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Ministry of Health

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Provincial Directors of Health Services
Regional Directors of Health Services
All Heads of Institutions

**Interim guidelines on management of newborns suspected or confirmed to have COVID-19
(Date: 01 June 2021, V2)**

This interim guideline for management of a neonate suspected/ confirmed of COVID-19, is an addition to the guidelines issued on the same (FHB/INBU/COVID-19/2020) dated 20th April 2020. This is updated by a technical committee comprised of Consultant Neonatologists, Paediatricians, Virologists, Microbiologists and Community Physicians, based on all the published literature on COVID-19 in neonates and those born to pregnant mothers with COVID-19, considering the prevailing situation, to provide optimal care for newborns during the current COVID-19 pandemic.

All newborns should receive the usual standards of care in keeping with the clinical status, in a designated area. Management of these newborns should NOT be delayed under any circumstances pending COVID-19 test result.

1. Care of the neonate born to a mother with COVID-19 (mother diagnosed as COVID positive at the time of delivery)

- Healthy term newborns should always be kept with the mother (in the post natal ward/ designated area) for breast feeding and skin to skin care. Mother should wear a medical/ surgical mask and practice hand hygiene. **Separating the newborns from their mothers, puts them at higher risk of morbidity and mortality.**
- Breastfeeding the neonate of a mother suspected/ confirmed to have COVID-19 should be the same as the guideline number FHB/INBU/COVID-19/2020 dated 20th April 2020. Mother should be supported for breastfeeding by the health staff assigned.
- Babies born at 34 weeks and above and the birth weight 1600g and above can be kept with the mother in the postnatal ward provided that the baby is warm, clinically stable, breastfeeds well and capillary blood sugar monitoring is normal. These small for gestational age or marginally preterm babies should be kept warm and expressed breast milk should be given via cup if the baby has ineffective suckling or has increased weight loss.
- Complete neonatal examination by a Medical Officer (MO) with experience in neonatal care, should be performed within 24 hours of birth.

This can be done soon after delivery, in the instance that such a MO is attending the delivery due to a fetal or maternal indication. Baby should be examined by a MO daily and prior to discharge.

1.1 Testing recommendations for COVID 19 for healthy newborns

- Single RT-PCR test for SARS CoV-2 is recommended for all neonates born to mothers with **confirmed COVID-19 within 10 days of delivery**.
- Sample should be taken irrespective of the signs of infection at the time of discharge.
- Nasal and throat swabs in Virus Transport Medium (VTM) is the preferred sample
- A Medical Officer or a trained Nursing Officer should conduct sample collection of the newborn.
- **Rapid Antigen Test (RAT) is not recommended** in newborns.

1.2 Discharge and follow up of healthy newborns

- Healthy term **newborns should be discharged with the mother** according to the discharge policy for normal newborns (Discharge criteria of the mother may depend on COVID status).
- BCG vaccination and routine screening should be done before discharge.
- In addition to complete neonatal examination by a MO with experience in neonatal care, discharge weight should be recorded.
- Baby can be discharged with the mother following a sample taken for PCR. If the report is not available at the time of discharge, make sure that the results are informed to the mother and relevant MOH and entered in the CHDR.
- Mother should be given the telephone number and extension of the neonatal ICU/ PBU of the hospital where delivery was taken place, as part of her discharge records and ask to contact if needed.
- Medical Officer of Health/ MOMCH of the respective area/ district should be contacted, when discharging the mother and the newborn.
- Self-isolation of the baby and mother for 14 days at home (from the day of discharge) is recommended.
- Minimum of one home visit within first 10 days after discharge and routine care should be performed by Public Health Midwife.
- All newborns born to **mothers with COVID infection at the time of delivery** should be reviewed at one month by MOH and referred to the consultant Neonatologist/ Paediatrician in the nearest hospital/ hospital where baby was born, if necessary.
- At home –
 - ✓ Baby should be kept in a well-ventilated room.
 - ✓ Routine newborn care should be practiced.
 - ✓ Baby should be cared only by the mother
 - ✓ Elderly and immunocompromised family members should be advised to stay away from the baby during the period of self-isolation
 - ✓ Advice family members to refrain from hugging/ kissing the baby
 - ✓ Visitors should not be allowed at least for 3 months
 - ✓ Plastic infant face shields and masks should not be placed on neonates

- ✓ Mother should be advised to seek healthcare at the closest hospital preferably with a Neonatologist/ Paediatrician in an emergency condition of the newborn and contact 1990 or PHM/ MOH if transport is not available. Mothers may contact PHM/ MOH/ NICU of the hospital for any non-emergency concerns of the newborn.

