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Owner	Sherie Goldbach: Project Coordinator
Policy Area	Infection Prevention
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Policy Tag Groups	Women's Services

Women's Hospital Maternal Units (3WH, L&D, 5WH, NBN & NCCC): Recommendations from Infection Prevention

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I. Description

Describes practices followed in the Women's Hospital Maternal Units, including labor and delivery, antepartum, postpartum, newborn nursery, and newborn critical care center to reduce the risk of infection for patients and staff.

II. Policy

A. Infection Prevention Practices in the Women's Hospital Maternal Units

1. Biological Waste Disposal
    1. Regulated medical waste must be disposed of within the guideline outlined in the Infection Prevention policy: Guidelines for Disposal of Regulated Medical Waste
2. Environmental Services (ES) (refer to the Infection Prevention policy: Environmental Services)
    a. For the Tub Cleaning Procedure, see Attachment 1: Labor and Delivery Unit Policy for the Use and Cleaning of Bath/Whirlpool During Labor.

b. Daily Cleaning

i. Newborn Nursery (NBN), daily cleaning should coincide with periods when most infants are out of the nursery.

ii. Newborn Critical Care Center (NCCC), daily cleaning should be performed by ES.

3. Patient (Maternal and Neonates)

a. Isolation/Communicable Diseases

i. Isolation Precautions: For patients with suspected or confirmed pulmonary tuberculosis, refer to the Infection Prevention policy: Tuberculosis Control Plan.

ii. Infants of maternal patients with communicable diseases (e.g., influenza: fever, sore throat, cough; suspected or confirmed TB) may require isolation and/or separate housing away from the infectious mother. See Attachment 4: Isolation Guidelines for Infants and Mothers with Infectious Disease.

iii. All maternal patients flagged in the medical record with a history of a multi-drug resistant organism (MDRO) should be placed on contact precautions until staff consult with Infection Prevention (phone 984-974-7500).

iv. For guidelines for isolation of mothers or infants with diagnosed or suspected herpes simplex, see Attachment 3: Herpes Simplex.

v. The OB Algorithms - UNC Collaborative for Maternal and Infant Health website contains OB algorithms including Medical Complications of Pregnancy, including infections.

b. Patient Care Practices

i. Vaginal Examinations: Hand hygiene must be performed, and a clean glove worn for each exam. Individual packets of sterile lubricant will be used.

ii. For care of intravascular devices (e.g., umbilical catheters, peripheral and central IVs, arterial catheters, Hickman/Broviac catheters), refer to the Nursing Policy: Central Venous Access Device (CVAD) Care and Maintenance.

iii. Anyone handling a newborn will perform hand hygiene with an approved antimicrobial agent or alcohol-based hand rub prior to and after contact.

iv. Standard precautions are to be used when handling newborns.

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4. Equipment

    a. General Guidelines (refer to Infection Prevention policy, Infection Prevention Guidelines for Safe Patient Care, for cleaning recommendations)

        i. Disposable equipment or equipment labeled for single use only should not be reused. Refer to the Infection Prevention policy: Reuse of Single Use Devices (SUDs).

        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 Infection Prevention policies: High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-Critical Medical Devices (excluding ALL flexible endoscopes) and Sterilization of Reusable Patient-Care Items. Please direct questions regarding cleaning and disinfection of equipment to Infection Prevention (984-974-7500).

        iii. Respiratory Equipment must be cared for in accordance with the guidelines in the Infection Prevention policy: Respiratory Care Department.

    b. Specific Equipment to the Women's Maternal Units

        i. Isolettes, Bassinettes, and Warmers

            - Isolettes, bassinets and warmers are cleaned with an EPA-registered disinfectant between patients and when visibly soiled.
            - Phenolics must not be used for disinfection of isolettes.
                - Hyperbilirubinemia has been associated with the use of phenolic detergents in enclosed spaces occupied by infants.

        ii. Circumcision Equipment

            - The restraint board should be cleaned between patients with an EPA-registered disinfectant. Disposable straps (e.g., Posey) should be used on a circumcision board.
            - Reusable circumcision instruments (e.g. Gomco): Soiled reusable instruments and equipment must be handled according to the Infection Prevention policies: Sterilization of Reusable Patient-Care Items and High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-Critical Medical Devices (excluding ALL flexible endoscopes).

