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)

Perform clinical assessment

COVID-19 test
- First test 12–24 hours after birth
  - Consider second test 24 hours after first test
- Test if other clinical indications identified (e.g. becomes unwell)
- Collect nasopharangeal and oropharangeal on a single swab

Identify
- If additional care is indicated (i.e. other than routine newborn care)
- If additional care is indicated, can it be provided while baby co-located with mother

Risk minimisation
- Advise mother about importance of risk minimisation strategies

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
- Support maternal feeding choice

After care

Discharge
- Provide advice about:
  - When to seek assistance
  - Follow up and/or retesting
  - Expected clinical course

Retesting for COVID-19
- As clinically indicated (e.g. after mother returns negative test, to facilitate entry to general population, or as recommended by infectious diseases team)
- Clearance requires two consecutive negative results, 24 hours apart

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

Nursery admission required?

No

Yes