



COVID Positive Dyad

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How to safely care for Neonate of COVID/PUI Mom while promoting newborn bonding?

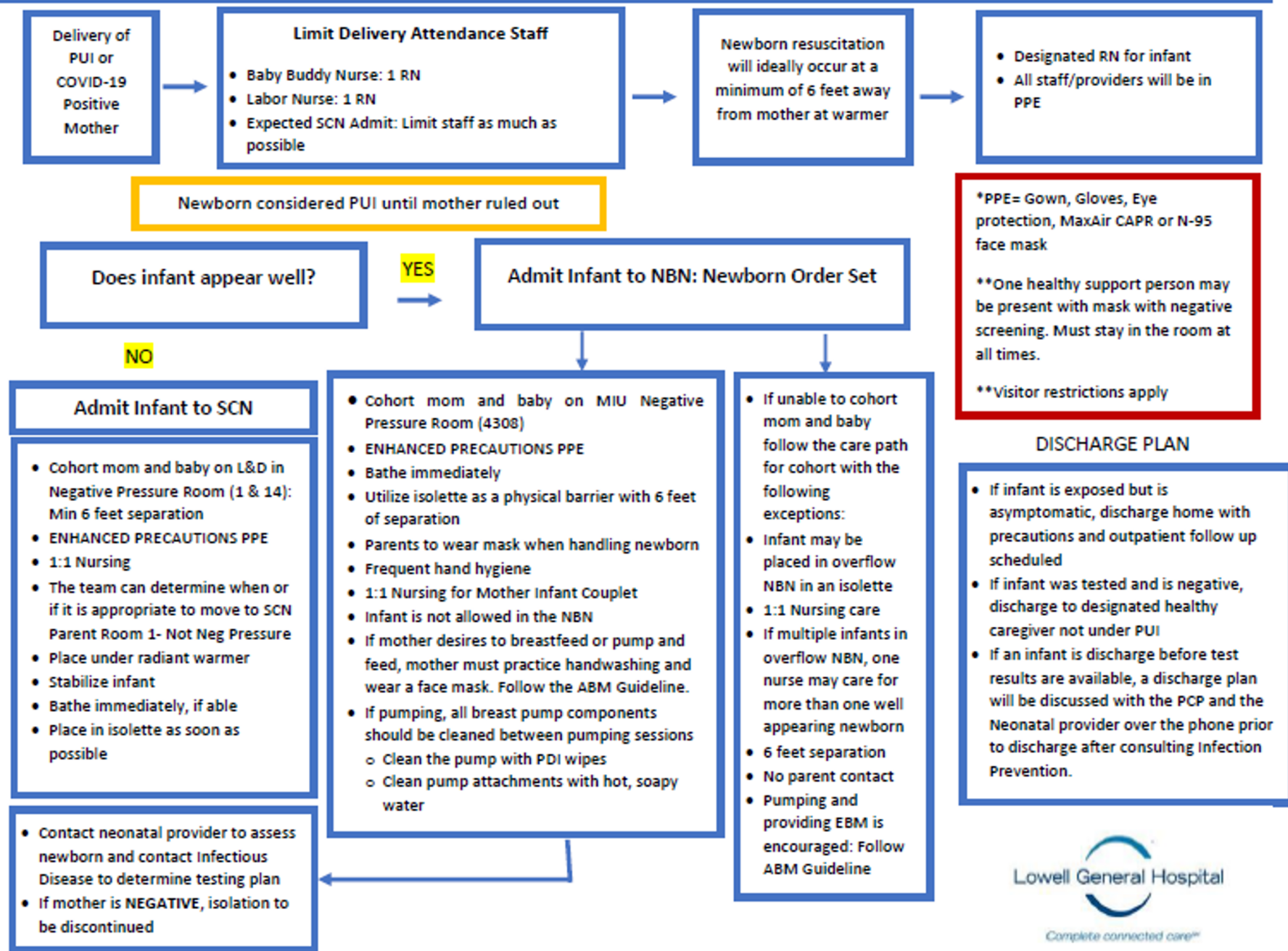
Cohort in mom's room or not

- Collaborative decision with parental input
- Level 1 baby?
- How sick is mom?
- Is a healthy caregiver present?
- Language barrier?
- Breast/formula feeding?
- Bonding?

Discharge planning

- Cultural questions? (meal sharing, multi-generation home)
- Sick people in home?
- Other children?
- Is isolation possible?

LOWELL GENERAL HOSPITAL COVID-19 NEONATAL ALGORITHM



3 COVID/PUI Dyad Cases

Case 1 (positive & symptomatic): Known COVID pos mom, husband and family sick at home, 1st baby.

- Baby to level 1 separate nursery space at birth, remained stable, transferred to pediatrics. No healthy caregiver present. Zoom calls w/parents. Mom pumping but formula feeding in hospital- per her choice, all options discussed.
- Mom d/c home, with telephone lactation services, baby tested negative x2 and precautions removed, remains on pedi pending d/c to healthy caregivers.

Case 2 (negative & symptomatic): Sick COVID pos family at home, mom presented with pneumonia, COVID test pending, 3rd baby.

- Baby to level 1 separate nursery space at birth. Healthy partner remained with mom. Zoom calls w/parents. Formula feeding.
- Mom stable and transferred to MIU (Postpartum), mom and baby both tested negative and reunited in hospital, precautions removed, then d/c home.

Case 3 (positive & asymptomatic): Sick COVID pos family at home, mom asymptomatic, COVID test pending, 2nd baby.

- Baby cohorting in isolette in mom's room, healthy caregiver present, formula feeding.
- Mom COVID positive test. Will test baby with plan to d/c home with education with test pending.

Lessons Learned

Individualize Care: No One-Size-Fits-All, case by case decisions, collaboration & communication with frequent huddles, including parents. As soon as mom is admitted have consultation with Neonatologist or Pediatric Provider to review AAP guidelines and make a plan for separation or cohorting after birth.

Bonding: Zoom for parental contact/education. Ensure newborn is held for feedings, etc. Cultural barriers: family meal sharing is not isolation. If mom and baby are separated, they won't be reunified in hospital unless COVID testing is negative.

Equity: All three were multi-generation homes with mom mildly or asymptomatic but sick family members in home. 1 family recently emigrated from Africa, English-speaking; 2 families from Southeast Asia non-English speaking. Challenges with interpreters, can use iPad or Zoom.

Discharge planning: all 3 had sick family members at home, 2/3 had other children to plan care for, one had no thermometer at home (not discovered until after d/c), routine screenings done or communicated to pedi for f/u, connect with health department. In case of mom d/c prior to baby, first time mom, lots of fear; need lots of support and education.

Information sharing: weekly Mass Perinatal Team (MAPT) phone calls.

Data collection: Lowell General is tracking cases on a spread sheet internally.