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Maternal Newborn Child & Youth Strategic Clinical Network™

Discharge Planning and Community follow-up of Babies born to COVID Positive/Probable Mother

1. General Principles

- All babies are considered COVID negative until COVID test results indicate a positive result.
- COVID positive mothers and their babies should not be separated unless the baby requires admission to NICU.
- While the goal of care is to keep mother and baby together, strategies to minimize the risk of transmission of the COVID virus from mother or other household member to the baby needs to be encouraged.
- Isolation:
  - A COVID positive mother (or any household member) is required legally to self-isolate for a minimum of 10 days according to the Alberta Public Health Act unless there is a need for accessing healthcare. The mandatory isolation period is 10 days from the start of symptoms, or until symptoms resolve, whichever takes longer. See: Alberta Health Isolation Requirements
  - Unless there is a need to access healthcare, anyone with close contact to a confirmed COVID-19 case (including the baby if applicable) is legally required to self-isolate for 14 days from the last date of exposure to the symptomatic COVID-19 case as above and monitor for symptoms (provides care, lives with or has close physical contact without appropriate use of personal protective equipment, or comes into direct contact with infectious body fluids). See: Alberta Health Isolation Requirements
- Breastfeeding and/or use of expressed breast milk is encouraged and supported.
- The COVID positive mother/guardian should wear a procedure mask or cover their mouth and nose when feeding or providing direct care to the baby.
- When not providing direct care to the baby, the COVID positive care provider or other COVID positive household member should strive to be at least 2 meters distance from the baby.
- Public Health Nurses and Community Clinicians will work together to ensure frequent communication and assessments of mother and baby post discharge.
- Post discharge, increased surveillance by both public health and the community clinician is recommended.

NOTE: There are 3 mechanisms by which a neonate may be infected with COVID-19:

1. Intrauterine/transplacental infection – congenital infection of the fetus (this is **not proven** however**).**
2. Perinatal infection – infection of the neonate due to exposure to the virus during delivery, e.g., infectious COVID-19 virus has been cultured from stool samples of some COVID-19 patients.
3. Postnatal infection – infection of the neonate due to exposure to the virus after birth, either at home (community acquired infection) or at hospital (hospital acquired or nosocomial infection).

Once a neonate is in the community, there are other circulating respiratory viruses that can also cause respiratory symptoms.

2. Readiness for Discharge

- A Pediatric consult may be considered for the newborn of a COVID positive mother. This consult may be done by phone or virtually.
- The COVID positive mother and baby should remain in hospital for at least 24 hours.
- Prior to discharge, each COVID positive or COVID suspect mother and newborn (positive or negative) should be assessed for readiness for discharge using the Discharge Criteria for COVID-19 mother and baby.
- Readiness for discharge is indicated if the mother and baby are stable according to the assessment criteria outlined in the postpartum and newborn pathway and the mother or alternate care provider is able to provide care for the baby at home.
- In situations where the mother is unable to provide care for the newborn at home, the current infrastructure and social work support is engaged to determine alternative care or safe housing solutions that fit the local context.
- Attachment to a primary care physician should be encouraged and supported. If the patient has no assigned family physician, the unit should attempt to obtain a local pediatrician or family physician who will assume follow-up care of the baby. If assistance is required, the HCP can contact 811 (Health Link) for assistance in finding an MRHP to assume care for the baby.

3. Discharge Planning

Communication with Public Health prior to discharge is an essential part of discharge planning for the baby of a COVID positive mother.
See Discharge Planning and Community Follow-up Decision Tree

- The newborn of the COVID positive or suspect mother should have either a nasopharyngeal swab, nasopharyngeal aspirate or throat swab to test for COVID virus at 24 hours of age or prior to discharge.

  ***Note*:** It is often difficult to obtain an effective throat swab on an infant and the preferred method for specimen collection is by nasopharyngeal swab or aspirate.

  - See process for collection of NP or Throat Swab
  - Collection of nasopharyngeal aspirate

- The Postpartum HCP indicates that the baby's mother was COVID positive or probable COVID on the Notice of Birth form and contacts Public Health to provide the following information:
  - Discharge date and time of a baby born to a COVID positive mother.
  - If baby's COVID test results are positive, the need for the baby to have a follow-up COVID nasopharyngeal swab or nasopharyngeal aspirate or throat swab between day 3 and 5 of baby's life and/or to coincide with routine public health visits.
- The HCP arranges for a follow-up physician/midwife visit within one week of discharge. (If the baby does not have a family physician in the community, contact 811 for assistance.)
  - The HCP provides the mother or alternate care provider with the following:
    - Information for new or expectant parents during COVID-19
    - Link to COVID-19 AHS Public Resource Website

4. The HCP educates parent/caregiver about signs and symptoms of newborn illness and when to call 811, 911 or to visit the emergency department directly. **Community follow-up.**

- **Public Health/Midwife-Role**
  - Public Health Nurse (PHN) completes a phone assessment of mother and baby within 24-48 hours post discharge and, as part of the phone assessment, will determine if mother has received notification of COVID specimen results. The PHN may confirm test results on Netcare as able, but this is not expected.
  - The PHN arranges for routine in-person, postpartum/newborn home or clinic assessment within 48 hours of discharge. If a Midwife is the MRHP, the PHN will contact the Midwife to discuss plan for follow up and to arrange repeat testing of baby as required. The NP swab, NP aspirate or throat swab is to be performed by Public Health or the MRHP as per zone processes.
  - If the baby's COVID specimen was identified as COVID-Positive, the PHN or Communicable Disease department will provide direction for a repeat specimen collection to be completed at home/ clinic visit or

assessment centre within 3-5 days of baby's life. (This specimen collection time may align with routine postpartum/newborn home or clinic assessments.)

