

# Guidance issued for infants born to mothers with COVID-19

13 April 2020



SARS-CoV-2 may cause severe disease. When attending deliveries of women with COVID-19, airborne, droplet, and contact precautions should be utilized due to the increased likelihood of maternal virus aerosols and the potential need to administer newborn resuscitation to infants with COVID-19 infection. Newborns should be separated at birth from mothers with COVID-19 when the physical environment allows. To date, SARS-CoV-2 has not been detected in [breast milk](#); mothers with COVID-19 can express breast milk to be fed to their [infants](#) by uninfected caregivers.

Infants born to infected mothers should be tested for SARS-CoV-2 at 24 and 48 hours after birth; individual risk/benefit decisions regarding testing should be made for centers with limited testing resources. A newborn with documented SARS-CoV-2 infection requires frequent outpatient follow-up through 14 days after discharge.

(HealthDay)—In an initial guidance document issued by the American Academy of Pediatrics, recommendations are presented for the management of infants born to mothers with suspected or confirmed coronavirus disease 2019 (COVID-19).

**More information:** [More Information](#)

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Noting that pediatric data indicate that children of all ages are susceptible to severe acute respiratory syndrome coronavirus 2 infection (SARS-CoV-2) and that infants younger than 1 year are at risk for severe disease, Karen M. Puopolo, M.D., Ph.D., and colleagues from the American Academy of Pediatrics, have provided interim guidance for management of infants born to [mothers](#) with suspected or confirmed COVID-19.

According to the authors, current evidence shows low rates of peripartum transmission and is inconsistent with in utero transmission of SARS-CoV-2 from mothers with COVID-19. However, neonates can acquire SARS-CoV-2 after birth, and their immature immune system raises concern that

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