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iii. Clothing/Linens

- An infant's personal clothing/linens must be separately washed from any other infant's clothing.
    - A washer and dryer are available for the family members and patients to use. Clothes of patients will be washed with commercially prepared detergents and dried separately. No special wash cycle is required for patients colonized or infected with antibiotic-resistant microbes (e.g., VRE, MRSA), or *C. difficile*, as the normal wash cycle has been found effective in eliminating such organisms from the clothes and washing machine.
    - An alcohol-based hand hygiene product will be provided with written instructions to clean hands before and after using the machines.
    - An EPA-registered disinfectant (e.g., MetriGuard, Sani-Cloth) will be available and written instructions for cleaning the contact surfaces of the machines after use.
    - Unit owned clothing/linens may be washed together at one time at an approved health care laundry facility.

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iv. Scales

- Scales used for infant weights are cleaned with an EPA-registered disinfectant between each patient and when visibly soiled. Paper liners are changed with each patient contact.
- Diaper scales are cleaned with an EPA-registered disinfectant daily and when visibly soiled.

v. Pediatric Security Tag (e.g., HUGS)

- The security tag will be disinfected between patients per manufacturer's instructions for use (MIFU).
    - The strap is single use and should be replaced between patients.

vi. Ultrasound probes

- Abdominal ultrasound probes that only contact intact

skin will be cleaned between patients using an EPA-registered disinfectant approved by the equipment manufacturer.

- Vaginal ultrasound probes should be cleaned and disinfected according to manufacturer's instructions for use and the Infection Prevention policies: Sterilization of Reusable Patient-Care Items and High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-Critical Medical Devices (excluding ALL flexible endoscopes).

5. Infant Care
    a. Co-bedding
        i. Co-bedding is defined as infants of multiple birth gestation sharing one bed in an attempt to improve the patients' clinical outcome.
        ii. If co-bedding is approved by the patient care management team, the infants should be of the same multiple birth gestation, free of infection and communicable disease, and not on Isolation Precautions.
        iii. Hand Hygiene must be performed between contacts with each baby.
    b. Circumcision Care
        i. Refer to Nursing Policy: Normal Newborn Infant Care.
    c. Skin Care and Skin Disinfection
        i. Intact skin is the body's first protection from organism invasion and infection. Refer to the Nursing Policy: Skin Integrity.
6. Milk – Human Milk Management
    a. General Information
        i. Human milk should be managed as a body fluid, using standard precautions for handling.
        ii. Care should be taken that human milk is never mislabeled, contaminated, wasted, or misappropriated (given to the wrong patient).
            - In the event a patient is inadvertently given human milk from a source other than their mother, refer to the

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Infection Prevention policy: Patient Exposure to Potentially Infectious Body Fluids and Human Milk and the Worksheet for Human Milk Exposure.

iii. Breastfeeding – Refer to the Nursing Policy: Care and Management of the Breastfeeding and/or Human Milk Feeding Dyad.

iv. For more information, contact Lactation Services via Vocera by calling "Lactation Consultant" or by calling 984-974-9225. If no lactation consultant on duty, please call 5-Women's charge nurse.

b. Electric Breast Pump

i. Cleaning Parts and Instruction for User

- Electric breast pumps can be obtained by calling Lactation Services (984-974-8078) for any patient room in the hospital. The pump and stand available from Lactation Services will be cleaned with an EPA-registered disinfectant between patients and when visibly soiled.
- In areas that stock unit breast pumps (e.g., Women's Units, Children's Units, and ED), the pump must be cleaned on a routine basis, when visibly soiled, between patients, and after removal from a patient room using an EPA-registered disinfectant (e.g., Sani-cloth).
- Educate patient and/or visitor regarding MIFU recommended frequency of cleaning (i.e., cleaning after each use).
- Each hospitalized mother or mother of a hospitalized infant who needs to pump her milk will be given her own pump kit.
- If either the mother or the infant has a potential communicable disease, is immuno-compromised, or is on isolation precautions, the mother should have a dedicated pump.