2. Care of the sick neonate born to a mother with COVID-19

- All secondary and tertiary care hospitals (BH, DGH, PGH and TH) should have a dedicated NICU bed (according to the assigned level of care) with adequate isolation facilities and safety precautions for sick babies born to COVID positive mothers.
- **Symptomatic neonate:** Manage according to the guideline FHB/INBU/COVID-19/2020 dated 20th April 2020 issued on the same.
- PCR should be performed immediately after birth. RAT should not be performed. If PCR becomes negative, repeat PCR on discharge.
- If more than one newborn is admitted to the same isolation unit, repeat PCR of the newborn who was there previously, to determine the infectivity, at the time of admission of the second newborn.
- It is recommended to transfer the neonate to non COVID/ normal NICU as early as possible, after excluding the COVID-19 infection of the baby.
- Expressed breast milk should be given if the baby is unable to suckle from the mother.

Expressing breast milk: Mother should wash hands with soap and water before expression of milk. The breast should not be washed as it causes drying and cracked nipples.

Healthcare workers should wear gloves when handling expressed breast milk.

Transporting expressed breast milk: Use small containers with a tight fit lid in order to avoid spillage during transport. The container with expressed breast milk should be placed inside a cardboard / plastic box by a health care worker using gloves. Change these gloves and wear a new pair of gloves before transporting the container carrying the breast milk to the neonatal unit. The health care worker transporting the breast milk must be supported to transfer the breast milk to a container in the neonatal unit, in a non-touch manner to avoid contamination.

2.1 Discharge and follow up

- Decision for discharge depends on the clinical condition and according to the national guidelines on newborn care 2020. In addition 1.2 should be followed.
- The neonate should be reviewed at the hospital clinic (closest hospital with a Neonatologist/ Paediatrician or the hospital of child birth) after two weeks.

Care pathway for neonates born to mothers with COVID-19 infection at the time of delivery is shown in Annex 1.

3. Care of the neonate born to a mother with history of COVID-19 during pregnancy and before ten days of delivery


Routine PCR testing of the newborn is not recommended & indicated only if the baby is sick at birth. Routine and advanced care should be provided as per the national guidelines on newborn care 2020.

4. Attending the delivery of a mother suspected/ confirmed to have COVID-19 – should be the same as FHB/INBU/COVID-19/2020 dated 20th April 2020.

5. Management of a baby with confirmed COVID-19 – should be the same as FHB/INBU/COVID-19/2020 dated 20th April 2020.

This guideline will be further updated with the availability of new evidence due to the highly evolving nature of the COVID-19 disease.

You are advised to consider this as a top priority and give urgent attention to implement the above recommendations. This information must be urgently communicated to all relevant health staff in your respective institutions.


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Consultant Community Physician - Province/District - to facilitate and monitor implementation of the guidelines

