

 Saskatchewan Health Authority	Work Standard #: CV-19 WS0019	
	Title:	Postpartum and Newborn Care Standard during COVID-19
	Role Performing Activity:	Clinical Staff
<h1>WORK STANDARD</h1>	Location: Saskatchewan Health Authority (SHA)	Department/Unit: Maternal and Children's Provincial Programs
	Document Owner: Executive Director Maternal and Children's Provincial Programs	Date Prepared: March 15, 2020
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	Related Policies/Documentation SHA OS-010 NICU/Newborn Care Admission Orders	

Standard Work Summary:

To reduce and contain the spread of influenza-like illness (ILI) (such as COVID-19) while supporting the direct and unique needs of maternal and child populations. The work standard outlines how best to protect patients and health care providers through the responsible evidence based utilization of personal protective equipment (PPE). The standard work provides principles to guide the practice within Saskatchewan, each clinical program/unit will be required to adopt the principles into established and monitored local plans and practices.

Essential Tasks	
1.	Visitor restrictions are in place - see Maternal and Children's Provincial Program Visitor Restrictions .
2.	One support person may attend appointments or stay with patient in facility for the duration of stay. The support person will be verbally screened. Any positive screened or symptomatic support persons will not be permitted to the ward.
3.	<p>Immediate Postpartum Care of Infant – Mother Dyad</p> <ul style="list-style-type: none"> The maternal patient may be awaiting results of COVID testing and may be asymptomatic. <p>Risk Assessment</p> <ul style="list-style-type: none"> For ALL Patients utilize the SHA Guideline: Point-of-Care Risk Assessment (PCRA) and SHA Algorithm: Point-of-Care Risk Assessment. <p>Screening</p> <ul style="list-style-type: none"> INITIAL SCREENING: rapidly screen patient utilizing the current SHA 0002 Screening Tool Inpatient Outpatient and Continuing Care. Screening results should inform your risk assessment and the need for precautions. Previous testing does not impact screening results. Follow guidelines located within SHA 002, G0095 Infection Prevention and Control Patient Placement and Precautions – Acute Care Units or CV-19 G0005 Protocol for Operative Management of Surgical Patients – ALL AGES – During COVID-19 Pandemic <p>Test</p> <ul style="list-style-type: none"> Strongly recommend COVID-19 testing and complete testing when informed consent obtained. Ensure patient understands importance of COVID testing in relation to their care while in hospital. Test according to PROV 64 Acute Care Test Selection Guide

Essential Tasks

Patient Placement and Precautions

- Follow guidelines in [G0095 Infection Prevention and Control Patient Placement and Precautions – Acute Care Units](#)
- Every shift complete the [SHA-0083-Daily-Symptom-Monitoring-Form-Acute-Care](#) to assess for new or worsening symptoms.
 - If new or worsening symptoms complete screening with [SHA 0002 screening tools](#) and the [SHA-0022 COVID-19 Screening/Testing Tracking Form](#).
- All inpatients should be treated as though they are COVID positive when doing AGMPs until they meet all of the guidelines for the removal of precautions in [G0095 Infection Prevention and Control Patient Placement and Precautions – Acute Care Units](#). In order to safely achieve this de-escalation to routine practices, inpatients must meet **ALL** the following criteria:
 1. Negative Test for COVID-19 since admission
 2. Screen negative with the [inpatient screening tool](#)
 3. No new or worsening symptoms on continuous PCRA
- If Criteria is **NOT** met and **PATIENT** requires **Aerosol Generating Medical Procedures (AGMP)**
 - Refer to [Aerosol Generating Medical Procedures \(AGMP\) Procedure and Risk Stratification](#)
 - Place in Airborne Infection Isolation Room (AIIR) or a private room with door closed.
 - **Droplet/Contact Plus** precautions (face shield/fitted goggles, mask, gown and gloves) are required, including N95 masks for all AGMPs.
 - Settle times must be observed (if the number of air changes per hour is unknown, then air settle time for a patient room is 120 minutes), refer to [SHA Standard Work Use of Settle Time/AGMPs Poster](#) and [Interim IPAC Guidance for Acute Care Settings](#).
- At birth, the infant born to a mother who is positive, under investigation for, or symptomatic of COVID-19 is **not** considered a Person Under Investigation (PUI) due to limited evidence of vertical transmission.
 - Immediately after birth the infant requires Droplet Contact precautions.
- An infant who has “close prolonged contact” with a person who has screened positive or is COVID-19 positive **is** subsequently considered a PUI and requires **Droplet Contact Plus** precautions.
 - “Close prolonged contact” includes sharing a confined air space within two (2) meters for more than 15 minutes. This may occur as a result of skin-to-skin, breastfeeding and/or postpartum rooming-in.
- Parents should be supported to make evidence based decisions on:
 - Delayed cord clamping;
 - Skin to skin and infant feeding
 - mother educated on effective technique and moments of hand hygiene prior to receiving infant
 - mother wears a surgical/procedure mask
 - if recently coughing on exposed chest area cleanse with mild soap and water, this is not necessary with every time there is skin to skin contact or infant feeding
 - Bathing baby as per facility practice.
- Support person/co-parent will be taught and perform the moments of hand hygiene and appropriate PPE.