ii. Individual Pump Kits
The nurse or lactation consultant will instruct the mother in the following cleaning procedure:

- Pump parts will be cleaned in a dedicated basin (not a handwashing sink).
- Pump parts should be removed from the tubing and

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disassembled after each use. They should be rinsed in cold water to remove the milk residue, washed thoroughly in hot soapy water, and rinsed well to remove any soap residue. Tubing should not be washed as only air travels through it. Any tubing with milk backed up into it should be replaced and the pump inspected for overflow. Condensation of water vapors in the tubing can be removed by turning the pump on high with tubing only connected to the pump. Air movement through the tubing will dry and remove the condensation.

- All parts should then be placed upside down to drain on a clean paper towel, covered with another towel and allowed to air dry, or dried with clean paper towels and placed in the mother's personal bag.
- The nurse, using standard precautions, should assist the mother who is unable to clean her pump parts.
- If a pump kit has been contaminated or does not appear clean, the mother will be provided with a fresh kit.

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7. Visitation
    a. Refer to Nursing policy: Hospital Visitation for general guidelines regarding visitation.
    b. Adults and children with communicable diseases will not be allowed to visit infants.
    c. Visitors will be monitored by the nursery nursing staff and will be excluded if evidence of a communicable disease is present (including infectious dermatitis, upper respiratory tract infections, gastrointestinal tract infections, chicken pox, or shingles).
    d. Under special circumstances, significant family members with oral herpes infections may visit if they have properly covered lesions. These persons must be instructed on measures to prevent viral transmission. (Refer to Attachment 3: Herpes Simplex)
    e. At the discretion of Infection Prevention, visitation in waiting rooms and inpatient units by children younger than 12 years of age may be restricted when respiratory viruses are in the community to prevent the spread of respiratory illness to the inpatient.
    f. Additional considerations for NBN visitation
        i. Healthy newborns can be visited in the mother's hospital room after the visitors clean their hands.

ii. Siblings free of communicable diseases may visit the mother's room under the supervision of a parent or guardian.

iii. No visitors with a communicable disease are permitted in the mother's room when the infant is in the room.

g. Additional considerations for NCCC visitation

i. If the NCCC is closed to child visitation, siblings may be allowed to visit infants at the discretion of Infection Prevention, under special circumstances, and after they have been screened for communicable diseases.

ii. Discharged infants and their parents return to the NCCC nurseries occasionally to visit NCCC personnel. Visitation should occur outside the NCCC.

B. Infection Prevention Practices in Labor and Delivery

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1. Labor and Delivery Areas and Traffic Control

a. 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.

b. In the designated semi-restricted zone of the Labor and Delivery (L&D) OR suite, appropriate surgical attire is required. For additional details, see the Perioperative Services policy: PeriOperative Services Surgical Attire.

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.

2. Personnel in Labor and Delivery

a. Hand Hygiene and Personal Protective Equipment in Labor and Delivery

i. Refer to the Infection Prevention policies: Hand Hygiene and Chlorhexidine Gluconate (CHG) Treatments and Skin Antisepsis.

ii. 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 Labor and Delivery recovery room or the OR delivery room.

iii. For the manual extraction of retained placenta or placental fragments, wear elbow length gloves followed by sterile gloves.

b. Dress Code in Labor and Delivery OR Rooms

i. Refer to the Perioperative Services policy: PeriOperative Services Surgical Attire for OR rooms.

ii. The neonatal resuscitation team personnel and students will wear a green gown or jump suit, head covering, and masks when attending a delivery in the OR.

iii. Support persons/family who attend delivery will wear a jump suit, head covering, and mask if attending a delivery in the OR.