- If the baby's initial swab was positive, the nurse will wear PPE for contact and droplet and collect a NP swab, NP aspirate or throat swab for COVID-19 at day 3-5 of baby's life.

  NOTE: If this second specimen is negative for COVID, an additional swab should be drawn in 24-48 hours to confirm that first swab was a result of surface contamination and that baby is not indeed infected. In addition, the baby should have a repeat specimen collection at any time that symptoms develop.

- The PHN or Midwife will assess mom and baby and provide education and support.
- The PHN will communicate her assessment findings to the MRHP as required.
- The PHN will provide education to parent on signs and symptoms of an unwell baby and when it is appropriate to call 811, 911 or to bring their baby directly to an emergency department. See: Information for new or expectant parents during COVID-19

- **MRHP (Pediatrician, Family Physician, Nurse Practitioner or Midwife) in-person follow-up within one week of discharge.**
  - The Clinician will communicate with parent to determine timing and process for follow-up assessment, recognizing need to assess for other risk factors that may or may not be associated with COVID-19 such as hyperbilirubinemia, weight gain/loss, voiding, stooling, hydration, septicemia, cardiac or other medical issues
  - To minimize risk of exposure to baby and or other clinic patients in the 10 days while mother and/or baby are self-isolating, visit options may include: Physician Home visit (full PPE), clinic visit at start or end of day, mother/baby to wait in car until called in to appointment. The use of technology to support increased surveillance/assessment virtually is encouraged.

COVID-19 information for community physicians including how to request and obtain PPE is available at: https://www.albertahealthservices.ca/topics/Page16956.aspx

Discharge Criteria for COVID-19 Positive Mother and Baby

Refer to the AHS Postpartum and Newborn Pathway for detailed assessment criteria. If possible, the newborn of a positive COVID mother should not be discharged prior to 24 hours.

Parent Readiness for discharge	Newborn Readiness for discharge
☐ Stable as per AHS postpartum pathway ☐ Vital Signs ☐ Pain is managed ☐ Abdomen/Fundus ☐ Lochia ☐ Perineum ☐ Bowel and Bladder - Adequate bladder function – *2 consecutive adequate voids with no S&S of PPUR* ☐ RhIg administered if required ☐ Two effective newborn feeds ☐ Demonstrated ability to provide routine newborn care ☐ Assessment of safety and security of the birth parent and newborn including: ☐ Child safety seats ☐ Safe infant sleep ☐ Domestic violence screening ☐ Substance use ☐ Social work assessment completed where indicated ☐ Notification of Birth Complete ☐ Patient specific discharge order ☐ Follow-up appointment with Family Doctor, Pediatrician, Midwife or Nurse Practitioner within 3-7 days of discharge ☐ Aware of signs and symptoms of COVID-19 in self or newborn and process to follow if suspected ☐ Teaching provided re social distancing	☐ Stable as per AHS Newborn Pathway ☐ Minimum risk for sepsis ☐ Two effective feeds ☐ Newborn has voided and has passed meconium ☐ COVID-19 Nasopharyngeal swab or Nasopharyngeal aspirate or Throat swab completed ☐ First TcB/TSB jaundice screening completed if possible, or documented incomplete on NOB ☐ NMS screening completed before discharge if possible and documented on NOB ☐ Hearing screening complete, or plan for follow up if not completed ☐ CCHD screening compete (if available) ☐ Parent/guardian demonstrates ability to provide newborn care ☐ Physical examination has been completed by MRHP and discharge order provided ☐ Medications, immunizations and prescriptions given ☐ Parent/guardian has a Family Doctor/Pediatrician or Nurse Practitioner/Midwife follow up appointment prior to discharge ☐ Parent/guardian aware of need for Public Health follow up with repeat COVID testing at 3-5 days of birth *NOB may only be given to the birth parent*
Websites: ☐ Healthy Parents Healthy Children ☐ Link for AHS COVID-19 Public Resource	Handouts: ☐ Information for Expectant and New Parents ☐ Other_____

Return to section on Discharge Planning

Discharge Planning and Community Follow-up for COVID Positive Mother and Newborn

Mother and newborn meet discharge criteria

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1st newborn Nasopharyngeal swab or aspirate completed within 24 hours of birth or as close to discharge as possible