4.	<p>Planning for resuscitation of infant following vaginal and caesarean section with regional analgesia birth (no maternal Aerosol Generating Medical Procedures (AGMP))</p> <ul style="list-style-type: none"> • Make provision for resuscitation of baby in location of delivery; the mother’s COVID-19 status alone is not reason to move the infant to another location for resuscitation. <ul style="list-style-type: none"> ○ Commonly used equipment for neonatal resuscitation and stabilization should be readily available (e.g. located in disposable grab bags) to avoid taking the full resuscitation equipment into the room unless required. ○ A dedicated pulse oximeter should be located on the infant warmer or resuscitaire to avoid moving equipment in and out of the delivery room unnecessarily. • With maternal patient who is COVID negative or screened negative, PPE required for birth is related to Blood and Body Fluid Exposure (see PCRA Guideline and Algorithm) • With maternal patient who is COVID positive, symptomatic, or screened positive Droplet/Contact Plus PPE is used by individuals providing infant resuscitation in obstetrical patient’s room (birth room or operating room with regional anesthesia). <ul style="list-style-type: none"> ○ When possible, maintain a 2 meter distance from maternal patient. • Neonatal resuscitation/stabilization should proceed as per Canadian Neonatal Resuscitation Program (NRP) guidelines and one (1) staff will be dedicated to provide NRP in the delivery area. <p>If in the operating room, and there is a need for the maternal patient to convert to a General Anesthetic (involving AGMP), immediately transfer the infant from the room and prior to AGMP initiation.</p> <p>Planning for resuscitation of infant following vaginal and caesarean section with general anesthetic (maternal AGMPs)</p> <ul style="list-style-type: none"> • Ensure clear communication to neonatal/newborn team that maternal AGMP is about to occur. • Make provision for resuscitation of infant in a separate location (e.g. room located adjacent or bedside operating room) to reduce the risk of horizontal transmission. • Health care provider should remove the infant from the room as quickly as possible and transfer infant to NRP trained staff member(s) waiting outside of room to care for infant. • Do not institute delayed cord clamping or skin to skin. <ul style="list-style-type: none"> ○ Resuscitation should occur in single occupancy area/room. ○ Commonly used equipment for neonatal resuscitation and stabilization should be readily available. ○ A dedicated pulse oximeter should be located on the infant warmer or resuscitaire. ○ For the neonate utilize Droplet Contact Precautions. • If unable to transfer infant to a separate location utilize Droplet Contact Plus Precautions (fitted goggles / face shield, mask, gown and gloves) with N95 if maternal AGMP occurring, see Intrapartum Care Work Standard and algorithm. • Neonatal resuscitation/stabilization should proceed as per Canadian Neonatal Resuscitation Program (NRP) guidelines and one (1) staff should be available to provide NRP.
5.	<p><u>Postpartum Care of the Mother/Infant Dyad</u></p> <ul style="list-style-type: none"> • When the maternal patient is symptomatic, COVID positive, or screened positive the mother baby dyad and support person will be required to self-isolate in the patients room, travel throughout the ward, nursery or facility will not be permitted. <ul style="list-style-type: none"> ○ All infant care should be performed in the patient room when possible. ○ Droplet/Contact Plus precautions are to be utilized in caring for mother and infant dyad; gown, glove, surgical/procedure mask and fitted goggles/face shield. • Infant feeding as per the Maternal and Children’s Provincial Program Infant Feeding, including Breastfeeding and Expressed Breast Milk, when Mother Positive, Under Investigation, or Symptomatic for COVID-19. • Regardless of PUI status, the asymptomatic infant does not require testing for COVID-19.

