

NEWSLETTER

Belgian Pediatric COVID-19 Task Force

21/03/2020

1. The Task Force proposes to prioritise the following:

- Continued care for chronic patients and patients with non-covid urgent pathology
- Continued vaccination for infants <15m old
- Separate patient flows for entire hospital (also outpatients):
adequately separating infectious and non infectious flow
(needs to be adapted to the local situation: see example on next page)

2. Daily updated pediatric FAQ's can be found here:

FR:

https://epidemiologie.wiv-isp.be/ID/Documents/Covid19/COVID-19_FAQ_paeds_FR.pdf

NL:

https://epidemiologie.wiv-isp.be/ID/Documents/Covid19/COVID-19_FAQ_paeds_NL.pdf

New questions welcome on covidpediatrie@gmail.com

3. International Early Childhood COVID-19 resources:

<https://mailchi.mp/ecdan/covid19>

4. Belgian guideline for newborns of COVID-positive mothers:

See at the end of this document.



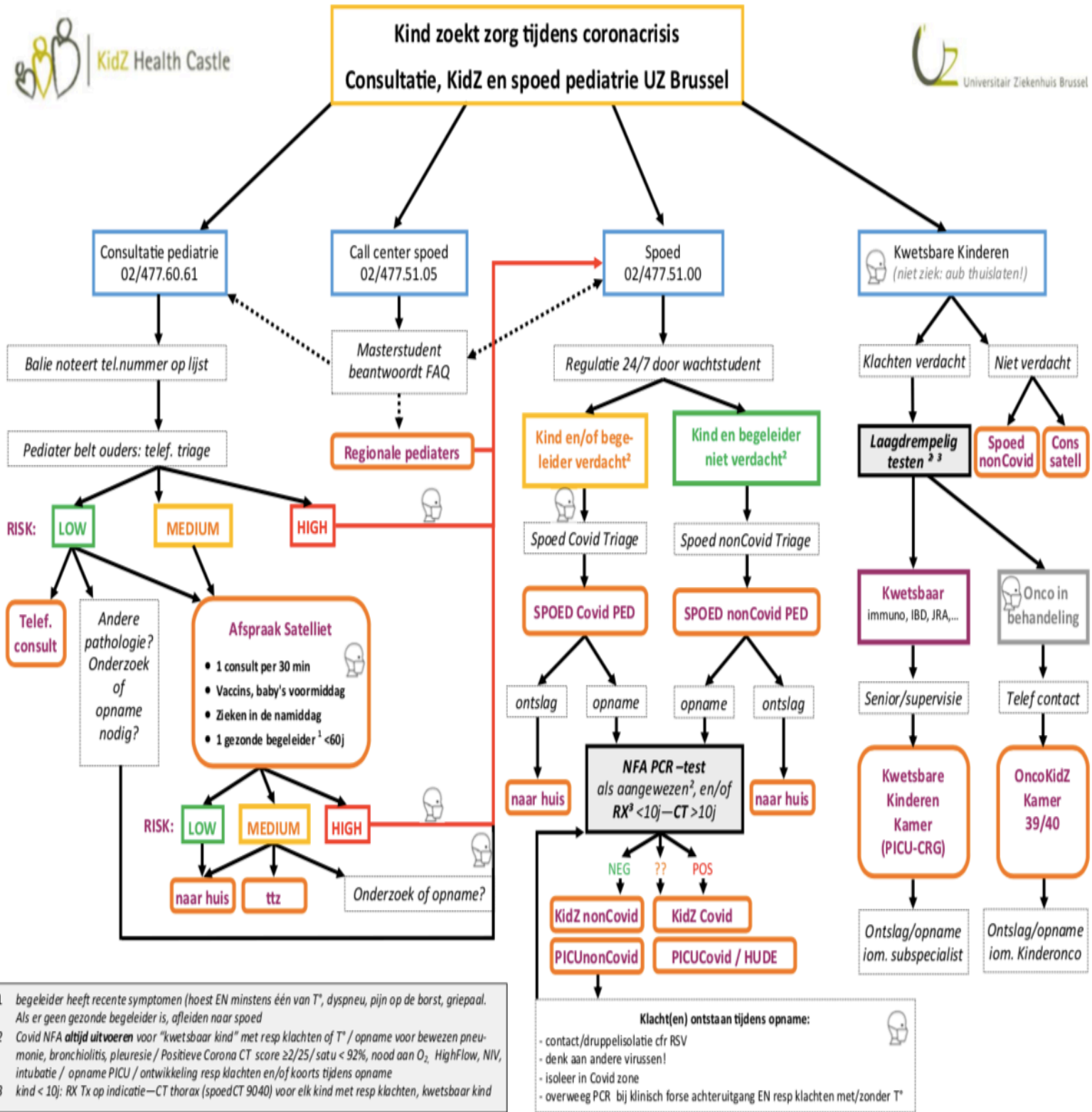
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Good practice example of patient flow:



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GUIDELINE Newborn of COVID-19 positive mother (for every COVID-positivity within 21d before delivery) By Belgian Pediatric COVID-19 Task Force, 21/3/2020

Authors: Dimitri Van der Linden & Daan Van Brusselen

Experts consulted: Luc Cornette (for BVN), Ludo Mahieu, Marc Hainaut, Tine Boiy, Tyl Jonckheer

To be adapted locally.

