


<b>Infection Control Manual</b>		
	Policy Name	<b>Labor and Delivery</b>
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	Responsible for Content	<b>Hospital Epidemiology</b>

## I. Description

Describes practices followed in Labor and Delivery to reduce the risk of infection for patients and personnel.

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## II. Rationale

Practices and procedures related to Labor and Delivery are associated with a risk of infection for both the mother and infant, as well as personnel. Strict adherence to the infection control guidelines in this policy can minimize this risk.

## III. Policy

### A. Labor and Delivery Areas and Traffic Control

1. Access to the Labor and Delivery Suite is limited to personnel responsible for patient care or providing service to the delivery suite and to patient visitors as designated below.
2. The restricted access area of the Labor and Delivery OR Suite is designated by strips of black and yellow tape. All persons entering this area must wear appropriate surgical attire.
3. The number of persons attending a delivery or other procedure will be monitored by the charge nurse in consultation with the physician. Attempts will be made to keep this number to a minimum.
4. Visitation: Unit policy limits Labor, Delivery and Recovery Room visitor number to 3.
  - a. Families of patients may visit at the discretion of the nursing/medical staff in accordance with UNC Health Care’s Administrative Policy: “Visiting Hours and Regulations,” restricting those with signs or symptoms of communicable illness. This policy will be monitored and implemented by the nursing staff.
  - b. Visitors will perform hand hygiene before approaching the bedside.

- c. Scheduled tours are provided for couples and siblings when patient activity allows. . They are not allowed to enter the OR delivery rooms. Children cannot enter the restricted areas.

## B. Infection Control Practices

### 1. Personnel

- a. Personnel should adhere to guidelines established by the Hospitals' Occupational Health Service (OHS). Refer to the policy: "Infection Control and Screening Program: Occupational Health Service."
- b. Healthcare personnel (HCP) should adhere to all personnel guidelines in the Infection Control Policy: "Infection Control Guidelines for Adult and Pediatric Inpatient Care."
- c. Hand hygiene will be performed in accordance with the Infection Control Policy: "Hand Hygiene and Use of Antiseptics for Skin Preparation."
  - i. Anyone handling a newborn will perform hand hygiene with an approved antimicrobial agent prior to and after contact. Nitrile gloves will be worn by HCP until after the baby's first bath.
  - ii. For the manual extraction of retained placenta or placental fragments wear elbow length gloves followed by sterile gloves.
  - iii. Refer to Appendix 5 of Surgical Services Infection Control Policy for description of surgical scrub  

Persons involved in the delivery (other than obstetricians and assistants who perform a timed surgical hand antisepsis) will thoroughly perform hand hygiene with an approved antimicrobial agent prior to entering the LDR or OR delivery room. (Refer to Appendix 5 of Surgical Services Infection Control Policy.)
- d. Personnel should be familiar with the principles of asepsis outlined in the Infection Control Policy: "Cleaning, Disinfection, and Sterilization of Patient Care Items."
- e. The Isolation Precautions Policy, the Exposure Control Plan for Bloodborne Pathogens and the Tuberculosis Control Plan will be followed. These policies are located on the Infection Control website and the Intranet @ Work.
- f. Dress Code in LDR Rooms
  - i. All personnel (including students) assigned for duty will wear scrub attire available via the pyxis machine.
  - ii. When a delivery occurs in a LDR room, medical and nursing personnel will wear scrub attire.
  - iii. Labor support persons or significant others are not required to wear scrubs or a cover gown over their clothing.
- g. Dress Code in OR Delivery Rooms
  - i. All personnel must wear cap and scrub attire in the OR delivery room. Shoe covers will be worn if exposure to blood and other potentially infectious materials is reasonably anticipated. A mask that fully covers the mouth and nose is applied before entering an OR delivery room if an operation is about to begin or is already underway or if sterile instruments are exposed.
  - ii. The neonatal resuscitation team personnel wear a green gown or jump suit, head covering, and masks when attending a delivery.

