

## Management of infants born to febrile mothers

*As the prevalence of COVID-19 increases, there will likely be an increase in the number of well neonates born to mothers who are febrile. It may not always be clear whether the fever is due to COVID-19, chorioamnionitis, both, or some other cause. We are therefore recommending updates to the management of these infants as described below:*

- 1) Pediatrics will continue to be called to the delivery for a febrile mother, as is the current process.
- 2) The infant will be assessed by the NICU Resident or advanced practitioner (AP) in the delivery room immediately following birth.
  - a. If the infant is born at  $\geq 35$  weeks and is well-appearing, he/she will be admitted to the level I nursery ("well-baby nursery"), regardless of risk factors for neonatal sepsis (i.e. degree of fever, duration of membrane rupture, prematurity, etc.).
  - b. If the infant is not well-appearing, the baby will be admitted to the NICU for management of presumed neonatal sepsis.
- 3) For all infants who are well-appearing and admitted to the Nursery:
  - a. The infant will have vital signs monitored per current practice for sepsis evaluation (current L&D vital sign monitoring frequency, and q4h vitals from 2-48 hours of life)
  - b. A blood culture will be drawn within 3 hours following delivery. The AP or Resident will assess the baby at the time of the blood draw which should be done by 3 hours of life. If there is any concern for clinical illness at this time, the infant will be transferred to NICU immediately for further evaluation and management.
  - c. The AP or Resident will return at 4-6 hours of life to again assess the baby. If there is any concern for clinical illness at this time, the infant will be transferred to NICU immediately for further evaluation and management.
  - d. Initial and follow up assessments will be performed by nursery AP/Resident from 7a-7p and by NICU AP/resident from 7p-7a. Infants will continue to have vitals monitored q4h (heart rate, temperature, respiratory rate, oxygen saturation) until 48 hours of life. If there is a vital sign outside the ranges set below, the AP or Resident will be alerted. The AP or Resident will then examine the baby to determine need for further evaluation and/or NICU admission.
    - i. Vital signs considered normal for infants undergoing sepsis evaluation in the level I nursery:
      1. Temperature: 36.5-37.5C
      2. Heart Rate: 100-160
      3. Respiratory Rate: 30-60
      4. Oxygen Saturation:  $\geq 95\%$