- If the infant becomes symptomatic with new or worsening symptoms, particularly following close contact with the mother or any person who is positive, under investigation for, or symptomatic of COVID-19:
 - Test the infant for COVID-19 via nasopharyngeal swab.
 - Infant will be considered a PUI until negative swab confirmed.
 - If infant requires transfer to neonatal intensive care unit, the newborn may require testing based on risk assessment, separate from symptoms and contact status.
 - If infant requires AGMP ensure use of Droplet Contact Plus with N95.
- In the absence of evidence, it is reasonable to treat an infant’s respiratory illness in manner similar to the non-exposed infant. For an infant who has been exposed to a COVID-19 person (confirmed or probable), they should be treated as probable or PUI until otherwise proven not.
- To determine when a COVID-19 positive maternal patient no longer requires infection prevention and control measures, refer to the current [CV-19 WS0010 In Facility Placement and Discontinuing Patients on COVID-19 Precautions](#) .

“Well” Infant/“Well” Mother:

- Well newborns do not routinely require separation from the well mother following birth.
 - Ensure risk/benefit discussion with mother/parents regarding risk of horizontal transmission following “close prolonged contact” to the infant.
 - “Well” mother/infant dyad to remain together in single occupancy room.
 - **Droplet/Contact Plus** precautions remain.
 - Transport infant in bassinette ensuring a clear path to destination to minimize risk.
 - Bassinette is kept more than 6 feet from mother, if feasible, at all times.
 - Ensure family wash hands/use alcohol-based hand sanitizer before and after providing newborn care and feeding.
 - Mother to wear surgical/procedure mask within two (2) meters of infant, when providing newborn care and feeding.
- Infant care and maternal care as per MRP orders.
- Should the family request separation of mother from infant to reduce risk of COVID-19 transmission, this should be accommodated upon availability of resources.

Postpartum Care of “Unwell” mother

- **If maternal patient becomes symptomatic with influenza like symptoms, ensure self-isolation, implement Droplet Contact Plus precautions**
 - **Screen** according to the [SHA-0002 COVID – 19 Screening Tool Inpatient, Outpatient, Continuing Care](#) and complete the [SHA-0022 COVID-19 Screening/Testing Tracking Form](#)
 - **Test according to [PROV 64 Acute Care Test Selection Guide](#)**
 - **Follow guidelines located within SHA 002, [G0095 Infection Prevention and Control Patient Placement and Precautions – Acute Care Units](#) or [CV-19 G0005 Protocol for Operative Management of Surgical Patients – ALL AGES – During COVID-19 Pandemic](#)**
- Maternal care as per MRP orders.
- Consider medical and obstetrical care needs of individual patients, management of these cases will be decided upon by the MRP Obstetrician and anesthesiologist to optimize outcomes and protect health care providers.
- If maternal patient previously on Droplet Contact Plus precautions, continue.
- If mother requires transfer to a higher level of care, inform receiving centre/unit that patient is COVID-19 positive, under investigation or symptomatic/positive verbal screen.