- iii. All personnel involved in either the setting up or the cleaning of a delivery suite must wear scrub attire and a cap when in the OR delivery suite. Masks are worn as stated above.
  - iv. All personnel entering the restricted area of the OR delivery room to check or maintain equipment will wear a jumpsuit or scrub attire and cap.
  - v. Leaving and returning to the OR Delivery Room
    - Ideally, any physician, nurse, student, or housekeeping personnel leaving the OR delivery room, will wear a clean scrub gown over scrub attire (tied in the back at neck and waist) or wear a long, buttoned lab coat.
    - Upon leaving the suite, the cap, mask, and shoe covers must be discarded and new ones reapplied upon reentrance into the suite area.
    - Anyone leaving the area without proper covering of scrub attire should change scrub attire on returning to the labor and delivery suite.
2. Patient (Maternal and Neonates)
- a. Isolation/Communicable Diseases: (The [UNC Center for Maternal and Infant Health website](#) contains OB algorithms including but not limited to: Amniotic Fluid Testing for Infection, Cytomegalovirus, Group B Streptococcus, HIV Positive Status, Influenza, Parvovirus B19, Syphilis, Toxoplasmosis, and Tuberculosis.)
  - b. Isolation Precautions: Personnel are responsible for following the Infection Control Policy: "Isolation Precautions." For patients with "rule out, or suspected TB," refer to the Infection Control Policy: "[Tuberculosis Control Plan.](#)"
    - i. Personnel are responsible for following the [Isolation Precautions Policy](#). Infants of maternal patients with communicable diseases (e.g. Novel H1N1 influenza: fever, sore throat, cough; suspected or confirmed TB) may require isolation and/or separate housing away from the infectious mother.
    - ii. All maternal patients should be screened for infectious diseases by the nurse and physician to determine need for cultures and isolation precautions. Any superficial skin infection/lesion should be washed with an antimicrobial agent and dressed with a sterile dressing prior to admission to the labor room. The physician should be consulted regarding any skin lesions and advise regarding patient management.
    - iii. See the [Herpes Simplex Infection Control Policy](#) for care of infants and mothers with proven or suspected herpes.
    - iv. Personnel will contact the Infection Preventionist for assistance with specific cases as necessary.
  - c. Patient Care Practices
    - i. Patient deliveries that are performed via a cesarean section in the OR Delivery Room should be performed following all the infection control steps for surgical procedures found in the [Surgical Services Infection Control Policy](#) All staff involved in surgical deliveries must be familiar with and follow the Surgical Services Infection Control Policy.
    - ii. Multidose medication vials should be managed by following UNC Health Care's Operational Policy, "[Use of Multi-Dose Vials of Parenteral Medications in Acute Care and Ambulatory Care Environments.](#)"

- iii. For care of intravascular devices (e.g., peripheral and central IVs, arterial catheters, Hickman/Broviac catheters), refer to the Infection Control Policy: The Prevention of Intravascular Catheter-Related Infections.
- iv. In and out catheterization and/or insertion of urinary drainage catheters will be performed aseptically following the nursing procedure found on Nursing's website.
- v. Urine for culture will be obtained following the nursing procedure found on Nursing's website.
- vi. Vaginal Examinations: Hands must be cleaned thoroughly and a clean glove worn for each exam. Individual packets of sterile lubricant will be used.
- vii. Internal Pressure Catheters (for monitoring contractions or for amnioinfusion) or Internal Fetal Electrodes (for fetal heart rate monitoring):
  - Carefully insert the catheter and leads by means of aseptic technique (wear sterile gloves).
  - Purchase disposable products whenever possible.
  - Do not remove components of monitoring system from sterile packages and set up until the system is actually needed.
  - Between patients: clean the external cables (e.g., Sani-Cloth wipes, MetriGuard) and clean or launder the straps used to hold the fetal monitors on.
  - Maintain a closed system.
  - Use extreme caution to avoid contamination during procedures such as calibration.
  - Use sterile solutions for system.
  - Use sterile equipment for all fluid pathways in the pressure-monitoring system.
  - Use continuous-flush system instead of intermittent flushing with a syringe.
  - A direct intrauterine pressure device that functions without the fluid-filled catheter apparatus is preferred.
  - Avoid scalp electrodes, if possible, if maternal infection with hepatitis B, HIV, or herpes simplex virus is known or suspected.

