



**Categorising COVID-19 Risk for the Newborn**  
**7<sup>th</sup> September 2020**

**British Association of Perinatal Medicine (BAPM) statement in conjunction with the Royal College of Paediatrics and Child Health (RCPCH).**

On 21<sup>st</sup> August, NHSE in conjunction with Health Protection Scotland, Public Health Agency Northern Ireland, Public Health England and Public Health Wales published: *COVID-19: Guidance for the remobilisation of services within health and care settings. Infection prevention and control recommendations*. This document supersedes previous guidance: Version 3.2 18 June 2020. 'COVID-19: Infection Prevention and Control Guidance' and applies to all paediatric and maternity health and care settings.

The recommendation is that patients be managed via one of three pathways:

**High risk** – patients who have, or are likely to be infected with SARS-CoV-2

**Medium risk** – patients unlikely to be infected, but who have not had a negative PCR test

**Low risk** – patients confirmed negative

Categorisation of risk status for the neonate has implications for use of PPE within the labour ward and neonatal unit (NNU) – specifically if any AGP is required (including suctioning of the airway at birth) full PPE (FFP3 mask) should be worn unless the baby can be classified low risk.

Routine testing of the newborn is not currently standard practice across the UK and recent UK data (BPSU – personal communication) indicate very low rates of neonates being infected with SARS-CoV-2. The unreliability of newborn testing, both false positive tests and false negative tests, is acknowledged. BAPM advocates the use of oropharyngeal swabs for the newborn pending validation of salivary testing.

BAPM does not currently recommend routine testing of babies admitted to NNUs.

A majority of services are currently testing all women admitted in labour; under the updated guidance, any untested asymptomatic woman in labour should be regarded as **medium risk** COVID-19 and appropriate infection prevention and control measures employed pending the result of admission swabs.

We propose the following assignment of risk to the newborn:



- a) Mother confirmed negative – baby **LOW RISK**
  - a. Standard PPE
- b) Mother positive – baby **MEDIUM RISK**
  - a. FFP3 mask for AGP
  - b. Swab baby if admitted to NNU
- c) Mother suspected COVID-19, maternal swab pending – baby **MEDIUM RISK**
  - a. FFP3 mask for AGP
  - b. Swab baby if admitted to NNU
- d) Mother asymptomatic and maternal swab pending
  - a. Low prevalence in local population – baby **LOW RISK**
    - i. Standard PPE
    - ii. Swab baby only if mother subsequently confirmed positive or baby becomes symptomatic
  - b. High prevalence in local population (defined as current local restrictions in place) – baby **MEDIUM RISK**
    - i. FFP3 for AGP
    - ii. Swab baby if admitted to NNU
- e) Baby swab negative – baby **LOW RISK**
  - a. Standard PPE
- f) Baby swab positive – baby **HIGH RISK**
  - a. FFP3 for AGP

**BAPM Executive Committee**