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- PP unit shares information related to D/C shared with Public Health on NOB and by Phone
- Follow-up appointment scheduled with Pediatrician or MRHP within 3-7 days of discharge
- Information/Education provided: Information for expectant and new mothers with COVID-19
- Mother/baby to self-isolate for 10 days post-appearance of symptoms or until symptoms resolve

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Public Health to contact parent within 24 hours of discharge for phone assessment and to arrange in-person home/clinic visit

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1st swab/aspirate negative

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No need to repeat swab if baby remains well

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Repeat swab anytime if baby symptomatic

1st swab/aspirate positive

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Repeat swab anytime if baby symptomatic

2nd swab at 3-5 days of age, or to align with public health visit

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- Public Health communicates baby's assessment with MRHP
- Public Health arranges follow-up visits as needed based on maternal and newborn assessment/needs. If 2nd swab negative - repeat in 24-48 hours.
- Education provided on signs and symptoms of unwell baby and direction on when to call 811, 911 or to bring baby to hospital emergency department

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In-person MRHP Assessment within 3-7 days of discharge

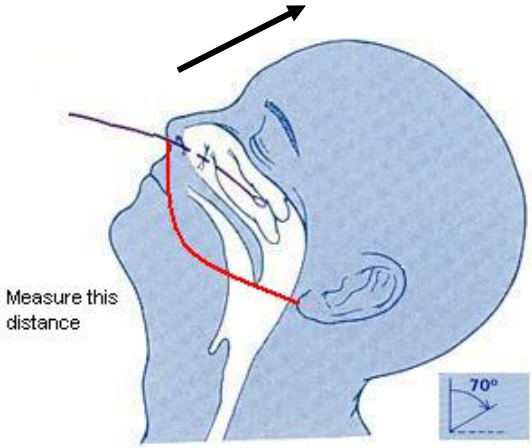
MRHP wears full PPE. Visit may be home visit with physician/midwife or mother/baby to come to clinic at beginning or end of clinic or with advice to call when arrive and await in car until called in to appointment. Virtual opportunities may also be used to connect with family and support, increased medical surveillance and assessment opportunities.

Return to section on Discharge Planning

Collection of a nasopharyngeal aspirate (NP aspirate)

1. Supplies required for NP aspirate:
    - Smallest available feeding tube (preferably a size 6)
    - A 6 mL oral syringe with a tip (syringe needs to fit into feeding tube)
    - Transport medium supplied by the laboratory (e.g., eSwab medium **Check expiry date**)
    - Access to Hand Hygiene and PPE
2. Consider pain management strategies such as swaddling the infant, non-nutritive sucking with sucrose 2 minutes prior to procedure.
3. Assemble all other supplies: transport medium supplied by the laboratory (e.g., eSwab medium).
4. Attach the syringe to the feeding tube.
5. Don appropriate personal protective equipment – contact and droplet precautions with procedure mask with visor or procedure mask with face shield/googles, gown and gloves. [NP aspirate and patient coughing are NOT an AGMP*]
6. Have the patient lie on a bed and ask for help in holding the patient as needed. If possible, tilting back their head can be helpful (see diagram).

How deep is the feeding tube inserted into the nasopharynx? M*easure the distance from the corner of the nose to the front of the ear and insert the feeding tube for* ***half this length.*** **Note:** *insertion of the tube usually induces a cough.*



7. **Gently** aspirate the syringe while slowly pulling out the inserted tube.
8. Put the inserted end of the feeding tube into the transport medium and use gently aspirate with the syringe to rinse the feeding tube a few times. Draw the medium up in to syringe (to rinse all cells collected on tube) and reinject slowly into tube. Empty all the fluid in the feeding tube into the transport media and safely dispose of the feeding tube and syringe.
9. **Ensure that the lid of the container is screwed tight.**
10. Follow routine labeling and transport instructions.

Note: The sites who have a procedure for NP aspirate will continue to follow their current procedure.

Developed by:

Name	Zone	Role
Debbie Leitch	Provincial	MNCY- Executive Director
Amuchou Sorashaim	Calgary	Neonatologist
Bonita Lee	Edmonton	IPC- Pediatrician-
Carrie Collier	Calgary	Director-Public Health
Chris Lever	Calgary	Pediatrician
Cheryl Andre	South	Director- Public Health
Charlotte Foulston	South	Pediatrician (Med Hat)
Chrystal Ference	Edmonton	Director- Public Health
Cyne Johnston	Provincial	MNCY- Senior Consultant
Deon Erasmus	Central	Rural Family Physician (Provost)
Heather Martin	Edmonton	Midwife
Jacquie Hakes	Central	Director- Public Health
Jeannie Yee	Provincial	Coordinator- APHP
Joanne Coldham	Calgary	Director-Public Heath
Joseph Vayalumkal	Edmonton	IPC- Neonatologist
Linda Johnson	North	Manager- Public Health
Marilyn Young	Calgary	Manager- Public Health
Megan McQuiston	Calgary	Coordinator Clinical Practice
Norma Spence	Calgary	Urban Family physician
Sanjeev Bhatla	Calgary	Urban Family physician