

Management of Newborns

Govt. Institute of Medical Sciences, Greater Noida

What we will read about?

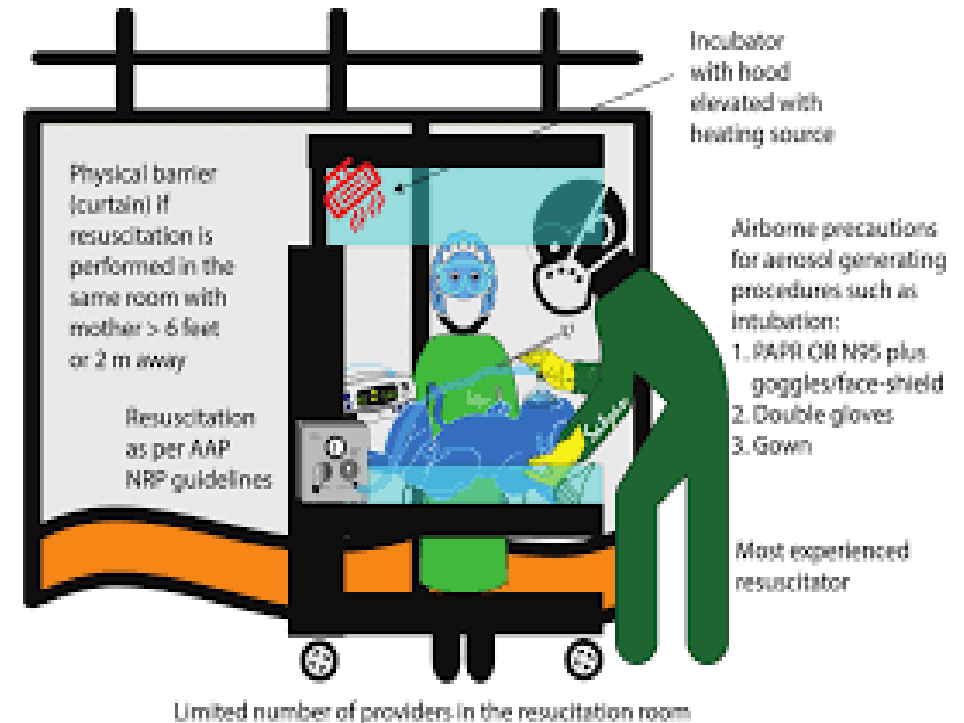
- Where to manage ?
- How to manage?
- When and how to test the newborn?
- Discharge policy.

Neonatal resuscitation-Important differences

- Use separate but interconnected room for neonatal resuscitation.

Or

- Keep a distance of at least 2 meters between OT table and resuscitation corner.




How many people should attend?

- Minimum number.
- One person in low risk cases and two in high risk cases where extensive resuscitation may be anticipated.

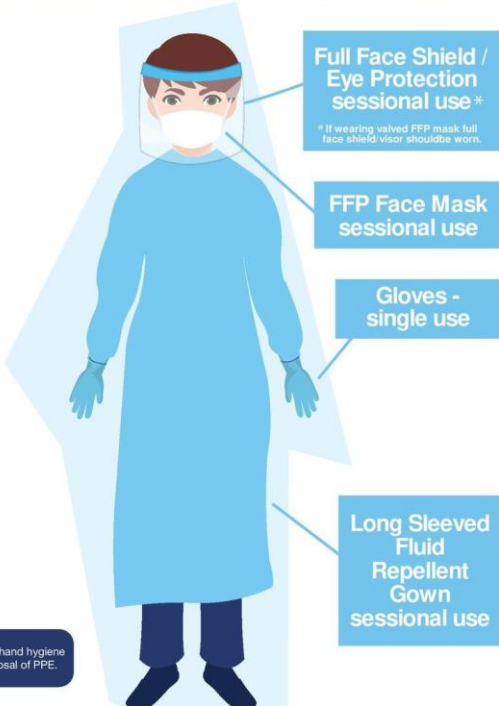
Protection needed?

