Rooming-in for Well-term Infants Born to Asymptomatic Mothers with COVID-19: Correspondence

To the Editor—Temporary separation of newborns from their mothers has been recommended due to the evolving nature of COVID-19 and a lot of unknowns regarding the effect of rooming-in for newborns of mothers with COVID-19 disease [1]. However, the recommendation for physical separation has been questioned due to the risk of interruption of beneficial effects of bonding and breastfeeding. Rooming-in promotes bonding and leads to better outcomes for both mother and baby [2]. Therefore, ongoing evaluation of practices is needed to help achieve a balance that would optimize newborn protection while promoting the beneficial effects of rooming-in.

Due to a significant surge of COVID-19 cases, our institution initiated rooming-in for well-term neonates born at or near term (>36 weeks gestational-age) with their mothers who were positive for SARS-Co-V-2 infection, in a single room with infection control education according to the American Academy of Pediatrics (AAP) recommendations [3]. Infants qualified for rooming-in if their mothers were asymptomatic or had mild symptoms [defined as symptoms of upper respiratory infection (URI), no fever] and were able to care for the infant. Infants who were born preterm, needing NICU care, and those with maternal symptoms other than URI were excluded. Naso-pharyngeal and pharyngeal swabs (2 samples) were obtained for SARS-COV-2 reverse-transcription polymerase chain reaction (RT-PCR) testing for all infants at/after 24 h of birth. Our institution followed the American Academy of Pediatrics recommendations [3] for rooming-in in a single room, including maintaining a distance of at least 6-feet between mother and infant with a curtain barrier; requiring the mother to wear a mask and perform hand hygiene while providing hands-on care for the baby and breast hygiene before breastfeeding. All infants were followed up weekly through telehealth for 2 weeks after discharge.

We carried out this retrospective study after an institutional policy was implemented in the face of a surge in COVID-19 cases at our institution. This study was approved by St. Joseph's Health institutional review board as exempt from consent. Institutional Review Board approval was obtained to retrospectively collect the data obtained as part of clinical care. A retrospective chart review was done for all mother–infant dyads.

From May 1 to June 12, 2020, a total of 49 mother–infant dyads were studied. All but 4 mothers were asymptomatic. Three of the asymptomatic mothers had COVID-19 disease 4–5 weeks earlier that had completely resolved, but RT-PCR testing was still positive. In this cohort of 49 infants, 48 tested negative for SARS-COV-2 by RT-PCR. The only infant that tested positive at 24 h had a repeat negative test at 48 h of age. Upon telehealth follow-up, all infants were noted to be asymptomatic and none had respiratory distress. All were feeding well and were reported to be active. None of the infants in this study developed COVID-19–related symptoms and none died. The benefits of rooming-in have been well described, and the associated skin-to-skin newborn care and breastfeeding promote optimal maternal and child outcomes [2, 4]. There has been no significant evidence of confirmed COVID-19 vertical transmission, [5, 6] and, moreover, as recently declared by the World Health Organization, COVID-19 has not been detected in breast milk of infected mothers. Further studies are needed to understand the impact of rooming-in in the context of COVID-19. However, this small pilot study showed that rooming-in for well-term infants born at or near term to mothers with asymptomatic/mildly symptomatic COVID-19 disease appears to be safe if implemented with education on breast cleansing before feeding, hand hygiene, and use of surgical masks for all hands-on care.

Rooming-in may be considered for infants with asymptomatic mothers with COVID-19 in conjunction with infection control measures, given the known benefits of breastfeeding and mother–infant contact.

Notes

Acknowledgments. Helen Kest and Ashlesha Kaushik contributed equally as co-first authors.

Funding. None.

Potential conflicts of interest. All authors: No reported conflicts. All authors have submitted the ICMJE Form for Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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Journal of the Pediatric Infectious Diseases Society 2020;XX(XX):1–2

DOI: 10.1093/jpids/piaa120