6.	<p>Considerations for ALL Maternal Patients with a fever in the intrapartum or postpartum period Intrapartum/postpartum maternal patients may be considered for removal of precautions if:</p> <ul style="list-style-type: none"> • There are no additional symptoms of COVID-19 • There are no other COVID positive screening factors (i.e. travel, close contact) EXCEPT the intrapartum fever • The intrapartum/postpartum fever developed AFTER admission • Alternate source of fever identified <p>Test according to PROV 64 Acute Care Test Selection Guide.</p> <ul style="list-style-type: none"> • If available, test with Abbot ID Now POCT testing. If not available, send for routine testing. • If test negative and alternative etiology for fever identified, can remove precautions. Continue to monitor every shift for new or worsening symptoms. • If test positive, follow guidelines located within G0095 Infection Prevention and Control Patient Placement and Precautions – Acute Care Units. If positive result was received from POCT, collect and send another specimen to lab for variant testing. 												
7.	<p>Neonate in NICU/Nursery</p> <ul style="list-style-type: none"> • Parent(s) require COVID Screening upon entry at NICU/Nursery Doors every time. <ul style="list-style-type: none"> ○ Any positive screened or symptomatic support persons will not be permitted on to the unit. • Parent(s) will adhere to universal and continuous masking requirements. <table border="1" data-bbox="215 827 1500 1562"> <thead> <tr> <th data-bbox="215 827 542 890"></th> <th data-bbox="542 827 883 890"><u>AGMPs in NICU/Nursery</u></th> <th data-bbox="883 827 1500 890"><u>Trigger to change</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="215 890 542 1129">No Close Contact: Direct admission from birth or out born transfer with no close contact</td> <td data-bbox="542 890 883 1129">Routine precautions</td> <td data-bbox="883 890 1500 1129">Escalate to Droplet/Contact Plus with N95 for AGMPs based on: <ul style="list-style-type: none"> • Daily monitoring of new or worsening symptoms • Clinical assessment of the need for increased precautions as directed by team: utilize the CV-19 G0070 Risk Classification for Patient* Exposure </td> </tr> <tr> <td data-bbox="215 1129 542 1436">Close Contact Admission</td> <td data-bbox="542 1129 883 1436">Droplet/Contact Plus with N95</td> <td data-bbox="883 1129 1500 1436">De-escalate to Routine Precautions based on: <ul style="list-style-type: none"> • Negative screen • Negative test • Daily monitoring with no new or worsening symptoms Utilize the G0095 Infection Prevention and Control Patient Placement and Precautions – Acute Care Units </td> </tr> <tr> <td data-bbox="215 1436 542 1562">NICU Transport to Tertiary Centre</td> <td data-bbox="542 1436 883 1562">On transport: Droplet/Contact Plus with N95</td> <td data-bbox="883 1436 1500 1562">Once admitted to unit, follow precautions above and triggers to change based on No Close Contact or Close Contact.</td> </tr> </tbody> </table> <ul style="list-style-type: none"> • Droplet/Contact Plus Precautions include fitted goggles / face shield, mask, gown and gloves, with N95 if Neonatal AGMP • If infant becomes symptomatic or begins displaying new or worsening influenza like illness symptoms requiring additional medical care, utilize the SHA Guideline: Point-of-Care Risk Assessment (PCRA), SHA Algorithm: Point-of-Care Risk Assessment and SHA Risk Classification Tool. 		<u>AGMPs in NICU/Nursery</u>	<u>Trigger to change</u>	No Close Contact: Direct admission from birth or out born transfer with no close contact	Routine precautions	Escalate to Droplet/Contact Plus with N95 for AGMPs based on: <ul style="list-style-type: none"> • Daily monitoring of new or worsening symptoms • Clinical assessment of the need for increased precautions as directed by team: utilize the CV-19 G0070 Risk Classification for Patient* Exposure 	Close Contact Admission	Droplet/Contact Plus with N95	De-escalate to Routine Precautions based on: <ul style="list-style-type: none"> • Negative screen • Negative test • Daily monitoring with no new or worsening symptoms Utilize the G0095 Infection Prevention and Control Patient Placement and Precautions – Acute Care Units	NICU Transport to Tertiary Centre	On transport: Droplet/Contact Plus with N95	Once admitted to unit, follow precautions above and triggers to change based on No Close Contact or Close Contact.
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8. **Variations in Postpartum / Newborn Care**

- The Maternal/Newborn Dyad may require separation due to illness, symptoms, or transfer. The following are examples of possible scenarios although every potential situation is unknown and will require clinical judgement. It is important for the healthcare team to communicate and ensure the risk of transmission is decreased, and the safety of healthcare providers and patients is maintained.
- COVID-19 positive, under investigation, symptomatic or positive verbal screen parents are not permitted to visit in NICU.
 - This would be re-evaluated as needed in cases where the infant is critically ill or receiving palliative care

Planning for resuscitation of infant with close prolonged contact

- Resuscitate and stabilize the infant with **Droplet Contact Plus Precautions** including an N95 mask for [AGMPs](#).

“Unwell” Infant (with close prolonged contact)

- An infant who becomes symptomatic, has worsening symptoms, medically unstable, and/or requires resuscitation/ stabilization following contact with the COVID positive, screened positive, or symptomatic parent is considered a probable case of PUI.
- Infant care as per MRP orders.
- Admit infant to an Airborne Infection Isolation Room (AIIR) or a private room with door closed for stabilization.
 - Transport infant in closed isolette.
 - Initiate **DROPLET/CONTACT PLUS** precautions.
 - Nasopharyngeal swab for COVID-19.
- If infant requires an immediate [AGMP](#):
 - Provide resuscitation and stabilization in location of patient
 - **ALL STAFF** don **Droplet/Contact Plus including N95** precautions required for duration of AGMP and any procedures deemed high risk for ventilator circuit disconnection based on point-of-care risk assessment ([PCRA Guidelines](#) and [Algorithm](#)). Refer to [Acute Care Placement and Precautions Algorithm](#).
- If infant requires transfer to a higher level of care, inform receiving centre/unit that mother is COVID-19 positive, under investigation or symptomatic/positive verbal screen.

