



# Coronavirus COVID-19

BC Centre for Disease Control | BC Ministry of Health



## Maternal and Newborn Acute Care Discharge Planning and Continued Care in Community Settings During the COVID-19 Pandemic

January 26, 2021

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**This guidance is intended for health-care providers of maternal and newborn care who are involved in discharge planning from acute care sites and providing continued care in community settings. It is based on known evidence as of October 15, 2020.**

**Knowledge is changing rapidly and information below may be modified in response to new information and evidence.**



Ministry of Health



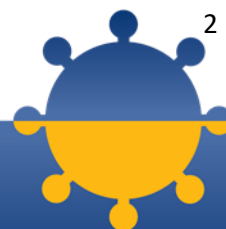
BC Centre for Disease Control

**If you have fever, a new cough, or are having difficulty breathing, call 8-1-1.**



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## Definitions

COVID-19 categories as used in this document:

- **Confirmed case:** A person with laboratory confirmation of infection with the virus that causes COVID-19 performed at a community, hospital, or reference laboratory (National Microbiology Laboratory or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a nucleic acid amplification test (NAAT) assay (e.g., real-time PCR or nucleic acid sequencing).
- **Probable epi-linked case:** A person who has not had a laboratory test:
  - with a fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough; AND
  - close contact<sup>4</sup> with a confirmed case of COVID-19; OR
  - lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison).
- **Probable lab case:** A person who has had a laboratory test:
  - with a fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough; AND
  - who meets the COVID-19 exposure criteria<sup>5</sup> and in whom a laboratory diagnosis of COVID-19 is inconclusive.

**Newborn:** Infant in the first 28 days after birth.

**Mother/individual:** The term individual is used in this guideline to be inclusive of transgender individuals who gave birth to the newborn, and in cases where the caregiver of the newborn is not the mother (e.g., foster parent).

**Mother/individual-newborn dyad:** Grouping of the mother/individual and the newborn in an interactional situation and the underlying philosophy of family-centred care, referred to, also, as dyad.

## Additional Information

For the most up-to-date information on personal protective equipment (PPE), please refer to health authority specific guidance and the BCCDC [personal protective equipment page](#).

Follow self-isolation measures while at home as outlined in the infection control principles in community and primary care settings:

- [Dos and don'ts of self-isolation](#)
- [How to self-monitor](#)
- [Daily self-monitoring form for COVID-19](#)



## Overall Principles

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- Health-care providers working in community care settings must follow [infection prevention and control routine practices and additional precautions](#) as well as additional precautions related to COVID-19 outlined by their respective health authority public health protocols. [Infection control resources](#) are available on the BCCDC website.
- Health-care providers working in community care settings require appropriate PPE related to the care provided.
  - For direct patient care, contact and droplet precautions, surgical mask, gloves, gown, and eye protection are required.
  - Only essential providers are to be involved in direct patient follow-up and care to reduce the risk of transmission.
  - Based on clinical assessment of care urgency, health-care providers should determine if care can be provided by phone or virtual means.
  - Contact local site or health authority infection prevention and control (IPC) for additional information regarding site and venue specific practices.
- Offer [culturally safe and trauma-informed care](#) to create an equitable and respectful health-care environment.
- Consider mother/individual and newborn as a dyad and encourage the practice of physical distancing between the dyad and other individuals outside of the immediate household when outside of the home environment as per current public health direction.
- Mothers/individuals and families should be informed that the use of non-medical **masks or face coverings is not recommended for children under the age of two years.**
- A mother/individual-newborn dyad that is confirmed, probable epi-linked, or probable lab case of COVID-19 should be advised to self-isolate at home, when possible. Continue appropriate isolation as follows:
  - Those who are not severely immunocompromised with mild to moderate symptoms that can be managed at home can return to their routine activities once the following criteria are met:
    - At least 10 days have passed since the onset of symptoms; AND
    - Fever has resolved without the use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved.
  - Those with more severe illness (e.g., admitted to hospital due to COVID-19), or who are severely immunocompromised, can return to their routine activities once the following criteria are met:
    - Twenty days have passed since the onset of symptoms; AND
    - Fever has resolved without use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved. Coughing may persist for several weeks and does not mean the individual is infectious and must self-isolate.
- If mother/individual and/or newborn is considered a close contact of a COVID-19 case, they should isolate for a minimum of 14 days, undergo daily self-monitoring, and continue isolation and report to public health if symptomatic. If symptoms are severe (e.g., shortness of breath), call ahead and go to the nearest emergency department.



