HCWs should be in the room for intubation and Contact/Droplet and Airborne precautions should be used. Once intubation is complete and ventilation initiated, other HCWs may enter the room and use Droplet/Contact precautions.



Support People for Pregnant Patients during a Labour and Delivery Admission

A single support person who should remain unchanged during labour and birth and was screened negative for symptoms of COVID-19, be allowed to accompany the birthing mother as long as the institution has the following:

- Sufficient PPE for support person;
- Adequate spacing and care environment in which support people can be appropriately physically distanced from other patients and support people; and
- The ability to ensure that the support person remains compliant with physical distancing and infection control instructions.



Care of Babies born to Suspected and Confirmed COVID-19 Mothers

Given the low risk of vertical transmission and the low risk of aerosol exposure from neonatal resuscitation, Droplet/Contact precautions are suitable for the initial resuscitation of newborns, even those born to suspected or confirmed COVID-19 mothers.

Early discharge of well babies is recommended, after proper risk assessment has occurred.



Care of Babies born to Suspected and Confirmed COVID-19 Mothers

It is recommended that families with a suspected or confirmed COVID-19 mother are counseled regarding the risks and benefits of keeping mother and baby together vs separated and options discussed if possible and at the mother's request.



Care of Babies born to Suspected and Confirmed COVID-19 Mothers

Baby stay in the mother's room. While caring for the baby in the mother's postpartum room, there are several recommendations:

- Infant(s) should be 2 metres from the mother at all times unless she is providing direct care or breastfeeding.
- Mother must be placed in a private room or, if that is not possible, to be cared for in a room with no other patient.
- Mother should perform hand hygiene before all care and skin hygiene prior to breastfeeding.
- Mother should always wear a mask.
- Consideration should be given to caring for babies in incubators to provide an additional barrier.
- Wherever possible, there should be a barrier (such as a curtain or incubator) between mother and infant(s) to protect against droplets due to coughing.
- Infant(s) and mother can be discharged when well.
- Infant(s) should remain 2 metres from mother at home and these precautions should continue until the mother is proven negative according to current public health guidance.



Care of Babies born to Suspected and Confirmed COVID-19 Mothers

Separation of mother and baby. In some sites, a separate newborn care area and care giver may be available for:

1. Women who are unable to care for their infants while in hospital due to significant symptoms; or
2. At the request of the mother or family to prevent post-natal transmission of COVID-19 to the baby.



Care of Babies born to Suspected and Confirmed COVID-19 Mothers

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Infant Testing

Infants born to mothers with confirmed COVID-19 at the time of birth should be tested for COVID-19 within 24 hours of delivery, regardless of symptoms.

If maternal testing is pending at the time of mother-baby dyad discharge then follow-up must be ensured such that if maternal testing is positive the baby is tested in a timely manner. If bringing the baby back for testing is impractical, the baby should be tested prior to discharge.



Care and Testing of Babies in NICU/SCN

HCWs providing care for babies requiring ongoing, potentially aerosolizing respiratory support in the NICU or SCN should use Airborne and Droplet/Contact precautions.

If any visitor to NICU or HCW is determined to be a suspected or confirmed COVID case, the baby becomes a possible contact and should be isolated with appropriate additional precautions instituted. Hospital IPAC should be notified to institute proper follow-up. Any infant who is a post-natal contact of a confirmed COVID positive caregiver or HCW should remain isolated with appropriate additional precautions for 14 days according to MOH or local guidelines.



Care and Testing of Babies in NICU/SCN

Infants born to COVID-19 positive mothers should be tested within the first 24 hours of life and, if the initial test is negative, again at 48 hours of life, regardless of symptoms. Infants should be maintained on Droplet/Contact precautions with or without Airborne precautions as appropriate until results are reported.

- Infants who have a 24 or 48 hour COVID test positive should be discussed with a pediatric infectious disease specialist.
- Infants who have a negative test at 48 hours should be discussed with local IPAC to determine appropriate ongoing care measures.



Monitoring/Surveillance Recommendations

Prospective surveillance of the mother-baby dyad be performed postpartum until 2 weeks to ensure the safety of this recommendation.



Additional Recommendations include:

- Intrapartum Care Considerations for Suspected/Confirmed COVID-19 Patients;
- Care of Babies born to Asymptomatic or Non-Suspect Mothers;
- Mother-Baby Dyad Care for Suspected/Confirmed COVID-19 Mothers;
- Babies Requiring Transfer to a Higher Level of Care of NICU/Special Care Nursey (SCN); and
- Breastfeeding



The Provincial Council for Maternal and Child Health is hosting a webinar :

Maternal-Neonatal COVID-19 General Guideline

May 6th, 2020 @ 4:30pm – 5:30pm EST

Objectives:

- To increase awareness of the newly released Maternal Neonatal COVID-19 General Guideline
- To increase understanding and utilization of the recommendations within the guideline in birthing environments across Ontario
- To provide a forum for providers to discuss practice changes related to COVID-19
- To inform providers about patient friendly resources that are being developed to support implementation



TO REGISTER:

<https://zoom.us/j/95607899830?pwd=b25zVThTaIJySFh0a1lHaU13ME9Odz09>

Who should attend? Maternal-neonatal clinicians, educators & decision makers

For more information: www.pcmch.on.ca or contact info@pcmch.on.ca



@PandemicPregnancyGuide

- ❑ Support and information less accessible for patients during the Pandemic
- ❑ Increased stress, anxiety and misinformation for patients due to social isolation and reduced in-person healthcare visits
- ❑ Physicians from St. Michael's Hospital & incoming University of Toronto OBGYN residents created this virtual hub on Instagram to help patients navigate pregnancy & parenthood during the COVID-19 pandemic
- ❑ Multidisciplinary and evidence-based approach to empower and reassure expectant and postpartum parents

Experts From U of T Help Expectant Parents Navigate COVID-19 With Online Guide

[Tweet](#) [Share](#) [Save](#)

Apr 29, 2020

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DR. SHEILA WIJAYASINGHE, SEPAND ALAVIFARD, DR. TALI BOGLER, SARAH FREEMAN AND DR. ELIANE SHORE

Please share this valuable resource with your patients!



 @PandemicPreg

**Coronavirus
Reported**

**December
2019**

**WHO COVID-19
Worldwide pandemic**

**March 11
2020**

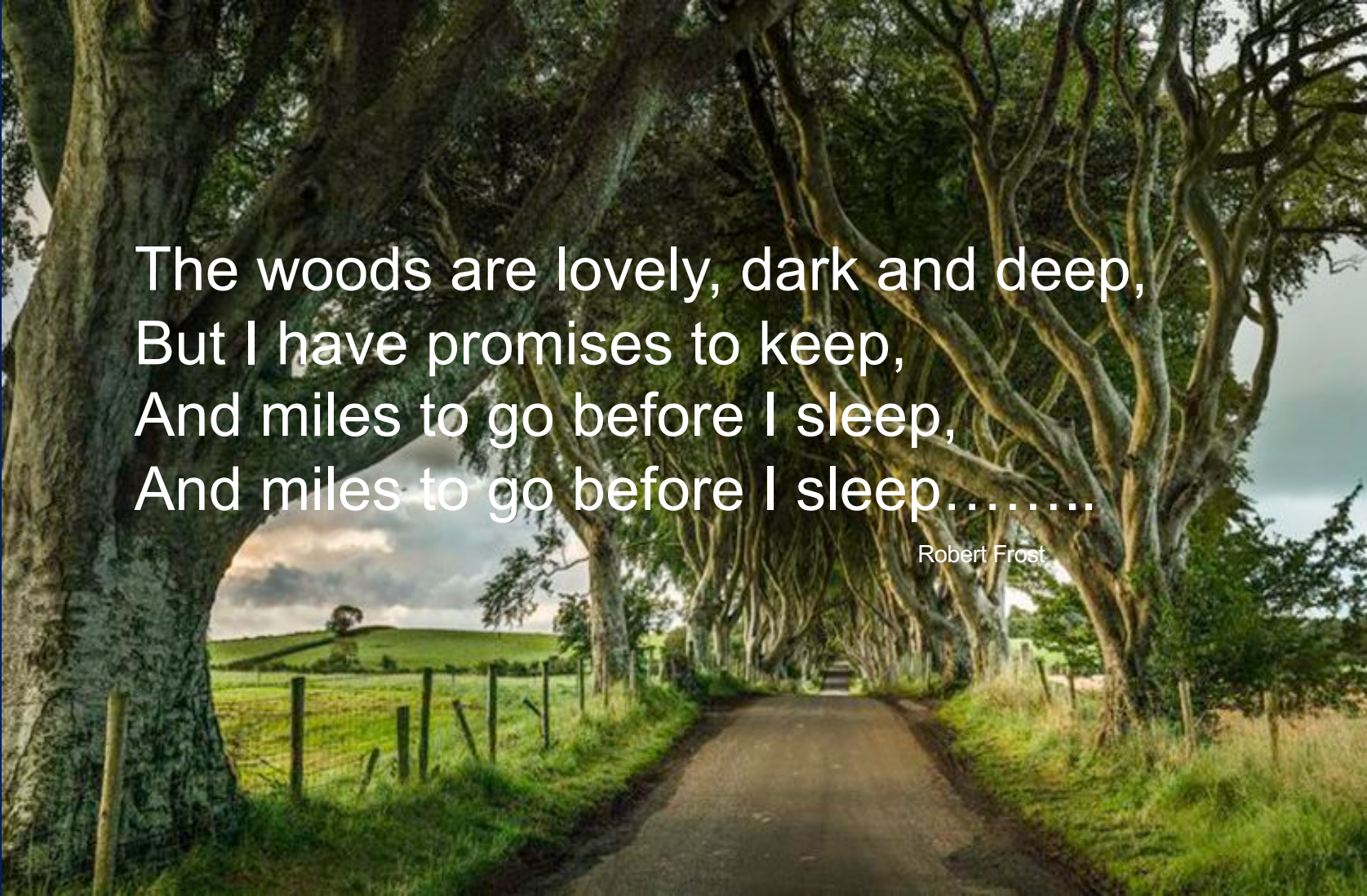
8 weeks

**Antenatal Care
Intrapartum Care
Postpartum care
Ambulatory Care
Newborn care
Mental Health care
PPE: patient , HCP**

Next steps...

**Policy
Procedures
Education
Knowledge Translation
Research**





The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.....

Robert Frost