Most important = to have a separate patient circuit for COVID-19.

Every pregnant woman with symptoms should be tested a.s.a.p. In case of a suspicion of COVID at delivery, the baby cannot go home before the result (in order to set up necessary measures at home).

Prefer polyclinical delivery in COVID-dedicated delivery room:

- FFP2 mask, gloves, protection glasses and gown for all health care workers (as per local protocol)
- Discharge withing 24h from delivery room itself if possible
- Mother wears a surgical mask in the vicinity of her child or whilst breastfeeding & disinfects her hands before touching the baby (for at least 21 days – also at home)
- When not taking care of baby, the cot remains at a distance of more than 1.5 meters
- Inform parents on possible clinical signs of COVID infection (grunting, insufficient feeding, lethargy, pale color, cyanosis, ...)
- Standard follow-up by midwife at home (with PPE - personal protective equipment) and of the neonate in ambulatory pediatric setting after one week (with PPE)

If early discharge of mother/child not possible:

Preferrably nurse the mother and child in a COVID (pediatric) department (with help of a dedicated midwife), preferrably as far away as possible from regular maternity patients (in order to keep COVID out of maternity).

1) If the mother is moderately / seriously ill:

- Mother transferred to COVID unit and infant to COVID pediatric unit (if all right) or NICU (if sick).

2) When mother is not or mildly ill, and the child is in good condition:

- Preferrably both admitted together in a COVID ward (with help of a dedicated midwife) or in a COVID dedicated maternity ward (in some level III centres)
- Keep child 1.5 meter from mother
- no NPA, only if baby is symptomatic (will be negative in beginning anyway)
- standard surveillance of vital signs and temperature
- breastfeeding or skin-to-skin ONLY with surgical mask & after hand alcohol, after washing of breasts/chest with soap
- breast milk pumps or expressed breast milk cannot leave the room (like any other material present in the room)



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- NO VISIT; however partner is allowed (but does not leave the room) and wears surgical mask, disinfects hands before touching the baby and before feeding the baby.
- EVERY symptom (fever, grunting, respiratory...) in neonate:
 - call pediatrician urgently
 - admission to isolation room in tertiary NICU

3) If the mother is not or mildly ill and neonate needs NICU/N*:

- mother transferred to COVID department
- neonate on N*/NICU in COVID-isolation:
 - expressed breastmilk ONLY if bottles can be disinfected appropriately
 - intensive care measures as appropriate
 - No NICU visit of COVID-positive parent authorised (discuss specific situations on a case-by-case basis)

References

- Mahieu L, Bastanie M, Mulder T: Aanpak van de neonaat bij moeder met vermoeden of bewezen infectie met coronavirus (COVID-19). Protocol UZA versie 18/03/2020
- Smets K et al: Plan van aanpak COVID-19 partim pasgeborene. Protocol UZG versie 14/03/2020
- <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>
- Japanese Society for Neonatal Health and Development 2020 03 05: Recommended measures to a new type coronavirus infection (COVID19) in newborn infants.
- Liang H, Acharya G: Novel corona virus disease (COVID-19) in pregnancy: What clinical recommendations to follow? ACGS 2020. DOI: 10.1111/aogs.13836.
- Lu Q, Shi Y: Coronavirus disease (COVID-19) and neonate: What neonatologists need to know. J Med Virol 2020 Mar 1. Doi: 10.1002/jmv.25740.
- Royal College of Obstetricians & Gynaecologists: Coronavirus (COVID-19) infection in pregnancy. Version 1, 9 March 2020.
- Shen K, Yang Yonghong, Wang T et al: Diagnosis, treatment, and prevention of 2019 novel coronavirus infection in children: experts' consensus statement. World Journal of Pediatrics 2020; doi.org/10.1007/s12519-020-00343-7.

*It always
seems
impossible
untill it's done*

Nelson Mandela

Stay save,

Stay strong!



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Coordinator and VBS/GBS:

Tyl Jonckheer

Coordination scientific committee:

Dimitri Van der Linden (FR), Daan Van Brusselen (NL)

Members of the scientific committee:

Tine Boiy, Marc Hainaut, Petra Schelstraete, Siel Daelemans, Julie Frère, Koen Vanden Driessche, Stefaan Van Lierde, Koen Vanden Driessche, Anne Tilmanne, Dimitri Van der Linden, Daan Van Brusselen

Belgian Academy of Pediatrics:

Georges Casimir

SBP/BVK:

Marc Raes

VVK:

Ann Bael

GBPF:

Marianne Michel

European Academy of Pediatrics:

Ann De Guchteneere

Universities:

Stephane Moniotte

Neonatologists:

Luc Cornette

Pediatric Intensivists:

Els Duval

Observers:

Kind en Gezin: Bart Van Overmeire

ONE: Paloma Carillo

Sciensano: Laura Cornelissen

Flemish society pediatric of nurses: Jeroen Verlinden

French speaking society pediatric nurses: Jordaan Pollet

Spokesperson NL: Petra Schelstraete

Spokesperson FR: Dimitri Van der Linden



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