

WELCOME to

Caring for Mother/Baby Dyad
during the COVID Era ECHO

Session will start in less than 15 minutes



Conflict of Interest Disclosure Statement

No Conflicts of Interest

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Caring for a COVID PUI/Positive Maternal-Infant Dyad



Caring for PUI/COVID Positive Mother-Infant Dyad

- Lessons Learned
 - Utilizing Electronic Technology
 - Shared Decision Making Model
 - Cultural Equity
 - Plan of Care Algorithm
 - Staffing Requirements
 - Home Discharge Planning



ZOOM

Counseling performed with patient & support person and provider prior to delivery when possible:

- Non-English speaking patients received translator services via iPad/Zoom or Live Interpreter/Provider/Zoom
- English speaking patients received direct Provider/Zoom interface

*****Post-delivery education, provider communication, ancillary service interface performed via Zoom when direct hands on care is not necessary.**



Shared Decision Making

The determination to separate or not to separate a mother with known or suspected COVID-19 and her infant should be made on a case-by-case basis using shared decision-making between the mother and the clinical team. Considerations in this decision include:

- The clinical condition of the mother and of the infant
- COVID testing results of mother (confirmed vs. suspected)
- Availability of well appearing care giver
- Desire to feed at the breast



DEFINITION OF CULTURAL EQUITY

Cultural equity embodies the values, policies, and practices that ensure that all people—including but not limited to those who have been historically underrepresented based on race/ethnicity, age, ability, sexual orientation, gender, socioeconomic status, geography, citizenship status, or religion—are represented in the development of arts policy; the support of artists; the nurturing of accessible, thriving venues for expression; and the fair distribution of programmatic, financial, and informational resources.

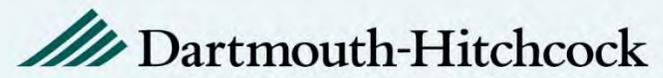
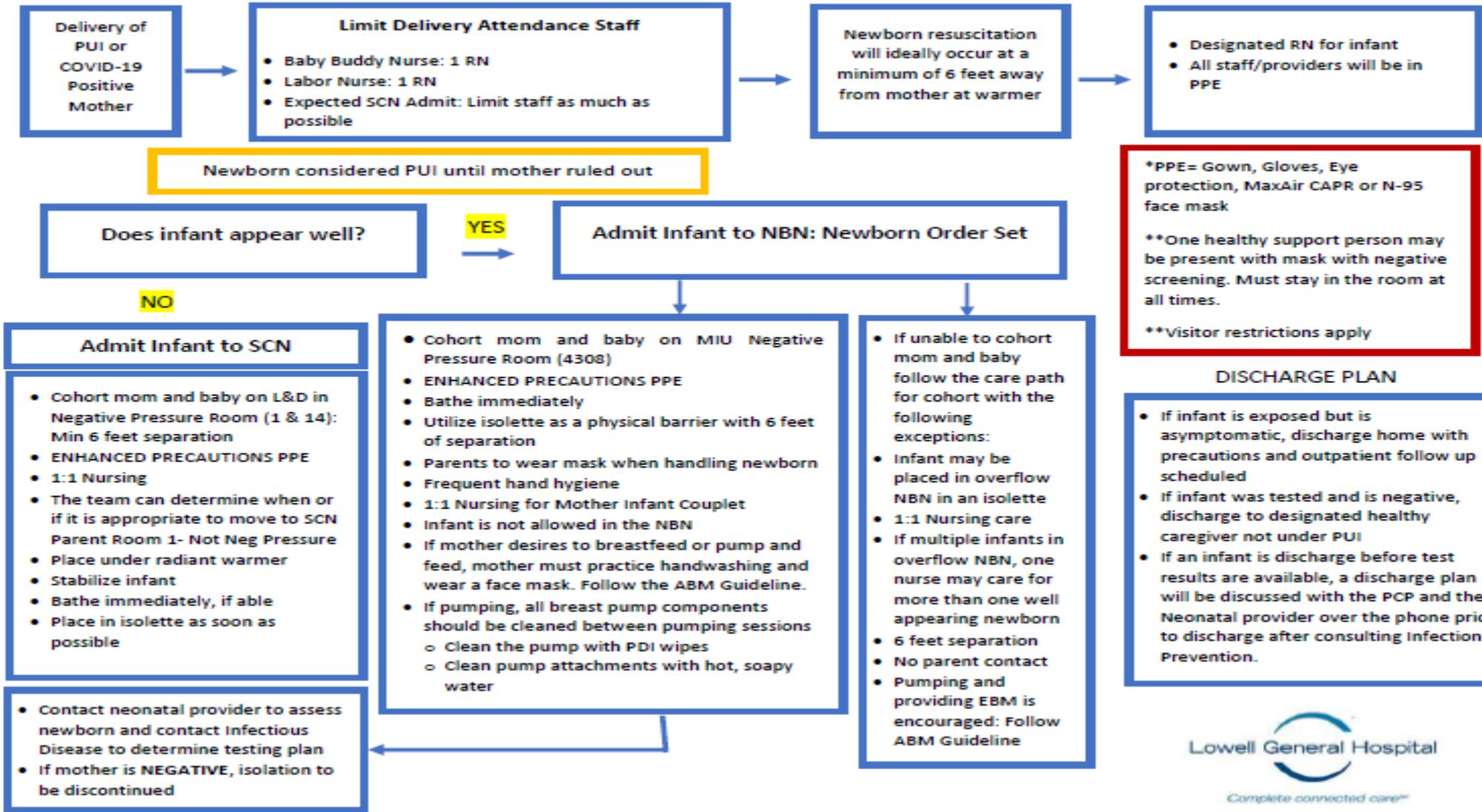