“Well” Infant (with close prolonged contact) and “Unwell” Mother

- “Well” infants following contact with a COVID-19 positive mother who is receiving ongoing medical care and require separation from the mother are considered a probable case or PUI.
- Admit infant to a single occupancy room for continued care of well infant.
 - Transport infant in bassinet.
 - Initiate **DROPLET/CONTACT PLUS** precautions.
 - Facilities may consider keeping healthy infant in single occupancy room under care of non-symptomatic parent/caregiver.
 - Infant care as per MRP orders.
- Should the “unwell” mother require transfer to a higher level of care the infant will not be transferred to maternal patient’s receiving site.
- Asymptomatic infant does not require testing for COVID-19.
- If newborn becomes symptomatic and requires additional medical care, refer to **“Unwell” infant (with close prolonged contact)**.

“Unwell” Infant (with no close prolonged contact)

- Stabilize the infant in the mother’s room, if in mother’s room use precautions in place.

- Infant care as per MRP orders.
- **Droplet/Contact PPE** for infant for 72 hours.
- Health care provider should remove the infant from the room as quickly as possible
- Transport the infant in an open care bed (e.g. Panda or bassinet).
 - The infant is unwell and requiring resuscitation and stabilization and likely will still be on a Panda warmer or open care bed. A closed isolette is not required because there is no close prolonged contact.
- Infant care as per MRP orders.
- If infant requires transfer to a higher level of care and/or AGMP, inform receiving centre/unit that there was no contact with the mother who is COVID-19 positive, under investigation or symptomatic/positive verbal screen.
 - If infant becomes symptomatic or begins displaying worsening influenza like illness symptoms requiring additional medical care, utilize the [SHA Guideline: Point-of-Care Risk Assessment \(PCRA\)](#), [SHA Algorithm: Point-of-Care Risk Assessment](#) and [SHA Risk Classification Tool](#).

“Well” Infant (with no close prolonged contact)

- Stabilize the infant in the mother’s room, if in mother’s room use precautions in place.
- Health care provider should remove the infant from the room as quickly as possible
- **Droplet/Contact PPE** for infant for 72 hours.
- Transport the infant in a bassinet.
- Admit infant to a single occupancy room for continued care of well infant.
 - Facilities may consider keeping healthy infant in single occupancy room under care of non-COVID-19 parent/caregiver.
 - Infant care as per MRP orders.
 - If infant becomes symptomatic or begins displaying a worsening influenza like illness symptoms requiring additional medical care refer to “Unwell” infant (with no close prolonged contact).
- Should the “unwell” mother require transfer to a higher level of care the infant will not be transferred to maternal patient’s receiving site.
- Asymptomatic infant does not require testing for COVID-19.

If newborn becomes symptomatic and requires additional medical care, refer to **“Unwell” infant (no close prolonged contact) and “unwell” mother**.

9. **Discharge**

- Coordinate discharge of mother and infant with primary care/public health to ensure appropriate follow-up in community.
- Discharge of mother and/or infant may be accommodated where resources available.
 - Ensure parent/caregiver educated on signs and symptoms of COVID-19 for themselves and the infant to ensure early identification of worsening illness.
 - Provide parents with surgical/procedure masks for use in home.
 - Reinforce education on the moments of hand hygiene and techniques.
 - Reinforce social distancing and self-isolation principles for dyad for length of time indicated by Public Health.
 - Orientate the patient and support person to the [Government of Saskatchewan COVID-19 website](#).
- Postpartum screening for maternal dysglycemia should be deferred until after the COVID-19 pandemic is over. It is not recommend to have an in-person healthcare appointment solely for an oral glucose tolerance test (OGTT) postpartum. HbA1C and fasting plasma glucose recommended.

- Clinicians should consider whether postpartum home visits are necessary, using telemedicine/virtual health tools as much as possible.
- If Home Care required for **non**-Aerosol Generating Medical Procedures,
 - Perform telephone screen for COVID-19 prior to each visit
 - Provide direct care or assistance applying **Droplet/Contact Plus** precautions
 - Ensure patient dons procedure/surgical mask and performs hand hygiene
- The management of postpartum care should be guided by a patient-centred discussion about the available evidence and its limitations.
- Follow [Government of Saskatchewan guidance](#) for mother and infant being discharged to home. Ensure Public Health aware of discharge from hospital and required Public Health order completed:
 - If other individuals in the home are positive or under investigation, discuss with the mother/infant their relocation until other individuals no longer require infection prevention and control measures
 - If the mother and newborn decide to return to a home where someone present is positive, under investigation, or symptomatic of COVID-19, this individual must continue to self-isolate until determined by the current Government of Saskatchewan Clinical Guidelines for Testing, Management and Reporting.
 - If the mother and/or infant reside with others and are the first in the household to have symptoms of COVID-19 or positive test, both mother and infant must self-isolate from others. All other household members should relocate if possible.
- For self-isolation timelines, refer to the current Clinical Guidelines for Testing, Management and Reporting: www.saskatchewan.ca or <https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19>