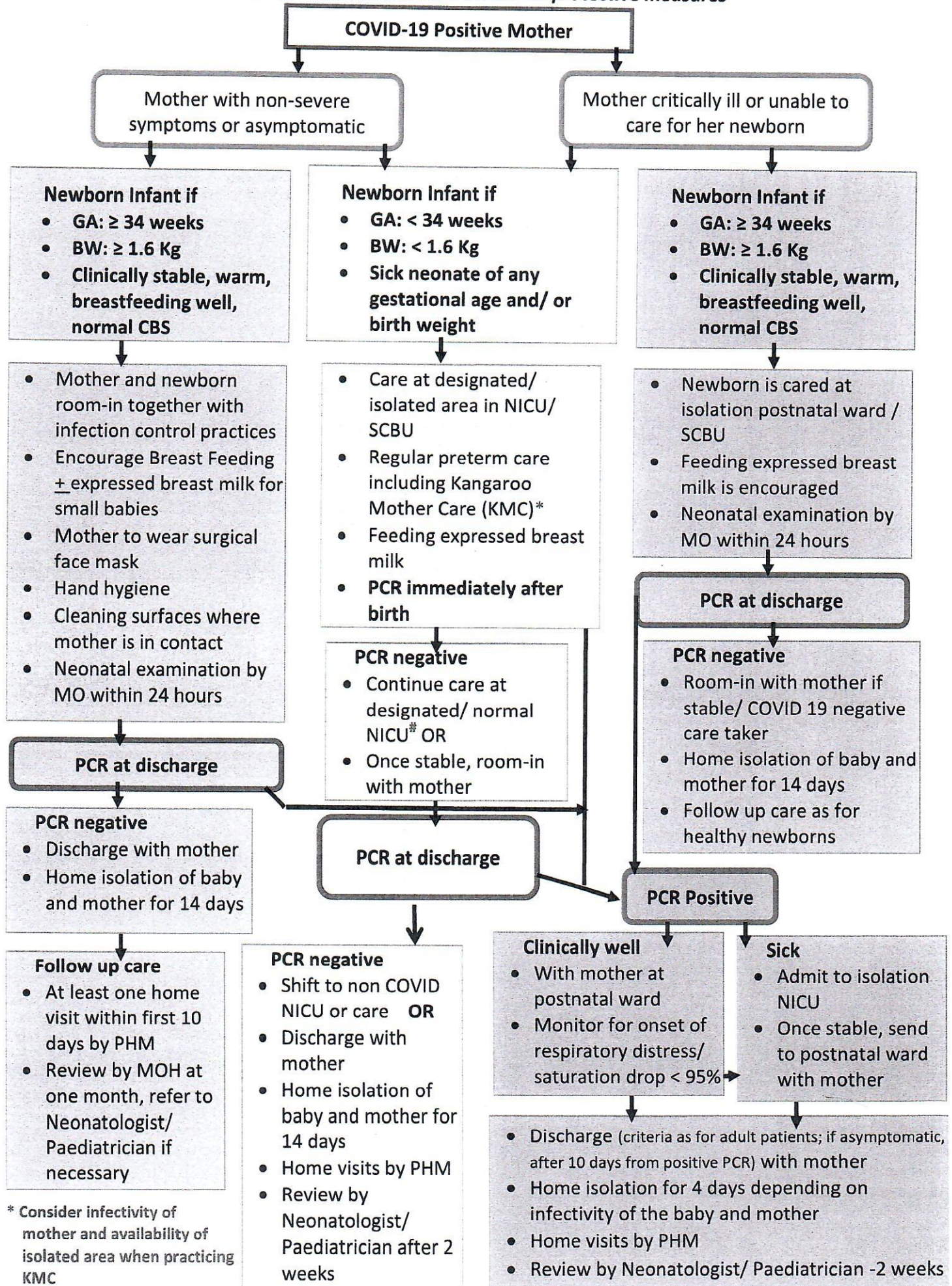
MOMCH - to facilitate and monitor implementation of the guidelines

President - Sri Lanka College of Paediatricians/ Sri Lanka College of Obstetricians and Gynecologists/ Sri Lanka College of Microbiologists/ Sri Lanka College of Medical Administrators/ Sri Lanka College of Community Physicians/ Perinatal Society of Sri Lanka/ Ceylon College of Physicians/ College of Pulmonologists of Sri Lanka/ College of General Practitioners of Sri Lanka

Directors/ Private Hospitals

Care Pathway for Neonates born to mothers with COVID-19 infection at the time of delivery

Staff involved to ADOPT all COVID protective measures



* Consider infectivity of mother and availability of isolated area when practicing KMC

Early transfer to normal NICU after repeat PCR, should be decided by the caring Neonatologist/ Paediatrician considering the infectivity of the mother and neonate.