Yes.

**Suspected/Confirmed COVID-19
PPE for High Risk Acute Care Area** 

Aerosol Generating Procedures

Please refer to the full UK COVID-19 guidance for Infection Prevention and Control on the HPS COVID-19 web page



Full Face Shield / Eye Protection
sessional use*

* If wearing valved FFP mask full face shield/visor should be worn.

FFP Face Mask
sessional use

Gloves - single use

Long Sleeved Fluid Repellent Gown
sessional use

Remember to perform hand hygiene following removal/disposal of PPE.

Neonatal resuscitation-Important differences...

- The umbilical cord should be clamped promptly.
- Skin to skin contact avoided.
- Delivery team member should bring over the neonate to the resuscitation area for assessment by the neonatal team.

Important differences...

- If positive-pressure ventilation is needed, self-inflating bag and mask may be preferred over T-piece resuscitator.



- Newborns should be bathed as soon as reasonably possible after birth to remove virus potentially present on skin surfaces. (AAP)

Where to keep the newborn?

Depends upon-
condition of the baby and facilities available.

If facilities for isolation of mother and baby not available

- Stable neonates- room in with their mothers and be exclusively breastfed.
- Isolate them from other Covid 19 cases.



Women with COVID-19 can **breastfeed** if they wish to do so. They should:



Practice respiratory hygiene and wear a mask



Wash hands before and after touching the baby



Routinely clean and disinfect surfaces

If facilities for isolation of mother and baby is available

- Keep baby with an unexposed family member or nurse.
- Give Expressed breast milk.
- Discharge early and follow up telephonically, if possible, or room in with mother once she is negative.

Sick baby

- Should be managed in separate isolation NICU/SNCU.
- Isolation should preferably be in single rooms.
- If not available, closed incubators (preferred) or radiant warmers can be placed at a distance of at least **1 meter** from one another.

Sick baby

- Standard guidelines for infection control, prevention and ventilation during Covid pandemic to be followed.
- Separate team of doctors and staff should be there.
- Use full PPE as aerosol generating procedures will be there in ICU.

Sick baby

- Non-invasive ventilation is generally the preferred mode of respiratory support in neonates.
- CPAP preferred and High flow nasal cannula is avoided.

Guidelines for Testing of Neonates for COVID-19

What test?

- Reverse Transcriptase PCR is a rapid test for detecting COVID-19

Whom to test?

- Neonates born to mothers with COVID-19 infection within 14 d prior to delivery or up to 28 d after birth.
- Symptomatic neonates exposed to close contacts with COVID-19 infection.

When?

- If symptomatic, specimens should be collected as soon as possible
- If asymptomatic and roomed-in, test only if and when mother's test comes positive.
- If mother is COVID-19 positive and baby's initial sample is negative, another sample should be repeated after 48 hours.

What sample?

- Not mechanically ventilated: Upper respiratory nasopharyngeal swab.
- Mechanically ventilated: Tracheal aspirate sample.
- Stool, urine and blood specimens-currently not advised.
- Clinicians should wear appropriate PPE during sampling.

Specific tt for Covid 19?

- No recommendations are there for specific anti-COVID-19 treatment or use of adjunctive therapy such as systemic corticosteroids and intravenous gamma globulin.

When to discharge?

- Stable neonates exposed to COVID-19 and being roomed-in with their mothers may be discharged at time of mothers' discharge.
- Stable neonates not roomed in and being cared by a trained family member may be discharged from the facility by 24-48 hours of age.

Vaccination



- Healthy neonates- follow routine immunization policy.
- Neonates with suspected/proven infection- before discharge.

References

- Perinatal-Neonatal Management of COVID-19 Infection – Guidelines of the Federation of Obstetric and Gynecological Societies of India (FOGSI), National Neonatology Forum of India (NNF), and Indian Academy of Pediatrics (IAP)
- INITIAL GUIDANCE: Management of Infants Born to Mothers with COVID-19, AAP

Thank
you