Yorkshire & Humber Neonatal ODN

Covid-19 - General Advice from the Network

Covid-19 +ve baby:

If a baby is found to test positive, that wouldn't on its own, be an indication for transfer between neonatal services. Location of care should be driven by the baby's individual needs; clearly if needing a higher level of care which is not available on site then as for any baby, transfer should be discussed. For all other babies, isolation in place and discharge home to family care when appropriate would be the priority.

Well baby, suspected Covid +ve mother:

To be nursed together with mother and aim to discharge both together to community care when possible. To follow breast feeding advice as per RCOG plan. Expectation that baby might get Covid infection but, as very unlikely to be seriously ill, there are many advantages in being at home.

Well baby, suspected Covid +ve mother who is too ill to care for baby:

Mum may have obstetric illness as well as potential consequences of viral infection that might make it impossible for her to care for baby. These babies, if well, should NOT be admitted to the neonatal unit. They could be cared for in postnatal areas by family members with the aim to discharge home as soon as appropriate.

Cohorting postnatal admissions of unwell babies with suspected Covid+ve mothers:

If baby has problems that can't be treated alongside mother in isolation, these babies will come to NNU with potential infection. All units should plan to isolate/cohort these. Potentially into incubators and cared for by staff in some degree of PPE (advice may be evolving) – but high level protection required if exposure prone care e.g. intubation needed.

Admission immediately after birth of baby needing neonatal care from Covid +ve mother:

Babies will be born needing immediate neonatal care for all our regular reasons – prematurity/poor condition at birth etc. The evidence suggests that they will **not** have been infected with Covid virus by vertical transmission. If postnatal exposure to maternal respiratory secretions controlled – e.g. mum in surgical mask/alcohol gel to hands etc. then baby should be at very low risk of becoming infected.

As to whether this baby should be managed as 'infection suspected'; there is concern that managing them as if infected, when this is very unlikely, might result in unintended harm e.g. by not using CPAP when this might be best form of respiratory support or requiring staff to use full PPE making care less effective. Further evidence/expert advice might become available.

UPDATED 20.03.20
Further advice from RCPCH has clarified plans for babies of Covid-19 suspected or +ve mother. Babies should be managed to protect staff and other babies from the possibility that they might develop infection while aiming to optimise care. With appropriate care to protect against transmission of infection CPAP and high flow support may well be in baby's best interests.

Visiting babies on the neonatal unit:

Some degree of limitation will be needed as epidemic progresses. Increasingly tight restriction should be considered with 'just babies parents' (if well) visiting to minimise spread of virus. Neonatal services have always been able to set appropriate limits on neonatal visiting that may differ from other areas of the hospital – as we will be aiming to keep our ill, but virus negative, babies away from Covid-19 relatively early limitation of visiting to 'parents only' should be considered.

Working together:

We already work closely together to maximise safe capacity at times of service pressure. As staffing units becomes increasingly challenging we will need to collaborate to get babies who need particular levels of care into appropriate units. This may well involve flexing normal working e.g. on gestation thresholds or place of delivery as we share the pressure that we should expect to fall across the service.

Staffing:

Maintaining good enough staffing is one of the greatest concerns. Variable advice on self-isolation has potential to reduce available workforce dramatically. Flexible working and potential redeployment of staff from other areas e.g. outpatients will impact.

Medical staff might need to work nonstandard shift patterns. It was agreed that the network would contact the School of Paediatrics to consider pausing diploma course/study leave and flag up to trainees the need for flexibility and commitment at this exceptional time.

Outreach:

Getting babies home providing safe support will be important. We will need to ensure outreach teams work safely e.g. providing appropriate PPE. Increased use of reviews by phone may help provide support to families and ensure that vital home visits can still be made. Reviews of babies who have possible symptoms in the community should be arranged via NHS111 to avoid bringing infection back into neonatal units.

11 March 2020
20 March 2020 updated paragraph in red

Useful links:
RCOG guidance: https://www.rcog.org.uk/coronavirus-pregnancy
RCPCH guidance: https://www.rcpch.ac.uk/resources/covid-19-guidance-paediatric-services#working-in-neonatal-settings