3. Patient Care Practices in Labor and Delivery

a. Skin

i. Any superficial skin infection/lesion should be washed with an antimicrobial agent and dressed with a sterile dressing.

ii. The Licensed Practitioner (LP) should be consulted regarding any skin lesions.

b. Placentas

i. Disposal of Placentas

- The decision to discard the placenta after delivery or send for pathologic evaluation should be made immediately after delivery.
- The physician should check the appropriate box on the postpartum physician order form.
- 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 Prevention policy: Guidelines for Disposal of Regulated Medical Waste.

ii. Lotus Birth

- A lotus birth is the practice of leaving the umbilical cord uncut after childbirth so that the baby is left attached to the placenta until the cord naturally separates at the umbilicus.
- The placenta must be placed in a bowl and handled with standard precautions. The bowl may be covered with sterile towels if necessary (i.e., for procedure or patient transport).

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iii. Patient's Request for Placenta

- Refer to Lab - Anatomic Pathology Policy: Custody of Internal Body Tissue, Organs or Body Parts.

c. Use of Tub Bath During Labor

i. The guidelines for the use of the bath/whirlpool tub during labor, listed in Attachment 1: Labor and Delivery Unit Policy for the Use and Cleaning of Bath/Whirlpool During Labor, should be followed.

ii. The guidelines for cleaning the bath/whirlpool tub, listed in Attachment 1: Labor and Delivery Unit Policy for the Use and Cleaning of Bath/Whirlpool During Labor, should be followed.

d. Internal Pressure Catheters (for monitoring contractions or for amnioinfusion) or Internal Fetal Electrodes (for fetal heart rate monitoring):

i. Carefully insert the catheter and leads by means of aseptic technique (wear sterile gloves).

ii. Use disposable products whenever possible.

iii. Do not remove components of monitoring system from sterile packages and set up until the system is actually needed.

iv. Between patients: clean the external cables with an EPA-registered disinfectant and clean or launder the straps used to hold the fetal monitors in place per manufacturer's recommendations.

v. Maintain a closed system.

vi. Use extreme caution to avoid contamination during procedures such as calibration.

vii. Use sterile solutions for system.

viii. Use sterile equipment for all fluid pathways in the pressure-monitoring system.

ix. Use continuous-flush system instead of intermittent flushing with a syringe.

x. A direct intrauterine pressure device that functions without the fluid-filled catheter apparatus is preferred.

xi. Avoid scalp electrodes, if possible, if maternal infection with hepatitis B, hepatitis C, HIV, or herpes simplex virus is known or suspected.

4. Infant Care in Labor and Delivery

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a. Mouth-to-mouth techniques for suctioning meconium must not occur. Wall suction is the accepted method.

C. Infection Prevention Practices in the NCCC and NBN

1. Personnel in NCCC
    a. Hand Hygiene in NCCC
        i. Refer to the Infection Prevention policies: Hand Hygiene and Chlorhexidine Gluconate (CHG) Treatments and Skin Antisepsis.
    b. Staff Drinks in the Pods
        i. Storage of food/drinks in a patient care area where there is likelihood of contamination with blood or other potentially infectious materials is against OSHA regulations.
        ii. Staff drink bottles may be stored in a closed cabinet in the Pod labeled for staff covered drinks only.
        iii. Hand hygiene must be performed before accessing the drink storage cabinet and drinks must be consumed near the designated clean storage cabinet. Do not take drinks back to patient bedside and consume them in an area that is likely to be contaminated.
        iv. Hand hygiene must be performed after returning the drink bottle to the cabinet and resuming patient care.
        v. Drinks are not to be placed on bedside tables, stands, shelves, etc. within the Pods.
2. Mothers in NCCC
    a. Drink Consumption
        i. In the Pod setting on NCCC, visitors may only have drinks in a container that can be closed.
    b. Mothers with Fever
        i. Mothers with post-partum fever (>38 degrees C) will not be permitted to visit inside the NCCC or handle their infants until an infectious process has been identified and assessed as non-communicable.
3. Equipment in NCCC

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a. Transport Isolette

i. The NCCC transport isolettes are cleaned between each patient use with an EPA-registered disinfectant.

b. Ophthalmology

i. Eye speculums must be high-level disinfected or sterilized before each use.

ii. Eye speculums will be taken for sterilization by the ophthalmology department; it is the responsibility of the ophthalmology department to maintain the eye speculums.

