

Diseases with Special Consideration for Mother/Baby Isolation Precautions**

** Please refer to IP024 Related resources for infection types not listed in this document.

Disease	Precautions	Delivery Considerations	Mother/Baby Considerations	Breastfeeding	Duration of Precautions
Breast Abscess (excluding uncomplicated mastitis)	Standard Precautions			Do not nurse on the affected breast and discard pumped breastmilk until 24-48 hours after surgical drainage and/or antibiotic therapy	
Cytomegalovirus (CMV)	Standard Precautions			Can be transmitted in breastmilk. No contraindication unless baby is known to have SCID.	
Group A Strep (Strep Throat)	Contact Precautions		Mother and infant should be separated until appropriate antibiotic therapy has been started and the infection is no longer considered communicable		Until 24 hours after antibiotic therapy
Hepatitis B	Standard Precautions		Infants born to HBsAG-positive women should receive Hepatitis B immunoglobulin and HBV vaccine within 12 hours of delivery, complete the Hep B vaccine series, and be tested after the completion of the vaccine series	Breastfeeding is permitted, but mothers should receive education on nipple care to prevent cracking and bleeding	
Hepatitis C	Standard Precautions		Infants born to Hepatitis C positive women should be tested for Hepatitis C by age 2-6 months with Hep C NAAT testing. Consider outpatient referral to Peds ID.	Breastfeeding is permitted, but mothers should receive education on nipple care to prevent cracking and bleeding	
Herpes Simplex Virus	Contact Precautions	Cesarean section recommended for women who have active lesions or report of prodrome at time of delivery.	Mothers should be instructed to be diligent with hand hygiene before and after caring for the infant. Extra-genital lesions should be covered. Mothers/family members/visitors with active cold sores should wear a mask and should not kiss the infant. <u>Contact pediatric infectious disease physician for appropriate management of infant exposed to maternal genital lesions.</u>	Breastfeeding is permitted unless lesions are present on the breast. Mothers should perform hand hygiene before and after holding/breastfeeding baby.	Duration of admission

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HIV	Standard Precautions	C-section may be indicated for mothers with HIV viral load > 1000 copies/mL. Mother may require intrapartum IV zidovudine. MFM and Pediatric Infectious Disease involvement required.	HIV positive mothers should continue all of their HIV medications before/during and after delivery. Newborn must receive appropriate care, labs, and antiretroviral (zidovudine) according to guidelines for HIV exposed infant. Contact Peds ID immediately after birth for guidance.	Formula only. Breastfeeding is not permitted.	
Influenza A & B	Contact/Droplet Precautions		<p>Providers should consider temporarily separating infected mothers from the newborn in an isolette or separate room until the mother is without a fever for 24 hours without antipyretics and the mother can control cough and respiratory secretions.</p> <p>Infants who room in with mother should not go to the nursery. Infants who stay in the nursery should remain in the nursery.</p>	<p>For actively infected mother separated from baby, her pumped breast milk may be given to baby until they can resume breastfeeding.</p> <p>Mothers with resolution of fever can breastfeed, but should wash hands with soap and water, wear a face mask, and observe respiratory hygiene etiquette</p>	7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms (whichever is longer), regardless of treatment with antivirals
COVID-19 (SARS-CoV-2)	Contact/Enhanced Droplet Precautions	See Infection Control Guidance: SARS-CoV-2 COVID-19 CDC			

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Respiratory Illness (including Rhinovirus, Adenovirus, Parainfluenza, Coronavirus, etc.)	Contact/ Droplet Precautions		Baby should be placed into contact/droplet isolation upon delivery and will room in with mom if possible. An isolette should be used if the baby needs to leave the mother's room.	Breastfeeding permitted but Mothers should perform hand hygiene before any contact with infant. A mask may be needed depending on symptoms	Duration of illness
Varicella Zoster- Chicken Pox or Disseminated Shingles (aka: VZV)	Contact & Airborne Precautions for Mother and Baby (<i>Negative pressure room, Staff wear N95 masks or PAPR</i>) (Susceptible HCWs should not enter room if immune HCW available)		Mother and infant should be separated until the mother's vesicles have dried, even if the infant has received VariZIG.	Breastfeeding permitted providing all active lesions, including breast lesions are covered until completely crusted over	Until all lesions are crusted over, minimum 5 days from onset of rash. If infant remains hospitalized they should remain on isolation for 28 days; 21 days if no VariZIG is given.
Herpes Zoster- Localized Shingles	Standard Precautions (Susceptible HCWs should not enter room if immune HCW available)		Maternal lesions must all be covered, especially when handling baby	Breastfeeding permitted providing all active lesions are covered until completely crusted over	Until all lesions crusted over
Syphilis (Active, Latent, Congenital)	Standard Precautions*			Care should be taken to avoid contact with open sores	*Gloves should be worn when caring for patients with skin and mucous membrane lesions until after 24 hours of treatment
Tuberculosis, pulmonary or laryngeal disease (Confirmed)	Airborne Precautions (<i>Negative pressure room, Staff wear N95 masks or PAPR</i>)		Mother and Infant should be separated until mother and infant are receiving appropriate therapy, the mother wears a mask, and the mother understands and is willing to adhere to infection control measures. Consult pediatric infectious disease physician.	Breastfeeding is not recommended with active untreated TB. Pumped breastmilk is permitted. Breastfeeding can begin when a mother has completed a minimum of 2 weeks of treatment and documented to be no longer infectious	When the patient is on effective therapy, is improving clinically, and has 3 consecutive negative AFB smears each one day apart.

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Tuberculosis, pulmonary or laryngeal disease (Suspected)	Airborne Precautions <i>(Staff wear N95 masks or PAPR)</i>		Mother and Infant should be placed in separate isolation rooms pending the mother's evaluation.		After effective therapy or 3 consecutive negative AFB smears each one day apart or alternative diagnosis is made.