



AAP updates guidance on newborns whose mothers have suspected or confirmed COVID-19

by Alyson Sulaski Wyckoff, Associate Editor

Editor's note: *New guidance was released on July 22. Please visit <https://www.aapublications.org/news/2020/07/22/newbornguidance072220>.*

AAP guidance released today provides an update on the care of infants born to mothers with suspected or confirmed COVID-19.

The report "**FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19**" covers precautions for birth attendants, rooming-in, delayed cord-clamping, breastfeeding, testing, neonatal intensive care and hospital discharge.

Updated from April 2, the guidance supports most mothers holding their babies during delayed cord-clamping practices. It provides options to separate the mother and newborn to help protect the infant from infection; offers details on care based on infant testing; and clarifies that there is no advantage to early hospital discharge of COVID-negative newborns.

The FAQs were updated "to address some common clinical issues that were being brought to the AAP by clinicians caring for babies," said Karen M. Puopolo, M.D., Ph.D., FAAP, a lead author of the guidance and member of the AAP Committee on Fetus and Newborn (COFN).

"This is a situation where we started with extremely little evidence," Dr. Puopolo said. "We put together some guidance that was the best we could do focusing on minimizing neonatal infection, not knowing if that infection would cause anywhere from no illness to severe life-threatening illness." She said the AAP will ensure that clinicians continue to receive guidance based on informed, up-to-date evidence.

Key guidance

Use of delayed-cord clamping: These practices should continue according to usual center practice, while following infection control precautions.

"There is no reason why the infant shouldn't have the benefits of delayed cord clamping and skin-to-skin contact after delivery," said Dr. Puopolo.

Rooming in for mothers: Experts are divided on the best course of action because the risk remains unknown. Some infants do well, and others can become very sick. While difficult to separate mother and infant, this is the safest action, at least temporarily. Separation may provide time for the mother to become less infectious. For temporary separation, admit the infant to an area away from the mother and unaffected infants. Use gowns, gloves, standard procedural masks and eye protection.

The guidance also provides steps to take when separation is *not* possible or the mother chooses to room-in.

"The goal ... is not to separate a family from its newborn," Dr. Puopolo said. "The AAP recognizes the terrible toll such separation may take on every family and baby. The goal of our guidance is to decrease the chance of a newborn acquiring a potentially serious, even fatal, infection. The AAP entirely supports working with a family to determine the best way to ensure that their baby is safe."

Breastfeeding: The AAP strongly supports breastfeeding as the best choice for feeding. To date, breastmilk is



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considered to be an unlikely source of transmission of SARS-CoV-2. After appropriate hygiene, mothers can express breast milk, which may be fed to the infant by an uninfected caregiver. Mothers who prefer to nurse their infant should follow strict preventive precautions.

Testing babies for SARS-CoV-2: For details, view the [full report](#).

Hospital discharge: Infants born to mothers with COVID-19 do **not** require discharge earlier than usual center practice. In addition:

If an infant tests positive for SARS-CoV-2 but has no signs of COVID-19, plan for frequent outpatient follow-up through 14 days and follow precautions; see [Centers for Disease Control and Prevention \(CDC\) guidance](#).

If an infant tests negative for SARS-CoV-2, it is helpful if after discharge, the infant and mother have support of a designated uninfected caregiver. Most infants, however, will be discharged to families where other caregivers have been exposed to and may have acquired infection. Therefore, provide written and verbal education.

While challenging, the mother should maintain a distance of at least 6 feet when possible and use mask and hand hygiene when directly caring for the infant; consult the full report for more details. Other caregivers in the home who are persons under investigation (PUI) for COVID-19 also should follow precautions until their status is resolved.

If the infant cannot be tested, then treat the infant as if virus-positive for the 14-day observation. The mother should maintain precautions until meeting criteria for non-infectivity.

Visitation in the NICU: Mothers and partners who are COVID-19 PUIs or who have confirmed COVID-19 should not enter the NICU until their status is resolved. The guidance includes [details](#) from the CDC on how to define when someone becomes noninfectious.

Early discharge for infants born to COVID-negative mothers: In most centers, discharge prior to usual practice with the intent to reduce risk of infection provides **no** advantage to the newborn or family. It may even place additional burdens on families to access - and on outpatient pediatric offices to provide - recommended newborn care and screenings.

Registry: Clinicians are asked to participate in the National Registry for Surveillance and Epidemiology of Perinatal COVID-19 Infection at <https://bit.ly/36hf7wT>.