Management of Inpatient Maternal and Infant **Dyad** Care
 COVID-19 Positive, Persons Under Investigation (PUI), or Probable

Maternal patient screened and determined to be PUI, confirmed, or probable COVID-19

The maternal patient requires Droplet Contact Plus precautions

* For the purpose of COVID-19, the SHA has determined "close prolonged contact" to include sharing a confined air space within two (2) meters for more than 15 minutes. This may occur as a result of skin-to-skin, breastfeeding and/or postpartum rooming-in.

No Maternal AGMP
 Make provision for infant resuscitation in Delivery location maintain 2 meter distance from maternal patient.
 Droplet Contact Plus PPE - maternal status
 Droplet Contact PPE - infant status

Maternal AGMPs
 Make provision for resuscitation of baby in a separate location (e.g. room located adjacent or bedside operating room).
 If infant removed from area, Droplet Contact PPE - infant status.
 If baby **not** removed; Droplet Contact Plus with N95 PPE - maternal and infant status.

Immediately at birth, consider infant **no** close prolonged contact*

Once skin to skin initiated, rooming in, or breastfeeding, consider infant **with** close prolonged contact*

Initial Infant Resuscitation

Ongoing care required
 See Page 2 Infant **no** close prolonged contact*

- Remove the infant from the AGMP area as quickly as possible.
- Transfer infant to NRP trained staff member(s) waiting outside of area to care for infant.
- Do not institute delayed cord clamping or skin to skin.
- Commonly used equipment for neonatal resuscitation and stabilization should be readily available.
- A dedicated pulse oximeter should be located on the infant warmer or resuscitaire.
- Droplet Contact Precautions** PPE For 72 hours for infant

Infant **with** close prolonged contact*

Dyad care
 Well infant **with** close prolonged contact*

Well infant with close prolonged contact*

Unwell infant with close prolonged contact*

Newborns do not routinely require separation from the mother following birth.

- Ensure risk/benefit discussion.
- Dyad to remain together in single occupancy room.
- Droplet/Contact Plus** precautions remain.
- Transport infant in bassinette.
- Bassinette to be kept more than 6 feet from mother.
- Ensure family completes hand hygiene and continuous universal masking.
- Mother to wear surgical/procedure mask within two (2) meters of infant, when providing newborn care and feeding.
- Infant and maternal care as per MRP orders.
- Asymptomatic infant does not require testing for COVID-19.

Should the family request separation of mother from infant to reduce risk of COVID-19 transmission, this should be accommodated upon availability of resources.

"Well" infant **with** close prolonged contact is considered PUI

- Infant care as per MRP orders.
- For example, maternal patient requiring additional care, family request, infant admitted to nursery.
- Admit infant to a single occupancy room for continued care of well infant.
- Transport infant in bassinet ensuring a clear path to destination to minimize risk.
- Initiate **Droplet Contact Plus** precautions.
- If **AGMP** required include **N95** mask and adhere to settle time.
- Facilities may consider keeping healthy infant in single occupancy room under care of non-symptomatic family member/delegate.
- Asymptomatic infant does not require testing for COVID-19.
- If newborn becomes symptomatic and requires additional medical care Refer to Unwell infant **with** close prolonged contact*.

"Unwell" infant **with** close prolonged contact considered PUI

- Infant care as per MRP orders.
- Admit infant to a single occupancy room for stabilization.
- Transport infant in closed isolette.
- Initiate **Droplet Contact Plus** precautions.
- Symptomatic infants collect specimen for COVID-19.
- If infant Requires AGMP (intubation and ventilation) place in AIIR or private room with door closed with **Droplet Contact Plus** precautions.
- If **AGMP** required include **N95** mask and adhere to settle time.
- If infant requires transfer to a higher level of care, inform receiving centre/unit that infant with contact of mother COVID-19 positive, PUI, or symptomatic.