- Discontinuation of infection prevention and control precautions should ONLY occur in consultation with local IPC.

## Newborn Screening

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Newborn screening should continue as per standard guidelines.

### Newborn Metabolic Screening

- Continue to follow the [neonatal guideline: newborn metabolic screening](#).
- Hospitals should collect blood spot cards as close as possible to 24 hours after birth. Birthing hospitals may consider increasing blood collection rounds or alternate processes to facilitate timely blood collection.
- If a newborn is discharged before 24 hours of age, an initial card should still be collected. Documenting the time of collection on the card is important. A second screen may be indicated by 14 days of age as not all disorders are detectable before 24 hours of age. Because an early initial card is collected/received, this enables the Newborn Screening Laboratory to follow-up with the family and ordering health-care provider for a second collection in a local outpatient lab, if deemed appropriate.
- Deferral of a blood spot collection card and metabolic screening to decrease likelihood of COVID-19 transmission is not recommended, as it can delay timely diagnosis for conditions on the newborn screening test panel. If the maternity hospital and family deem deferral is necessary, then the hospital should follow the deferral procedures and ensure collection at an outpatient laboratory site is locally feasible. Forms and resources are available to download [online](#). An outpatient blood spot card should be collected between 24 to 48 hours of age, but no later than seven days.
- The labelling, collection, drying, and transport of newborn screening blood spot cards remains unchanged for any mothers/individuals or newborns with COVID-19 or pending test results.

### Newborn Hearing Screening

- Newborn hearing screening should continue to occur prior to discharge to reduce the risk of missed screening and COVID-19 transmission at community audiology clinic visits.
- In-hospital hearing screening can occur as early as 13 hours of age (vaginal delivery) and 24 hours of age (C-section delivery) to facilitate early discharge.
- If deferral of newborn hearing screening prior to discharge is deemed appropriate by the health-care provider and family, the provider must ensure that a local community audiology clinic is operational for newborn follow-up within six months after birth. Community audiology clinic operations currently vary. Visit the [B.C. early hearing program](#) for the most up-to-date information.



## Additional Screening, if Applicable in your Health Authority:

### Screening for Risk of Hyperbilirubinemia

- Continue bilirubin measurement (transcutaneous bilirubin or total serum bilirubin) to assess risk for hyperbilirubinemia as per site specific recommendations prior to discharge.

### Screening for Risk of Critical Congenital Heart Disease

- Perform pulse oximetry screening for critical congenital heart disease as per site-specific recommendations.

## Maternal Screening and Procedures

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- Assess for perinatal depression and anxiety (refer to [best practice guidelines for mental health disorders in the perinatal period](#) (B.C. Reproductive Mental Health Program, PSBC), the online [journey to perinatal wellbeing course \(PHSA learning hub\)](#) and the [not just the blues course \(UBC CPD\)](#). Refer as needed.
- If necessary, Rh immune globulin to be administered prior to discharge and as per site policy.
- Communicable diseases
  - Assess mumps, measles and, rubella status and need for immunization. Administer immunization prior to discharge, if possible.
  - Assess status of other communicable diseases and, if applicable, review recommended follow-up with primary care provider or specialist clinic.

## Postpartum and Newborn Teaching and Discharge Preparation in Acute Care Setting

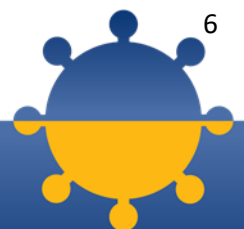
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Adjust timeline of teaching to ensure the following are completed prior to discharge.

