

Maternal and Infant Testing/Isolation Following Recovery from COVID-19

v.10-25-23

1. **Duration of initiating isolation precautions**

- For most maternal patients with a history of COVID-19 illness who present to the hospital for delivery greater than 10 days *after symptom onset* and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms, isolation precautions are generally not indicated.
 - A limited number of persons with severe illness or immunocompromising conditions may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts if the pregnant patient was hospitalized or had other symptoms of severe illness or compromised immune system (see [COVID-19 Isolation/Infection Status Process Flow](#) document for Disease Severity and Immunocompromised Criteria).
- For pregnant women who never develop symptoms, isolation and other precautions are not indicated beyond 10 days *after the date of their first positive RT-PCR test for SARS-CoV-2 RNA*.

2. **Role of PCR testing upon presenting in labor or for scheduled delivery**

- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic or with improving symptoms, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.
- For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Quarantine may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
- For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

3. **Role of serologic testing**

- Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

4. **Infant Testing and Isolation**

- Infants born to mothers who do not meet the criteria for isolation and testing as outlined above do not warrant routine testing.
- Infants born to mothers who are placed in isolation by virtue of not meeting the above requirements should be considered a PUI following birth. Refer to [OB COVID Guidelines](#) (page 11) and [NICU Visitation, Isolation, Testing, and D/C Procedure](#) documents for infant testing and isolation recommendations for NBN and NICU, respectively.

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SARS-CoV-2 Illness Severity Criteria (adapted from the NIH COVID-19 Treatment Guidelines)

Note: The studies used to inform this guidance did not clearly define “severe” or “critical” illness. This guidance has taken a conservative approach to define these categories. Although not developed to inform decisions about duration of Transmission-Based Precautions, the definitions in the [National Institutes of Health \(NIH\) COVID-19 Treatment Guidelines](#) [\[1\]](#) are one option for defining severity of illness categories. The highest level of illness severity experienced by the patient at any point in their clinical course should be used when determining the duration of Transmission-Based Precautions.

Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO₂) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO₂ <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO₂/FiO₂) <300 mmHg, or lung infiltrates >50%.

Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In pediatric patients, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.