If ongoing stabilization and care required proceed to

See Page 2 Infant **no** close prolonged contact*

"Well" mother

- Maternal care as per MRP orders.
- Arrange for "usual" postpartum care.
- Continue **DROPLET/CONTACT PLUS** precautions.

COVID-19 positive, under investigation, symptomatic or positive verbal screen parents are not permitted to visit in NICU. This would be re-evaluated as needed in cases where the infant is critically ill or receiving palliative care.

De-escalate to Routine Precautions based on:

- Negative screen
- Negative test
- Daily monitoring with no new or worsening symptoms
- Utilize [G0095 Infection Prevention and Control Patient Placement Precautions-Acute Care Units](#)

"Unwell" mother

- Maternal care as per MRP orders.
- Consider medical and obstetrical care needs of individual patients.
- Continue **DROPLET/CONTACT PLUS** precautions.
- If maternal patient remains unstable, infant will not be transferred to maternal patient's receiving site.

Management of Infant Care of Mother who is COVID-19 Positive, Persons Under Investigation (PUI), or Probable

Maternal patient determined to be PUI or confirmed COVID-19

No Maternal AGMP
 Make provision for Infant resuscitation in Delivery location maintain 2 meter distance from maternal patient.
 Droplet Contact Plus PPE - maternal status
 Droplet Contact PPE – infant status

Initial Infant Resuscitation

Ongoing care required

Infant **no** close prolonged contact*

* For the purpose of COVID-19, the SHA has determined "close prolonged contact" to include sharing a confined air space within two (2) meters for more than 15 minutes. This may occur as a result of skin-to-skin, breastfeeding and/or postpartum rooming-in.

Unwell Infant **no** close prolonged contact*

Well Infant **no** close prolonged contact*

Unwell Infant **no** close prolonged contact*
 If in Maternal Patient's room
 Droplet Contact Plus
 If outside of room or greater than 2 meters
 Droplet Contact

- Stabilize the infant utilizing the PPE currently on.
- Proceed with Droplet Contact Precautions for 72 hours for infant.
- Health care provider should remove the infant from the room as quickly as possible.
- Transport infant in open care bed (e.g. Panda).
- Droplet Contact are sufficient as infant not considered PUI.
- Infant care as per MRP orders.
- If infant requires transfer to a higher level of care, inform receiving centre/unit that there was **no contact** with the mother who is COVID-19 positive, under investigation or symptomatic/positive verbal screen.

Well Infant **no** close prolonged contact*
 If in Maternal Patient's room
 Droplet Contact Plus
 If outside of room or greater than 2 meters
 Droplet Contact

- Stabilize the infant utilizing the PPE currently on.
- Proceed with Droplet Contact Precautions for 72 hours for infant.
- Health care provider should remove the infant from the room as quickly as possible.
- Transport infant in bassinet.
- Droplet Contact are sufficient as infant not considered PUI.
- Admit infant to single occupancy room for continued care.
- Facilities may consider keeping healthy infant in single occupancy room under care of non-symptomatic family member/delegate.
- Infant care as per MRP orders with consideration for early discharge.
- If maternal patient stable may resume dyad care and rooming in.
- Asymptomatic infant does not require testing. Infant not considered PUI.
- If maternal patient remains unstable, Infant will not be transferred to maternal patient's receiving site.

If newborn becomes symptomatic and requires additional medical care

See "Unwell" infant **no** close prolonged Contact*

Escalate to Droplet/Contact Plus with N95 for AGMPs based on:

- Daily monitoring of new or worsening symptoms
- Clinical assessment of the need for increased precautions as directed by team: utilize the [CV-19 \(2020\) Risk Classification for Patient's Exposure](#)

Transfer for ongoing care

If infant or mother requires transfer follow process for transfer. If infant requires transfer to higher level of care, inform receiving centre/unit that infant **with** contact or infant **no** contact for infant
 If mother requires transfer to a higher level of care, inform receiving centre/unit that patient is COVID-19 positive, under investigation or symptomatic/positive verbal screen.

