

Canadian Pediatric Society on Birthing

<https://www.cps.ca/en/documents/position/delivery-room-considerations-infants-born-to-mothers-with-suspected-or-proven-covid-19>

<https://www.cps.ca/en/documents/position/breastfeeding-when-mothers-have-suspected-or-proven-covid-19>

Mothers with suspected or proven COVID-19 and their infants should not be completely separated. Mothers and infants should be allowed to remain together, after potential risks and benefits of rooming-in have been discussed and allowing for shared decision-making with families and their health care providers. There is some evidence to suggest that infants can be infected with SARS-CoV-2 postnatally [2]. As such, when a mother has suspected or proven COVID-19, voluntary separation may be considered as a recommendation in the future. Currently, however, postnatal infection prevention efforts should be focused on limiting the risk of transmission through enhanced hygiene.

NICU

<https://www.cps.ca/en/documents/position/nicu-care-for-infants-born-to-mothers-with-suspected-or-proven-covid-19>

NICU Visitation

Social distancing practices have resulted in restrictive hospital visitation policies. Given the communicability of this virus, mothers who are COVID-19 positive and whose infants remain in the NICU or nursery (for any reason) should not visit until their symptoms have resolved and they are no longer considered infectious, based on local public health policies. This recommendation is for the safety of health care workers, infants, and other families in the NICU.

During this time, mothers should be encouraged to pump and provide breast milk to their infant. If this is not possible, donor milk may be another option if breast milk is needed for their infant.

Resources for paediatricians

<https://www.cps.ca/en/tools-outils/covid-19-information-and-resources-for-paediatricians>

Government of Canada

<https://www.canada.ca/en/public-health/services/publications/diseases-conditions/pregnancy-and-newborns-mothers.html>

“If you or your child have suspected, probable or confirmed COVID-19, you can stay together in the same room if preferred, especially during the establishment of breastfeeding.

Breastfeeding lowers your baby's risk of infection and illness throughout infancy and childhood. The virus that causes COVID-19 has not been found in breast milk and it is unlikely that COVID-19 can be transmitted while breastfeeding.

If you have suspected, probable or confirmed COVID-19, you must isolate yourself in your home as much as possible; this includes practicing physical distancing in your home, with the only exception being the baby. You should take all possible precautions to avoid spreading the virus to your baby, which includes:

Wash your hands often, especially before and after touching your baby or your other children. Wear a face mask that covers your mouth and nose. Homemade fabric masks are not medical devices. There is no evidence they protect you from virus-sized particles. Ensure the environment around you is clean and disinfected with approved hard-surface disinfectants.

If you are too ill to breastfeed, you are encouraged to:

Feed the child with formula or expressed milk

Ask an uninfected adult to feed the baby

If using a breast pump, sterilize the equipment carefully before each use

Don't share bottles or breast pump

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/health-professionals/interim-guidance-cases-contacts.html>

SOGC Recommendations

Intrapartum care

- Droplet/contact precautions should be used, including wearing a surgical mask with eye protection, a gown, and gloves.
- Use of N95 respirators should be reserved for aerosol-generating procedures (e.g., intubation).
- Unnecessary health care personnel in the room should be minimized.
- It is advisable to limit the presence of symptomatic family and household contacts in the delivery suite and visitation should be permitted in accordance with locally developed infection prevention and control protocols.
- Intrapartum fetal monitoring in the form of EFM should be considered given evidence showing fetal distress during labour.
- Cesarean delivery should be reserved for obstetrical indications.
- There is no data to indicate that the second stage of labour generates aerosols and, as such, droplet/contact precautions are sufficient for vaginal delivery.

- Given that intubation is considered an aerosol-generating procedure, the surgical team should wear N95 respirators for cesarean delivery in case there is a need to convert from neuraxial to general anesthesia.
- There is no evidence to avoid delayed cord clamping or to encourage early cleansing of the infant. Routine practices such as skin-to-skin contact (with the mother wearing a mask and after having washed her hands) and delayed cord clamping should continue.
- Elective cesarean delivery should be delayed, if possible, until a woman is no longer considered infectious.
- Appropriate patient transfer planning should be made so as to minimize exposure of other patients in the hospital.
- Hospital birth is preferred to home birth for women who have or are being tested for COVID-19, in light of the challenges associated with ensuring appropriate personal protective equipment in the home setting and the high rates of fetal distress that reported in the literature.
- Regardless of the gestational age at which a pregnant woman was infected COVID-19, the newborn infant should be tested for COVID-19 at birth (i.e., nasopharyngeal swab and umbilical swab for COVID-19 polymerase chain reaction)

Postpartum and Newborn care

- Management in the post-partum period should be guided by a patient-centred discussion about the available evidence and its limitations.
- We do not recommend universal isolation of the infant from either confirmed or suspected infection in the mother. However, depending on a family's values and availability of resources they may choose to separate infant from mother until isolation precautions for the mother can be formally discontinued.
- Women should practice good handwashing before and use of a mask while engaging in infant care.
- Women who choose to breastfeed should be allowed to do so after appropriate handwashing and while wearing a mask. It is possible that the mother can transmit antibodies to the infant through breastmilk; however, there is limited evidence of this transmission and the potential benefits are unclear.

https://sogc.org/en/content/featured-news/Updated-SOGC-Committee-Opinion__COVID-19-in-Pregnancy.aspx

Dietitians of Canada

<https://www.dietitians.ca/News/2020/Advice-for-the-general-public-about-COVID-19>