### Newborn Teaching

Newborn Teaching for Mother/Individual of All Newborns:

- Provide education on newborn feeding and care as outlined in section 6 [British Columbia newborn clinical path](#) including:
  - Shaken baby syndrome prevention;
  - Safe sleeping environment;
  - Biliary atresia home screening using the [infant stool colour card](#);
  - Immunization (see last section of document).
- Ensure that all mothers/individuals are aware of how to access [baby's best chance: parent's handbook of pregnancy and baby care](#).
- Additional resources for all mothers/individuals and families related to COVID-19:
  - Current public direction related to the [prevention of COVID-19 virus transmission](#). Upon discharge, encourage the practice of physical distancing between the dyad and other individuals.



- Breast/chest feeding: This guidance includes lactation information for healthy mothers/individuals and newborns; mothers/individuals who are a confirmed or suspect case of COVID-19 at home, in a community setting or in hospital; and mothers/individuals who are temporarily separated from their newborn. The guidance also includes information on pasteurized donor human milk and informal milk sharing.
  - [COVID-19 guidelines for lactation for women/individuals who are confirmed or suspect cases of COVID-19](#)
  - [Breastfeeding and COVID-19](#)
  - [COVID-19 pregnancy, childbirth and caring for newborns: advice for mothers](#)
- [COVID-19 and infant formula feeding FAQ](#)
- Parent resource, [is my baby sick with COVID-19?](#)

#### COVID-19 Virus Suspect, Confirmed, or Contact Dyads: Additional Newborn Teaching

- Prevent transmission of the COVID-19 virus to the newborn:
  - Hand hygiene using either soap and water or alcohol-based hand sanitizer before and after caring for and feeding the newborn.
  - Wear a mask to minimize respiratory secretions to the newborn during care and feeding. If mother/individual is unable to source medical face masks once they are at home, homemade face masks can be used. Do not place a mask on a newborn. For more information, see [non-medical masks and face coverings](#).
  - Avoid coughing or sneezing on newborn and newborn care equipment.
  - Clean and disinfect high touch areas and surfaces in newborn care environment with approved product(s). See more information on [cleaning and disinfecting](#).
- Signs and symptoms of the COVID-19 virus in newborns:
  - These are the same as the signs and symptoms for neonatal sepsis and other viral infections in neonates. Most term, healthy newborns who have acquired COVID-19 to date have been minimally symptomatic so significant illness in the newborn should consider the usual broad differential diagnosis.

Neurological	Respiratory	Gastrointestinal
Temperature instability	Grunting	Abdominal distension
Lethargy	Nasal flaring	Feeding intolerance
	Tachypnea	Diarrhea/watery stools
	Chest retractions	Emesis
	Central cyanosis/pallor	
	Apnea	
	Cough	

- If the newborn develops any of these signs and/or symptoms at home, mother/individual must phone 8-1-1, as well as their primary care provider to communicate the findings and determine plan for newborn assessment and further care.
- If it is determined that the newborn should be taken to the hospital for assessment, the health-care provider should call ahead to notify the emergency department. In cases where there is no primary



health-care provider, the mother/individual should go directly to the emergency department with a mask on, perform hand hygiene, and inform the triage nurse that they have COVID-19 and that there is a concern about the newborn. Parent resources:

- [Keep your baby safe: Your baby and COVID-19](#)
- [How do I take care of my baby at home?](#)

## Postpartum Teaching

### Postpartum Teaching for All Mothers/Individuals

\*Note: With the isolation of families during the pandemic, postpartum teaching is particularly important.