### 3. Equipment

- a. General Guidelines (refer to policy, "Infection Control Guidelines for Adult and Pediatric Inpatient Care," for cleaning recommendations)
  - i. Disposable equipment or equipment labeled for single use only should not be reused. Refer to the Reuse of Single Use Devices Infection Control Policy.
  - ii. All patient equipment/items which come in contact with mucous membranes/non-intact skin must be cleaned and high-level disinfected between patients. Refer to the Cleaning, Disinfection and Sterilization Infection Control Policy. Please direct questions regarding cleaning and disinfection of equipment to Hospital Epidemiology (966-1636).
  - iii. Vaginal ultrasound probes should be cleaned and disinfected in the following manner:

- Remove the condom and wipe the probe clean with a fresh, clean, alcohol soaked cloth.
  - Immerse the cleaned ultrasound probe in a closed/covered container filled with 2% glutaraldehyde and soak for at least 20 minutes.
  - Upon completion of the 20 minutes soak cycle, rinse the probe thoroughly with sterile water and allow to air dry on a clean towel. If tap water is used, rinse or wipe down with alcohol as the final step.
  - Abdominal ultrasound probes that only contact intact skin will be cleaned between patients using an EPA approved disinfectant approved by the equipment manufacturer.
  - Cleaned vaginal ultrasound probes must be stored in a clean area with peel pack covering to denote processed and ready for next patient.
- iv. All nondisposable equipment (e.g., procedure trays, surgical instruments) should be washed in enzymatic detergent and sent to CPD for sterilization.
  - v. Respiratory Equipment must be cared for in accordance with the guidelines in the **IC 0057: Respiratory Care Department Infection Control Policy**
  - vi. Non-disposable equipment should be returned to the place of origin for reprocessing. All cables used for patient monitoring (e.g., cardiac cables, EKG cables, pulse oximeter) should be cleaned with alcohol, Sani-Wipe, or MetriGuard solution between each patient use.
  - vii. Urometers and Devices: Individual disposable urine measuring containers should be discarded after patient discharge or sent with the patient, upon transfer.
  - viii. Shared equipment (e.g., intravenous poles, hair removal clippers, dynamaps, oximeters) should be cleaned with an EPA-approved disinfectant solution between patients, when visibly soiled and after use for patients on Contact Precautions.
  - ix. Stretchers should be routinely cleaned between patients using an EPA-registered germicidal disinfectant (e.g. MetriGuard).
  - x. Use of Tub Bath During Labor: The guidelines for the use of the bath/whirlpool tub during labor, listed in Appendix 3, should be followed. Between patient uses, the tub should be thoroughly cleaned. The guidelines for cleaning the bath/whirlpool tub, listed in Appendix 4, should be followed.
4. Infant Care
    - a. Mouth-to-mouth techniques for suctioning meconium must not occur. Wall suction is the accepted method.
    - b. All infants receive prophylaxis for neonatal gonococcal infections according to Appendix 1: "Recommendations for the Prophylaxis of Neonatal Gonococcal Infections."
5. Placenta
    - a. Disposal of Placentas
      - i. The decision to discard the placenta after delivery or send it for pathologic evaluation should be made immediately after delivery.
      - ii. The physician should check the appropriate box on the postpartum physician order form.

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- iii. Those placentas that will not be sent for pathologic evaluation will be discarded on the Labor and Delivery Unit. Each placenta is placed in a plastic container with a tight fitting lid, which is disposed of in the red bag trash. Refer to Infection Control policy entitled "Guidelines for Disposal of Regulated Medical Waste."
- b. Patient's Request for Placenta
  - i. Refer to Administrative Policy 0038: Custody of Internal Body Tissue, Organs or Body Parts
6. Biological Waste Disposal
  - a. Regulated medical waste must be disposed of within the guideline outlined in the Infection Control Policy: Disposal of Regulated Medical Waste
7. Environmental Services (refer to the Environmental Services Infection Control Policy)
  - a. For the "Whirlpool Cleaning Procedure," see Appendix 4.
8. Infection Control Education
  - a. An infection control in-service which includes Blood borne Pathogens and Tuberculosis education is required annually via LMS.

### **C. Implementation**

It is the responsibility of the Labor and Delivery nursing managers and Medical Director to implement this policy.

### **IV. Reviewed/Approved by**

Hospital Infection Control Committee

### **V. Original Policy Date and Revisions**

Revised on Oct 2004, Oct 2006, July 2009, July 2012

**Appendix 1: Recommendations for the Prophylaxis of Neonatal Gonococcal and Chlamydial Infections**

1. A recommended prophylactic agent will be instilled in the eyes of all newborn infants.
2. Acceptable prophylactic agents which prevent conjunctivitis of the newborn due to gonorrhea or chlamydia include the following:
  - a. Erythromycin (0.5%) ophthalmic ointment
  - b. Tetracycline (1%) ophthalmic ointment.
3. Prophylactic agents should be given shortly after birth. A delay of up to two hours is acceptable and may facilitate initial maternal/infant bonding. Instillation of these prophylactic agents will be the responsibility of Labor and Delivery nurses.
4. The importance of performing the instillation so the agent reaches all parts of the conjunctival surface is stressed. If medication strikes only the eyelids and lid margins, but fails to reach the cornea, the instillation should be repeated. Prophylaxis should be applied as follows:

Ophthalmic ointment (Tetracycline)

  - (1) Carefully clean eyelids and surrounding skin with sterile cotton, which may be moistened with sterile water. Wipe eyes of excess moisture with sterile gauze in order to facilitate instillation.
  - (2) Allow the ointment to run across the whole conjunctival sac. Carefully manipulate lids to ensure spread of the ointment. Repeat in the other eye.
5. Infants born to mothers infected with gonorrhea or chlamydia may require systemic therapy as well as prophylaxis. Consult the current Red Book (Report of the Committee on Infectious Diseases of the American Academy of Pediatrics) for the treatment modalities and dosages.
6. The detection and appropriate treatment of infections in pregnant women, which may result in conjunctivitis of the newborn, is encouraged.
7. All physicians at UNC Hospitals will be required to report cases of conjunctivitis of the newborn and etiologic agent to state and local health departments so that incidence data may be obtained to determine the effectiveness of the control measures.

**References**

1. MMWR. Sexually Transmitted Diseases Treatment Guidelines, 2010. December 17, 2010/Vol. 59/No. RR-12 (pg 47 Chlamydial) (pg 53 N. gonorrhoeae).
2. National Society to Prevent Blindness. "Prevention and Treatment of Ophthalmia Neonatorum" Report No. 83-2, pages 2-4.
3. American Academy of Pediatrics. 2009 Red Book: Report of the Committee on Infectious Diseases. 27 Ed., pp. 827-828.

## Appendix 2: Labor and Delivery Unit Policy for the Use of Bath During Labor

**Purpose:** To describe guidelines for use of the bathtub in the labor and delivery unit.

**Supportive Data:** Use of a bath during labor is intended to facilitate relaxation and/or pain management in uncomplicated pregnancies.

**Contraindications:** The following criteria will exclude use of the tub:

1. High risk pregnancy factors

**Guidelines for Use:**

1. Adjust water temperature to comfort level.
2. Only the patient is allowed in tub.
3. Patient gown may be worn if woman desires clothing.
4. Cover IV site and tape with plastic to keep dry.
5. Have patient stand, or sit on side of tub for fetal monitoring with doptone or use telemetry EFM.
6. Patient may stay in tub throughout first stage of labor, even with ruptured membranes until the time of delivery.
7. Physician orders must be written for:
  - intermittent fetal monitoring and/or telemetry EFM

**Safety:**

1. If patient has temperature elevation of >37.8 degrees, she should not be in the tub.
2. Return patient to bed before pushing or delivery.
3. **NEVER USE ELECTRICAL EQUIPMENT WITH PATIENT IN WATER.**

**Cleaning:** Cleaning will be done by Environmental services (see Appendix 5).

**Documentation:** Use of tub and patient response should be documented in e-chart.



### Appendix 3: Labor and Delivery Whirlpool Cleaning Procedure

The use of whirlpools/jacuzzis is a recent addition to obstetrical practice. Because the water and the tub surfaces become contaminated with the mother's skin flora and blood during labor and delivery, whirlpool/jacuzzis need to be drained after each patient and the surfaces thoroughly cleaned and disinfected. The whirlpool/jacuzzis should also be cleaned prior to use if it has not been cleaned within the last 24 hours.

#### Procedure:

Environmental services will perform tub cleaning upon patient discharge and nursing will perform tub clean before patient use in the following manner:

- a) Abrasive cleaners should not be used on the tub.
- b) Don impermeable gown, gloves and face shield.
- c) Strain any particulate matter and discard in toilet.
- d) Drain whirlpool tub.
- e) Using a clean wash cloth scrub the tub surface using a 1:10 bleach solution.
- f) Clean all inside tub surfaces including agitator, faucet, drain, and trim with a 1:10 bleach solution.
- g) Rinse all inside tub surfaces with clean water
- h) Dispose of wash cloth in a dirty linen bag.
- i) Flushing the whirlpool:
  1. Keep door to hallway closed to minimize fumes leaking into hallway.
  2. Don protective clothing.
  3. Adjust the jets fully clockwise (closed) so there is no air introduction into them.
  4. Fill the tub with hot water from faucet to a level of 2 inches above the highest jets.
  5. Add 4 ounces (120cc) of undiluted chlorine bleach and 4 ounces of powdered dishwasher detergent to the hot water.
  6. Expose all inside surfaces to the bleach/dishwasher solution for 10 minutes.
  7. Turn on the jets and run whirlpool for 10 minutes.
  8. Refill the tub with water to a level of 2 inches above the highest jets and turn the whirlpool on for another 10 minutes.
  9. Dry inside tub surfaces with clean towels and keep the tub dry until it is to be used again.
  10. Turn the jets counterclockwise (open).

#### **Appendix 4: Carolina's Cord Blood Procurement at UNC Health Care**

UNC Health Care participates in a national cord blood research study with several other health care facilities in the Raleigh/Durham area. The study is coordinated and staffed by Duke University Medical Center (DUMC) personnel who work in UNC Hospitals' Labor and Delivery, Monday through Friday, at varied times.

Patients are enrolled via upon admission with consent forms completed and lab work completed prior to delivery. Blood specimens are stored in a specimen refrigerator in the office for the Carolina Cord Blood Program in Labor and Delivery.

At the time of delivery, the placenta is delivered and placed in a sealed, plastic container and handed to the cord blood technician who will transport the container to the cord blood lab. The technician follows Standard Precautions at all times. During delivery personal protective equipment, jumpsuit, mask, gloves and protective eye wear, is worn. During cord blood procurement, the technician will wear gloves, mask and eye wear. After completion of the procedure, the personal protective equipment is removed and hands cleaned.

For procurement, the placenta is removed from the container and placed into a funnel-like device with the cord freely suspended over a blue pad on the counter. The umbilical cord is cleaned with betadine swabs and alcohol prior to safety needle access. Blood is withdrawn by using an empty blood bag and IV tubing with a safety needle attached. After the appropriate amount of blood is collected in the blood bag, blood is also collected from the placenta for type and cross match for the baby. The baby's blood is sent to UNC Hospitals' lab for typing.

The collected cord blood is placed into a large Red Cross storage box (labeled with a biohazard label) until time of transport to DUMC. At the time of transport, the cord blood, mother's blood specimen and associated paperwork are placed into a cooler transported to DUMC for further processing and storage. All supplies are provided by DUMC for this procedure. The used instruments (clamps) are cleaned and soaked in an EPA-approved disinfectant detergent and transported to DUMC for sterilization and reprocessing.

## Appendix 5: Pregnant or Newborn Patients with Suspected or Known Influenza and Newborns of Influenza Positive Mothers Protocol

(This protocol pertains to seasonal influenza, as well as H1N1.)

Influenza is a viral disease of the respiratory tract characterized by fever, headache, myalgia, prostration, coryza, sore throat and cough. The clinical picture may include mild respiratory symptoms, croup, bronchiolitis, viral pneumonia, undifferentiated acute respiratory disease, and/or gastrointestinal tract manifestations (nausea, vomiting, or diarrhea). The incubation period is short, ~ 2 days (range of 1-4 days). The period of communicability is 5 days in adults and up to 7 days in young children. Transmission occurs via respiratory droplets.

### BEFORE DELIVERY:

Pregnant women are at increased risk of morbidity and mortality related to influenza virus infection; therefore, every effort must be made to prevent the transmission of infection to other prenatal patients.

#### • **Outpatient settings (ED, OB Clinic at the hospital or community based practices):**

- **Registration Area:** Patients with symptoms of influenza (history of a subjective fever or temperature  $\geq 100.4$  ° F, and sore throat or runny nose or cough) will be provided with and instructed on donning a surgical mask at the registration area and remain masked throughout their visit.
- **Waiting Area:** Segregate patients with signs and symptoms of influenza from those without illness (maintain a distance from other patients of 3-6 feet).
  - Patients with symptoms of influenza should be placed in a private exam room as soon as possible.
- **Exam Room:** Patients with symptoms of influenza will be cared for utilizing ***Droplet and Standard Precautions***.
  - Droplet Precautions sign will be posted on this patient's exam room door.
  - Surgical mask is required for all persons inside the patient's exam room (HCW and anyone accompanying the patient, even if the patient has on a mask).
  - HCW will wear an N95 respirator when performing any cough-inducing procedure (e.g., intubation, bronchoscopy).
  - Hand hygiene is required before and after touching the patient.
  - Droplet Precautions will be continued for 7 days after illness onset or 24 hours after symptoms resolve (whichever is longer).
- **Those accompanying the patient:** will not accompany the patient to the Healthcare System if they have signs and symptoms of influenza as visiting is prohibited for those with contagious illness.

