Neonate of suspected or confirmed COVID-19 mother

Baby born to mother with suspected or confirmed COVID-19
(maternal COVID-19 is not itself an indication for nursery admission)

Initial care at birth

**Attendance at birth**
- Neonatal team to attend as per usual clinical indications
- Consider resuscitation in a room outside of birthing room/theatre (to minimise staff exposure)

**Resuscitation**
- Only essential equipment on resuscitaire
  - Extra equipment in sealed plastic bag
- Follow usual neonatal resuscitation recommendations
- Aerosol and contact precautions required during AGP

**Transfer**
- Transport in a closed system between locations in the facility

Perform clinical assessment

**COVID-19 test**
- Not routinely recommended
- Test if other clinical indications identified (e.g. becomes unwell)
- Collect nasopharyngeal and oropharyngeal swab using a single swab for both sites

**Assess**
- If required care can be safely provided while baby co-located with mother

**Risk minimisation**
- Advise mother about importance of risk minimisation strategies
- Restrict visitors

Co-location with mother

- In isolation (if possible)
- Clinical surveillance with high index of suspicion for sepsis
- Support maternal feeding choice (including breastfeeding)
- Support risk minimisation during usual mother-baby interactions
- Aim for prompt discharge to self-quarantine/isolation with mother or another carer (if mother unwell)
- Delay routine follow-up until negative test returned

Admit to nursery

- Nurse in incubator
- In isolation (if possible)
- All usual clinical care as indicated
- PPE according to clinical care requirements
- Support maternal feeding choice

Risk minimisation strategies

- Hand hygiene before and after contact
- Cough or sneeze into elbow
- Face mask during baby care
- Visitor restrictions
- Cleaning/sterilising equipment and surfaces

Discharge

- Consider usual discharge criteria
- Identify appropriate care giver prior to discharge
- Continue/complete 14 days of quarantine after discharge (if commenced in hospital)
- Provide advice about:
  - When to seek assistance
  - Expected clinical course
  - Follow up for routine screening (e.g. NNST, hearing test)
- Notify community healthcare providers (e.g. GP, child health services, health workers) of discharge and follow-up actions required

After care

COVID-19 test
- Not routinely recommended
- Test if other clinical indications identified (e.g. becomes unwell)
- Collect nasopharyngeal and oropharyngeal swab using a single swab for both sites

Assess
- If required care can be safely provided while baby co-located with mother

Risk minimisation
- Advise mother about importance of risk minimisation strategies
- Restrict visitors

No

Yes

Nursery admission required?

Perform clinical assessment

Admit to nursery

After care

Risk minimisation strategies

- Hand hygiene before and after contact
- Cough or sneeze into elbow
- Face mask during baby care
- Visitor restrictions
- Cleaning/sterilising equipment and surfaces

No

Yes

Nursery admission required?

Co-location with mother

Admit to nursery

After care

Risk minimisation strategies

- Hand hygiene before and after contact
- Cough or sneeze into elbow
- Face mask during baby care
- Visitor restrictions
- Cleaning/sterilising equipment and surfaces

AGP: aerosol generating procedure, GP: general practitioner, NNST: neonatal screening test, PPE: personal protective equipment