Neonate of suspected or confirmed COVID-19 mother

Baby born to SCOVID or COVID-19 mother
(maternal COVID-19 is not itself an indication for neonatal unit admission)

<table>
<thead>
<tr>
<th>Preparation for birth</th>
<th>Perform clinical assessment</th>
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<tbody>
<tr>
<td>Attendance at birth</td>
<td>Assess</td>
</tr>
<tr>
<td>Neontal team as per usual clinical indications</td>
<td>If required care can be safely provided while baby co-located with mother</td>
</tr>
<tr>
<td>Consider resuscitation in a room outside of birthing room/theatre (to minimise staff exposure)</td>
<td>Transfer</td>
</tr>
<tr>
<td>Only essential equipment on resuscitaire</td>
<td>Transport in a closed system between locations in the facility</td>
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<tr>
<td>o Store other equipment in accessible closed container that can be cleaned</td>
<td></td>
</tr>
<tr>
<td>Resuscitation</td>
<td>Risk minimisation</td>
</tr>
<tr>
<td>Airborne and contact precautions</td>
<td>Advise mother about importance of risk minimisation strategies</td>
</tr>
<tr>
<td>All usual neonatal resuscitation procedures as indicated</td>
<td>Visitors as per public health directives and local protocols</td>
</tr>
</tbody>
</table>

No

Yes

Neonatal unit admission required?

Co-location with mother

- Routine neonatal observations
  - Maintain awareness for symptoms of infection (e.g. fever, tachypnoea)
  - Support maternal feeding choice (including breastfeeding)
  - Support risk minimisation during usual mother-baby interactions
  - Aim for prompt discharge
  - Testing and release from isolation/quarantine aligned with maternal circumstances/plans for discharge
  - Consult local ID physician/expert

During admission

- Nurse in incubator
- In designated SCOVID/COVID-19 area
- Airborne and contact precautions
- All usual clinical care as indicated
- One-to-one nurse/midwife care if possible
- Support maternal feeding choice

Release from isolation/quarantine

- If mother COVID-19 positive
  - If close contact: PCR day 6 prior to release on day 7
  - If not close contact: release if PCR negative at 48 hours
  - If mother SCOVID only and subsequently tests negative on PCR, baby can be released without test

After care

- Prior to discharge, seek expert advice from Public Health Unit or ID physician
- Consider usual clinical criteria for discharge
- Provide advice about:
  - When to seek assistance
  - Expected clinical course
- Follow-up for routine screening (e.g. NBST)
- Notify community healthcare providers (e.g. GP, child health services, health workers) of discharge and follow-up actions required

If quarantine to continue

- Advise family about requirements for quarantine at home
- Routine follow-up via telehealth/telephone until release from quarantine

Newborn Bloodspot Screening Test

- Collect as per usual processes/timeframes
- If discharge into quarantine/isolation before 48 hours of age, collect NBST at discharge
- After release from quarantine/isolation collect another NBST at the earliest opportunity

Risk minimisation strategies for family

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