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Revision date	Summary of revisions
May 20, 2020	Additional language for clarity regarding Droplet Contact Precautions with neonate immediately after birth. Specific guidance on if neonate in close prolonged contact with COVID positive or probable case then the neonate is PUI or probable case. Removed use of HEPA filter during resuscitation due to risk of inadequate ventilations with HEPA filter use and dead space. Healthcare providers to use N95 with resuscitation of neonate that is a probable case or COBVID positive. Adapted the algorithm to ensure clarity.
April 11, 2020	Separated work standards into antepartum, intrapartum, and postpartum newborn care. Addition of algorithms. Remove testing of asymptomatic infant for COVID-19.
November 16, 2020	Section 5: Removed more than one hour and changed to more than 15 minutes. Section 6: added link for SHA COVID documents. Algorithm: Change of close prolonged contact from 1 hour to 15 minutes.
November 30, 2020	Section 1: Removed more than one hour and changed to more than 15 minutes. Section 3: Updated use of Droplet/Contact Plus PPE including N95 during AGMP for all patients including those who screen negative. Section 5: Updated use of Droplet/Contact Plus PPE including N95 during AGMP and use of the SHA Guideline: Point-of-Care Risk Assessment (PCRA) and SHA Algorithm: Point-of-Care Risk Assessment. Section 6: Neonatal Care NICU/Nursery/Transport Guidelines
December 9, 2020	Section 3: Added information related to AGMP, PPE, and PCRA for all maternal patients in postpartum period including: Risk Assessment <ul style="list-style-type: none"> • For ALL Patients utilize the SHA Guideline: Point-of-Care Risk Assessment (PCRA) and SHA Algorithm: Point-of-Care Risk Assessment. Patient Placement and Precautions <ul style="list-style-type: none"> • Utilize the SHA CV-19-A0001 COVID-19 Acute Care Placement and Precautions Algorithm and SHA CV-19-A0002 Modification of Precautions for COVID 19 Negative Inpatients • Every shift complete the SHA-0083-Daily-Symptom-Monitoring-Form-Acute-Care to assess for new or worsening symptoms. <ul style="list-style-type: none"> ○ If new or worsening symptoms complete screening with SHA 0002 screening tools and the SHA-0022 COVID-19 Screening/Testing Tracking Form.

Revision date	Summary of revisions
	<ul style="list-style-type: none"> • All inpatients should be treated as though they are COVID positive when doing AGMPs until they meet all of the algorithm criteria for the removal of precautions. In order to safely achieve this de-escalation to routine practices, inpatients must meet ALL the following criteria: <ol style="list-style-type: none"> 1. Negative Test for COVID-19 on admission 2. Screen negative with the inpatient screening tool 3. No new or worsening symptoms on continuous PCRA <ul style="list-style-type: none"> • If Criteria is NOT met and PATIENT requires Aerosol Generating Medical Procedures (AGMP) <ul style="list-style-type: none"> ○ Refer to Aerosol Generating Medical Procedures (AGMP) Procedure and Risk Stratification ○ Place in Airborne Infection Isolation Room (AIIR) or a private room with door closed. ○ For patients where criteria is not met, Droplet/Contact Plus precautions (face shield/fitted goggles, mask, gown and gloves) are required, including N95 masks for all AGMPs. ○ Settle times must be observed (if the number of air changes per hour is unknown, then air settle time for a patient room is 120 minutes), refer to SHA Standard Work Use of Settle Time/AGMPs Poster and Interim IPAC Guidance for Acute Care Settings. <p>New Section 6: Neonate in NICU/Nursery: Added table for AGMPs in NICU/Nursery and Triggers for additional PPE</p> <ul style="list-style-type: none"> • Parent(s) require COVID Screening upon entry at NICU/Nursery Doors every time. <ul style="list-style-type: none"> ○ Any positive screened or symptomatic support persons will not be permitted on to the unit. • Parent(s) will adhere to universal and continuous masking requirements. • Droplet/Contact Plus Precautions include fitted goggles / face shield, mask, gown and gloves with N95 if Neonatal AGMP • If infant becomes symptomatic or begins displaying new or worsening influenza like illness symptoms requiring additional medical care, utilize the SHA Guideline: Point-of-Care Risk Assessment (PCRA), SHA Algorithm: Point-of-Care Risk Assessment and SHA Risk Classification Tool. <p>Algorithm: Updated language Use of Droplet Contact Plus with N95 in neonate</p>
Feb 9, 2021	<p>Added referencing documents PROV 64 Acute Care Test Selection Guide and G0095 Patient Placement and Precautions – Acute Care and CV-19 G0005 Protocol for Operative Management of Surgical Patients – ALL AGES – During COVID-19 Pandemic. Added information related to intrapartum/postpartum maternal fever.</p>
March 21, 2021	<p>Added referencing documents PROV 64 Acute Care Test Selection Guide and G0095 Patient Placement and Precautions – Acute Care and CV-19 G0005 Protocol for Operative Management of Surgical Patients – ALL AGES – During COVID-19 Pandemic. Added information related to postpartum maternal fever.</p>