- Provide education and anticipatory guidance as outlined in section 4 of the [British Columbia postpartum clinical path \(PSBC 1592\)](#).
- Discuss risk factors and signs and symptoms of postpartum depression and how to access available supports in the community. Support will be site and/or region-specific. Review currently available options with patient.
- Provide resources regarding [virtual mental health supports during COVID-19](#) support groups.
- Introduce the [COVID-19 self-assessment tool](#) which can be used to determine whether one may need further assessment or testing for COVID-19.

### COVID-19 Virus Suspect, Confirmed, or Contact Mothers/Individuals: Additional Postpartum Infection Prevention and Control Teaching

- Provide education regarding self-isolation as outlined in the next section.

## Follow-Up After Discharge

### Follow-Up After Discharge for All Mothers/Individuals and Newborns

- [The B.C. community liaison record –postpartum & newborn](#) is an important tool to connect acute care and public health services for discharge planning. COVID-19 positive status should be indicated on this record.
- Primary maternity care providers, including general practitioners, nurse practitioners, and registered midwives, along with public health and primary care nurses, have a shared responsibility to offer services to postpartum patients and families with newborns. This shared responsibility extends to collaboration with other health providers, partner agencies, and ministries to support families with identified variances and/or vulnerabilities.

### Public Health

- Phone or virtual contact by public health/primary care should ideally occur with all patients within 24 to 48 hours post-discharge from hospital (or as planned for midwifery patients following home birth).
- Offer an initial maternal and newborn stability assessment as indicated based on the [postpartum nursing care pathway](#) and [newborn nursing care pathway](#) (PSBC), and assess need for home/in-person visit.





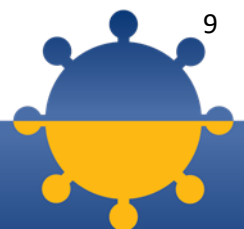
- Newborns between birth and two weeks old should be seen in person to assess weight, jaundice, and any feeding issues. Plan for in-person assessment in the first two weeks if individual/family is unable to access a primary care provider.
- Maternal follow-up should coincide with newborn follow-up.
- Continue to screen mother/individual for mental health and intimate partner violence.
- Assess for any gaps in essential teaching provided in the acute care setting. Ensure teaching provided based on identified gaps.
- Individuals and families may also present to public health through self-referral, through immunization services, or as previously identified through regional prenatal registries or programs, including programs for patients with complex needs, variances, and/or vulnerabilities requiring continued enhanced services.

### Primary Care Provider

- Primary care provider and/or specialist should follow-up with the healthy mother/individual and newborn within two to four days post discharge. Refer to the [postpartum and newborn care summary checklist for primary care providers](#).
- Follow-up for newborns from birth to two weeks should consist of an in-person visit.
- Postpartum follow-up after delivery should occur within six to eight weeks, or sooner, if required.
  - Follow-up should assess the need for lab work (e.g., thyroid stimulating hormone, complete blood count, ferritin).
  - Postpartum oral glucose tolerance test should be deferred at this time to reduce potential COVID-19 virus transmission.
  - Other areas to be assessed and discussed include mental health, gender-based violence, breast health, contraception, etc.

### Follow-Up After Discharge for COVID-19 Suspect, Confirmed, or Contact Dyads

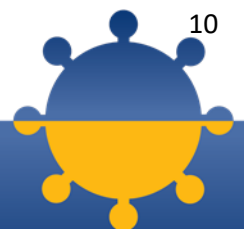
- Infants or mothers/individuals who have recovered from the acute phase of COVID-19 should be monitored clinically for the development of any post-infectious complications. Primary care providers should counsel families to contact their office or seek medical attention if concerns arise.
- Providers should seek specialist advice from the B.C. Children’s Hospital if infants develop features that could be suggestive of multisystem inflammatory syndrome in children after recovering from COVID-19, such as fever recurrence, mucocutaneous inflammation, GI symptoms, or other systemic symptoms.



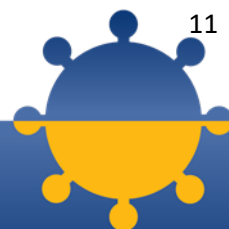
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