4. Special Isolation Policies in NCCC and NBN

a. Refer to the Infection Prevention policy: Isolation Precautions for examples of common infectious diseases and type of precautions necessary.

b. Refer to Attachment 4: Isolation Guidelines for Infants and Mothers with Infectious Diseases for examples of common infectious diseases and types of precautions necessary for the mother and placement options for the baby.

c. If family/visitors of baby in NCCC develops viral symptoms and visited the infant within 48 hours prior to or any time after symptom onset, the infant is considered exposed.

i. If available, place exposed infant in private room, no ordered isolation required, monitor symptoms.

ii. If no private room is available, infant remains in pod and ensure infant is 6 feet from other patients and their patient care supplies and monitor symptoms.

iii. If symptoms develop, isolation should be ordered for the infant and the infant moved to a private room.

iv. Family/Visitors would be allowed to visit after illness following the Nursing policy: Hospital Visitation.

d. Syphilis

i. If the mother has a positive RPR, past TP-PA results will be reviewed. If the mother has had a negative TP-PA result in the past 6 months and does not have lesions, no isolation is necessary for mother or infant.

ii. If the mother has a positive RPR that is a fourfold or greater increase from previous results, the infant will be placed on contact precautions.

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iii. If the mother has active lesions or rash with concern for syphilis, the mother and the infant will be placed on contact precautions.

e. Airborne Precautions

i. Infants with known or suspected infection transmitted by the airborne route (e.g., tuberculosis, chickenpox, measles) must be separated from other infants and placed on Airborne Precautions which includes use of a separate isolation room.

ii. Infants born to Mothers with Known or Suspected Active Pulmonary Tuberculosis

- Infant must not be housed or visit with the mother, even to breast feed.
- The mother may pump her milk and the infant may be fed the pumped breast milk by a caregiver other than the mother, as mycobacterium is not found in breast milk.
- If the mother has tuberculosis mastitis, she may pump to maintain supply, but the milk should be discarded.

iii. For more information on management of patients with known or suspected MTB, refer to Infection Prevention Policy: Tuberculosis Control Plan.

f. Contact Precautions and MDROs

i. Infants born to mothers with known MDRO colonization or infection should be placed on Contact Precautions.

ii. Infant may be housed rooming in with the mother in Contact Precautions when admitted to Labor and Delivery, 3WH, or NBN/ 5WH.

iii. If cared for in the nursery, pediatric floor, or the NCCC, the infant will be placed on Contact Precautions in an isolation room.

iv. In the event that one twin becomes colonized with MDRO, there are several options, which could be implemented situation dependent with the input of Infection Prevention.

- Colonized twin in isolation, non-colonized twin not isolated and being screened weekly for potential acquisition.
    - Parents/visitors could be required to gown/ glove with colonized twin to reduce risk of MDRO acquisition to non-colonized twin.

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- Colonized twin in isolation and non-colonized twin empirically isolated and non-colonized twin no longer screened for acquisition.

g. Droplet and Droplet/Contact Precautions

   i. Infants born to mothers with a respiratory illness should be placed on Droplet or Droplet/Contact Precautions as required by the specific illness.

      - The duration of isolation for the infant exposed at birth will be the longest duration of incubation of the specific virus. (Example: Incubation period of virus 3-6 days, infant on isolation through day-6 from last exposure to mother).

   ii. Parent should be counseled about the risks and benefits of rooming in while infected with a respiratory illness.

h. Special Airborne Contact Precautions for COVID-19

   i. Infants born to mothers with active COVID-19 infection should be placed on Special Airborne Contact Precautions.