#### • **Inpatient settings (3WH, L&D, 5WH or 6WH):**

- **Nursing station:** Upon arrival on the unit, patients with symptoms of influenza (history of a subjective fever or temperature  $\geq 100.4$  ° F, and sore throat or runny nose or cough) will be provided with and instructed on wearing a surgical mask at the nurse's station, before walking to the room (e.g. triage, LDR).
- **LDR:** Hospitalized prenatal patients with symptoms of influenza will be cared for using Droplet and Standard Precautions (refer to 1-5 above).
- **OR Delivery Suites:** When moving a patient with symptoms of influenza between Triage or LDR and the OR delivery suites, the patient should wear a surgical mask.

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- Transfer off L&D unit: When moving a patient with symptoms of influenza to another inpatient unit, the patient will wear a surgical mask.

### **DURING DELIVERY:**

Infants are known to be at higher risk of severe illness from influenza virus infections, therefore, every effort must be made to minimize exposure to influenza when an ill pregnant woman delivers her baby.

#### **• Inpatient settings (floor/ICU, LD or Operative Delivery Room):**

- The mother will wear a surgical mask, if tolerated, during the delivery of the infant.
- After the infant is born, while in the delivery area, the mother must continue to wear the surgical mask and should perform hand hygiene before touching the baby.
- The newborn will not be housed with the mother in L&D, postpartum units, or ICUs.
- All HCWs must wear gloves whenever touching any newborn until the first bath has been completed.
- Perform hand hygiene before putting on gloves and after glove removal.
- Transferring the mother to another unit: When moving a patient with symptoms of influenza to another inpatient unit, the patient will wear a surgical mask.

### **AFTER DELIVERY:**

Best practice of infection control measures will prevent exposure of susceptible patients, HCWs, and visitors.

#### **• Postpartum patients with symptoms of influenza on inpatient floor or ICU settings:**

- Isolation Policy: Droplet Precautions will be continued until 24 hours post resolution of symptoms. If symptoms cannot be assessed (e.g. intubated patient), the patient should remain on Droplet Precautions for 7 days after illness onset.
  - When being discharged from the hospital, the postpartum patient on Droplet Precautions will wear a surgical mask until outside the hospital.
- Infant Feedings:
  - Mothers are encouraged to provide breast milk for the infant because of the protection from respiratory infection that breast milk provides to the infant.
  - Mothers should be assisted to express their milk.
  - Before expressing breast milk, the mother should put on a surgical mask and a clean gown then perform hand hygiene.
  - Treatment with antiviral medications is not a contraindication to breast feeding.
  - The infant will be fed by someone other than the mother on Droplet Precautions.
- Visitors: Will receive infection control education on Droplet Precautions and hand hygiene and are required to be compliant with these measures during their visit.

#### **• Newborn patients with known or suspected influenza or delivered by mothers with symptoms of influenza:**

- Unit assigned: The newborn will be cared for in the Newborn Nursery or NCCC following the current admission criteria.

- NCCC: When a newborn of a mother with symptoms of influenza is housed in the NCCC, they will be cared for following these guidelines:
  - Droplet and Standard Precautions will be followed.
  - Droplet Precautions require a private room in the NCCC.
  - If more infants require Droplet Precautions than private rooms available, cohorting of infants of mothers with symptoms of influenza is required.
  - An isolette bed should be used to help control the spread of respiratory droplets.
- Newborn Nursery: When a newborn of a mother with symptoms of influenza is housed in the Newborn Nursery they will be cared for following these guidelines:
  - Droplet and Standard Precautions will be followed.
  - Droplet Precautions require a private room in the nursery.
  - If more infants require Droplet Precautions than private rooms available, cohorting of infants of mothers with symptoms of influenza is required.
  - An isolette bed should be used to help control the spread of respiratory droplets.
  - If a private room is not available in the nursery, the newborn should be kept 6 feet from other babies in the nursery and in an isolette bed.

NOTE: If a Newborn Nursery patient of a mother with influenza becomes infected with influenza, they may room-in with the mother inside her Droplet Precautions room.