

GUIDANCE LETTER:

This letter provides a tool to help you decide what is best for you and your baby.

___ COVID positive Mother

___ COVID at risk Mother

Dear Mom,

Thank you for choosing us to take care of you and your family. You are receiving this letter because you are COVID positive or are at risk for COVID.

We have included a lot of information in this Guidance Letter. Read carefully and discuss with your Health Care Team. We understand that the COVID issue places an emotional burden on you and your family. Our goal is to work as a Team with you to provide the best care for you and your baby!

It is our goal to discuss which options are available to you and your baby. There is much that we do not know about the COVID-19 virus and how it affects the pregnant woman, the fetus, or the newborn. Initially, the American Academy of Pediatrics (AAP) and the CDC recommended to separate mother and baby until the mother's COVID test was back and negative. As more information has been gathered, these organizations have changed their recommendations. They now recommend that we review the known information with you, the medical concerns based on what is unknown about the COVID infections, and to then allow you to make the best decision for you and your baby.

BACKGROUND INFORMATION:

It is currently believed that it is a rare occurrence for a pregnant woman to pass the virus to her fetus or baby during pregnancy or delivery.

We do not know if mothers with COVID-19 can transmit the virus through breast milk, although the limited studies indicate that the virus is not infectious in breast milk.

The major issue is that your respiratory secretions pose an infection risk after birth to your baby. We also know that asymptomatic carriers of COVID-19 have the ability to infect others.

The following information comes directly from AAP:

- Currently, there is very little data regarding the risk of infection to your baby. Earlier, AAP stated "Pediatric data demonstrates that children of all ages are susceptible to COVID-19 and the infants under one year of age are at risk for severe disease, although this is still a relatively rare occurrence." An exposed baby could develop no infection, could be an asymptomatic carrier, could develop severe illness, requiring hospitalization/intensive care even death. The data is just not available for us to know what the best care is.

- In July of 2020, AAP stated “Current data suggests that approximately 2-5% of infants born to women with COVID-19 near the time of delivery have tested positive in the first 96 hours after birth.” We do not yet know what percentage of these newborns who become ill at home. There are published reports of infants requiring hospitalization before one month of age due to severe COVID-19 infection. A verbal report from the AAP stated: “Babies can get the virus, and even experience severe symptoms that require rehospitalization, but, this is not a common occurrence.”
- AAP continued, saying “the likelihood that an infant will test positive for COVID-19 is similar for infants who are separated from their mothers and for infants who room-in with mothers that are using infection prevention measures (mask and hand-hygiene). The risk of the newborn acquiring infection during the birth hospitalization is low when precautions are taken to protect newborns from maternal infectious respiratory secretions. However, for the mother who is ill and has significant symptoms compatible with COVID-19, consider separation of mother and newborn.
- The final AAP recommendation is that “mothers and newborns can room-in according to usual hospital center practice.”

ACOG and CDC recommend to review each situation and use “shared decision making” between the patient and the clinical team.

For these reasons, we recommend you discuss your options with your doctors and medical team regarding the pros and cons of separating vs. “rooming in”.

We understand the importance of your decision to choose to have a support person with you. The hospital uses the CDC approved symptom-based evaluation for all people that enter the hospital. If your support person has or develops symptoms, you will need to select a different support person without symptoms or illness. The support person needs to be aware of their risk of exposure/ infection while here with you.

If your test comes back positive, we will discuss options for you and your baby for the remainder of your stay.

____ (initial) I have read the letter and asked questions and understand the potential infection risks to my baby and to my support person.

Please choose from the following options and initial below:

____ I choose to have my baby cared for in a separate room with a nurse as the baby's caretaker. If I am tested for COVID-19 and my test is negative, I will be re-united with my baby and will resume normal postpartum care.

____ I choose to have my baby room-in with me in the same room.

____ I choose to have a support person room-in with me. _____ has met the requirements to be a support person:

- Screen negative for symptoms of COVID-19
- Wear a mask at all times
- Be the same person through out the hospitalization and must be willing to stay in the room with mom and not leave the room until discharge
- If the support person leaves the room (to go home, to get food, walk around, etc) - they will not be allowed to return to the mother's room

Signature _____ (Mother) Date: _____ Time: _____

Signature _____ (Support, if applicable) Date: _____ Time: _____

Witness Signature _____ Date: _____ Time: _____

Pediatrician Signature _____ Date: _____ Time: _____