

Guidelines for Perinatal Testing of Infants Born to a Birth Parent with Known or Suspected COVID-19

Infants born to a birth parent with confirmed COVID-19:

- All infants born to a birth parent with confirmed COVID-19 should be considered a PUI and tested for infection at approximately 24 hours of life.
- Screening should occur irrespective of mode of delivery, symptom status, or other perinatal factors.
- In effort to remove virus from the skin, the infant should be bathed once normothermia has been achieved (6-24 hours of life).
- Testing process for infants suspected to have COVID-19:
 - Testing consists of one swab of the nasopharynx, placed in a viral transport media tube and sent to the lab for molecular testing.
 - If testing at 24 hours of life is negative, testing should be repeated at approximately 48 hours of life.
 - If testing at both 24 and 48 hours of life is negative, the baby can be considered COVID negative and managed without contact precautions. See below section on “Discharge of COVID negative infants of a birth parent with COVID-19”.
 - If the infant is discharged prior to two negative results, see below section on “Discharge of infants with known or suspected COVID-19”.
 - If an infant tests positive for COVID at any point, the infant should be considered COVID positive, managed with the appropriate contact precautions, and serially tested until negative at 2 week intervals (i.e. a positive test at 24 hours of life would have repeat testing at 15 days of life). If the infant is discharged prior to negative COVID testing, see below section on “Discharge of infants with known or suspected COVID-19”.

For infants born to a birth parent with suspected COVID-19 infection (PUIs) for whom testing is pending:

- Await results of birth parent COVID testing prior to initiating testing for the infant.
- Manage infant as a PUI until maternal test results are available.
- If maternal testing is negative, no further testing is indicated for the infant. Contact precautions can be discontinued.
- If maternal testing is positive, screen the infant as above and continue to manage infant as a PUI until serial testing is negative.

Infants with clinical signs of COVID-19 infection:

- Infants with signs of COVID-19 and no other apparent cause should be tested for COVID-19
 - Signs of COVID-19 include but are not limited to fever, respiratory decompensation, and cough.
 - Preliminary evaluation should include chest x-ray, standard respiratory viral panel, and respiratory culture.
 - If preliminary evaluation does not yield a diagnosis, COVID-19 testing may be pursued.
- Testing should be performed as above.
- Infant should be managed as a PUI until a single negative test results.

Discharge of infants with known or suspected COVID-19:

- Infants who do not have 2 negative results prior to discharge should be treated as PUIs for a 14-day observation period. Follow precautions to prevent household spread from infant to caregivers. The birth parent with COVID-19 should also continue to maintain precautions until she meets the criteria for non-infectivity.
- If an infant tests positive for COVID-19 but does not display symptoms, plan for frequent outpatient follow-up (phone, telemedicine or in-office) through 14 days after birth. Follow precautions to prevent household spread from infant to caregivers.

Discharge of COVID negative infants of a birth parent with COVID-19:

- Discharge the infant, ideally to the care of a designated healthy caregiver. The birth parent should maintain a 6-foot distance from the infant when possible and use a mask and hand hygiene when directly caring for the infant until a) afebrile for 72 hours without use of antipyretics and b) at least seven days have passed since her symptoms first appeared.