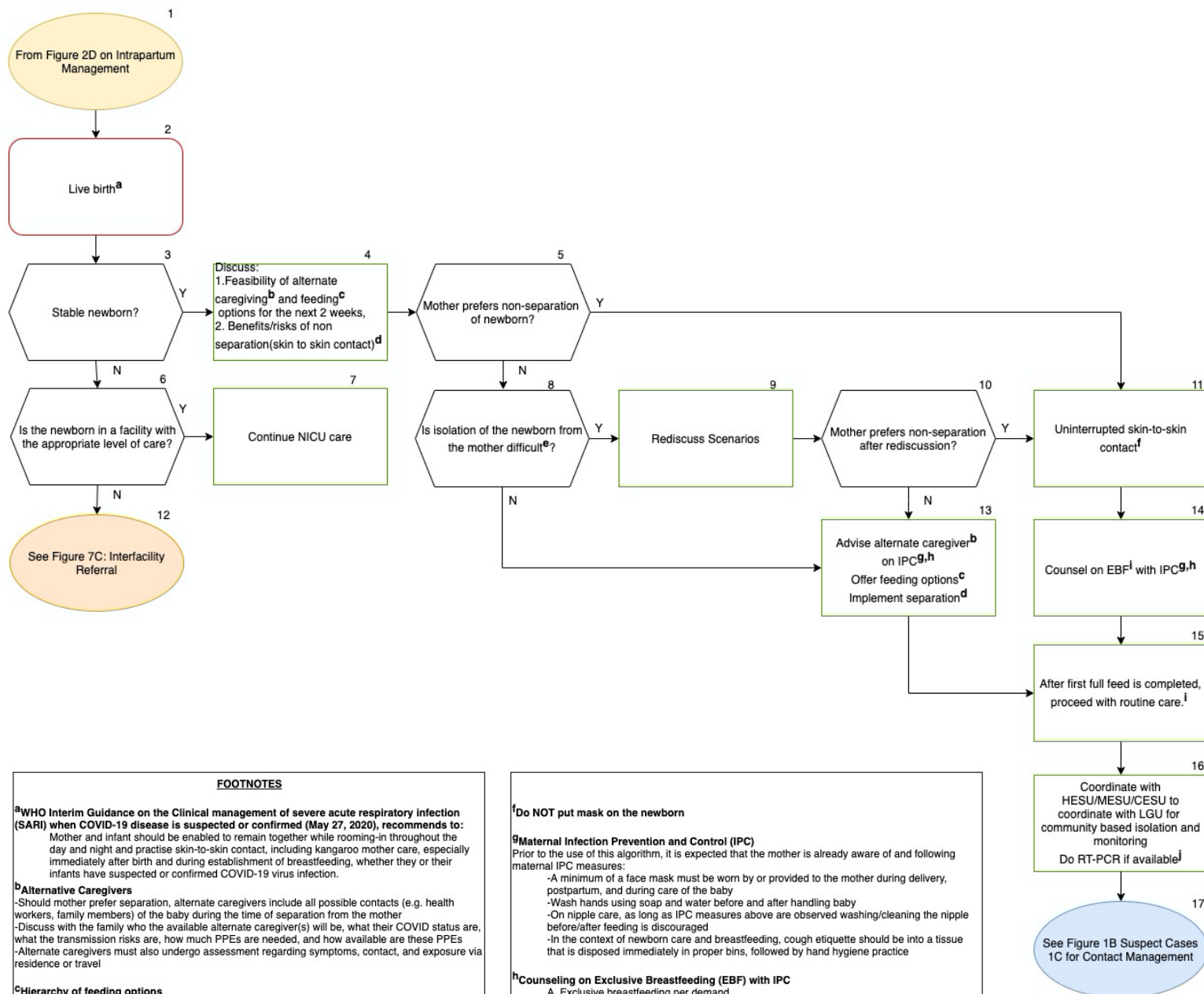


FIGURE 2E. CARE OF THE NEWBORN WHOSE MOTHER IS A PROBABLE/CONFIRMED COVID-19 WITH MILD OR NO SYMPTOMS

NOVEMBER 7, 2020



FOOTNOTES

^aWHO Interim Guidance on the Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected or confirmed (May 27, 2020), recommends to: Mother and infant should be enabled to remain together while rooming-in throughout the day and night and practise skin-to-skin contact, including kangaroo mother care, especially immediately after birth and during establishment of breastfeeding, whether they or their infants have suspected or confirmed COVID-19 virus infection.

^bAlternative Caregivers

-Should mother prefer separation, alternate caregivers include all possible contacts (e.g. health workers, family members) of the baby during the time of separation from the mother
-Discuss with the family who the available alternate caregiver(s) will be, what their COVID status are, what the transmission risks are, how much PPEs are needed, and how available are these PPEs
-Alternate caregivers must also undergo assessment regarding symptoms, contact, and exposure via residence or travel

^cHierarchy of feeding options

1. Direct breastfeeding with IPC
2. Expressed breastmilk with IPC
3. Donor breastmilk, preferably pasteurized
4. Hygienically and properly prepared breastmilk substitutes, only after all above have been exhausted

^dNon-Separation

-Examples of benefits of non-separation Non-separation keeps babies warm, prevents exposure to diseases in the immediate environment, and helps establish breastfeeding. Delays in breastfeeding increases risk for infection-related deaths among newborns, and result in breastfeeding difficulties. Breastfeeding problems can undermine food security of a household with limited resources, as funds are funneled to prioritize infant formula. New evidence suggests that COVID-19 antibodies are found in the breastmilk of infected mothers.

^eIsolation feasibility

Discuss the available options for isolating the mother-newborn dyads, whether together or separated, with the mother/father. Are enough isolation rooms available? Is there a dedicated unit for separated newborns where they can be maintained >1m apart? Upon discharge is isolation of the mother-newborn dyad feasible at home?

^fDo NOT put mask on the newborn

^gMaternal Infection Prevention and Control (IPC)

Prior to the use of this algorithm, it is expected that the mother is already aware of and following maternal IPC measures:

- A minimum of a face mask must be worn by or provided to the mother during delivery, postpartum, and during care of the baby
- Wash hands using soap and water before and after handling baby
- On nipple care, as long as IPC measures above are observed washing/cleaning the nipple before/after feeding is discouraged
- In the context of newborn care and breastfeeding, cough etiquette should be into a tissue that is disposed immediately in proper bins, followed by hand hygiene practice

^hCounseling on Exclusive Breastfeeding (EBF) with IPC

- A. Exclusive breastfeeding per demand
- B. Positioning and attachment
- C. Cough/sneeze into tissue and dispose (not into elbow)
- D. Proper way of wearing a mask when near her baby
- E. Washing hands before and after contact with the baby
- F. How to clean/disinfect contaminated surfaces

Mother should be able to see the baby in an infant crib that is at least one (1) meter or three (3) feet away from mother's bed, exercising full precautions.

ⁱRoutine Care

- Eye care, thorough physical exam, vitamin K injection, birth doses of hepatitis B and BCG vaccines; newborn and hearing screens, if available.
- Counsel mother and partner on family planning

^jTesting

- RT-PCR testing may be done at DOH accredited testing centers once newborn is stable

^kIf the mother prefers non separation, the mother and the baby should always stay together even when in quarantine or isolation