      - Special Airborne Contact Precautions should be maintained for 14-days from last exposure for a neonate born to a COVID-19 positive mother. Isolation may be discontinued at day-10, if the patient is asymptomatic and has a negative PCR test on day-10. If negative, isolation may be discontinued on day-11.

   ii. Parents should be counseled about the risks and benefits of rooming in while infected with a respiratory illness.

   iii. Infants transferred to other units will remain on Special Airborne Contact Precautions per the Infection Prevention policy: Isolation Precautions.

i. Infants born to mothers with Cystic Fibrosis (CF) will be placed on contact isolation if the mother has a MDRO. If the mother does not have a MDRO, the infant does not need isolation precautions.

   i. If the infant has CF, they should be placed on Contact Precautions.

j. Cohorting of Infants in NCCC due to Outbreak

   i. In the event of a suspected outbreak, (e.g., viral respiratory diseases, *Staphylococcal* outbreak) the isolation of infected infants from non-infected infants may be done by cohorting

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patients in the affected pod.

ii. Infection Prevention should be notified about a suspected outbreak as soon as possible.

iii. In the event of an outbreak, any or all the CDC enhanced measures may be utilized to control the outbreak with guidance from the Medical Director of Infection Prevention.

III. Implementation

It is the responsibility of the Women's Hospital Maternal Units Nurse Managers and Medical Directors to implement this policy.

IV. Responsible for Content

Infection Prevention

V. References

American Academy of Pediatrics Red Book, 31st ed.

APIC Text, 4th ed.

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VI. Related Policies

Infection Prevention Policy: Chlorhexidine Gluconate (CHG) Treatments and Skin Antisepsis

Infection Prevention Policy: Environmental Services

Infection Prevention Policy: Exposure Control Plan for Bloodborne Pathogens

Infection Prevention Policy: Guidelines for Disposal of Regulated Medical Waste

Infection Prevention Policy: Hand Hygiene

Infection Prevention Policy: High-Level Disinfection (HLD) - Manual Reprocessing of Reusable Semi-Critical Medical Devices (excluding ALL flexible endoscopes)

Infection Prevention Policy: Infection Prevention Guidelines for Safe Patient Care

Infection Prevention Policy: Isolation Precautions

Infection Prevention Policy: Patient Exposure to Potentially Infectious Body Fluids and Human Milk

Infection Prevention Policy: Respiratory Care Department

Infection Prevention Policy: Reuse of Single Use Devices (SUDs)

Infection Prevention Policy: Sterilization of Reusable Patient-Care Items

Infection Prevention Policy: Tuberculosis Control Plan

Infection Prevention Policy: Worksheet for Human Milk Exposure

Lab - Anatomic Pathology Policy: Custody of Internal Body Tissue, Organs, or Body Parts

Nursing Policy: Care and Management of the Breastfeeding and/or Human Milk Feeding Dyad

Nursing Policy: Central Venous Access Device (CVAD) Care and Maintenance

Nursing Policy: Hospital Visitation

Nursing Policy: Normal Newborn Infant Care

Nursing Policy: Skin Integrity

Occupational Health Services Policy: Infection Prevention and Screening Program: Occupational Health Service

Perioperative Services Policy: PeriOperative Services Surgical Attire

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Attachments

1: Labor and Delivery Unit Policy for the Use and Cleaning of Bath/Whirlpool During Labor

2: Respiratory Illness Guidelines for Couplet Care in Maternity Care Center and Labor and Delivery

3: Herpes Simplex

4: Isolation Guidelines for Infants and Mothers with Infectious Diseases

Approval Signatures

Step Description	Approver	Date
Policy Stat Administrator	Judith Strubin: Mgr Program-IP	08/2026
	Emily Vavalle: HCS Exec Dir Infection Prevention	08/2026
	Sherie Goldbach: Project Coordinator	08/2026

Applicability

UNC Medical Center

Standards

No standards are associated with this document

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