De-Identified Data

- 5- COVID PUI/Positive deliveries
- 5- lived in multi-generational or multi-family home setting with shared bathroom and/or kitchen
- 3- chose separation & 2- chose to cohort
- 2- English speaking & 3- Non-English speaking (2 English was second language)
- 3- Immigrant & 2- First generation US citizen
- 5- >36 week gestation (3 Female & 2 Male)
- No SCN admissions
- 4- formula fed (1 pump and dump-mother's choice) & 1- breast feeding. Lactation support given to all.
- 4- discharged to home with parents & 1- required a transfer to pediatrics until a well caregiver was identified (worked with public health to establish a home plan)
- 5- Negative COVID testing on infants at 24 & 48 hours of life



LOWELL GENERAL HOSPITAL COVID-19 NEONATAL ALGORITHM



Staffing for COVID PUI/Positive Patients

- RN Staffing 1:1 for cohort couplet (nurse could take 2 couplets if needed)
- RN Staffing 1:1 for mother only (nurse could take 2-3 if needed)
- RN Staffing 1:1 infant (nurse could take 2-3 if needed)
- RN will not be assigned to a PUI/Positive and a confirmed negative



Safe Home Discharge Plan

- All in hospital testing performed per standards of care and DPH requirement
- Circumcisions performed prior to discharge per standard of care for medically cleared newborn male
- Close collaboration with Continuity of Care (COC), social work, and public health services (local and state)
- Follow up pediatric and obstetrical services: Appointments set up prior to discharge (some occurred in telehealth format)
- Lactation follow up via phone or telehealth

Discharge Instructions for a COVID-19 Positive Mother and a Healthy Newborn

- ✦ The newborn should have a separate sleep environment from their mother and any other COVID-19 positive or sick household members. Ideally, this is in a separate room. If not possible, infant should be at least 6 feet away
- ✦ The mother and others in the home with suspected or positive COVID-19 are encouraged to maintain a distance of at least 6 feet from the baby and any healthy caregivers
- ✦ To date, COVID-19 has not been found in breastmilk. If mother wishes to breastfeed or pump breastmilk, she should perform excellent hand hygiene and put on a mask prior to any breastfeeding or pumping sessions. If pumping, the pumped milk can be fed to the baby by a healthy caregiver
- ✦ Baby can be reunited with the mother once mother is fever free for 72 hours without using any fever reducers and it has been 7 days since symptoms first appeared. If mother has not had any symptoms, she should wait 7 days from the time of her positive test
- ✦ Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use a hand sanitizer that is alcohol based with a concentration of 60% or higher
- ✦ Those who are COVID-19 positive or have a suspected COVID-19 infection should remain in home isolation until directed otherwise by their physician. Other healthy household members should stay home when possible and avoid public places where close contact with others is likely. The CDC currently recommends the use of masks or a face covering whenever leaving the home
- ✦ Newborn follow up care will be determined by your baby's pediatrician. Please do not hesitate to call their office if you have any questions or concerns



Lessons Learned

- Individualize Care: No One-Size-Fits-All, case by case decisions, collaboration & communication with frequent huddles, including parents. Pre-admission testing has been implemented, and we have implemented pre-admission counseling via phone when possible with Neonatologist or Pediatric Provider to review CDC and AAP guidelines to make a plan for separation or cohort after birth. Providing factual, unbiased information to support families in shared decision making.
- Bonding: Zoom for parental contact/education. Ensure newborn is held for feedings, watching the bath, etc. If mom and baby are separated, they won't be reunified in hospital unless COVID testing is negative or until time of discharge with a "well caregiver". Latest modification is to perform newborn education with well care giver in room immediately prior to discharge. This allows the staff to focus on home care expectations: masking, hand hygiene, and social distancing. COVID Positive Mother and Healthy Newborn Discharge Education will be completed.
- Cultural Equity: Identified baseline cultural beliefs and support all families in hospital plan of care & safe home discharge plan.
- Discharge planning: Routine screenings done prior to discharge, provide circumcisions as appropriate, ensure follow up appointments are in place, and connect with public health resources. Lactation support provided via phone or telehealth.
- Information sharing: weekly Mass Perinatal Team (MAPT) phone calls. Discuss de-identified information and trends noted. Changes in practice to evolve and meet CDC and AAP recommendations.
- Data collection: Lowell General is tracking cases on a spread sheet internally.



**5Cs of Our
Pandemic Response**

**CALM
CONFIDENT
COMPASSIONATE
COMMUNICATION
CONFIDENTIALITY**

References:

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