Care practice	CHINA (50)	AAP/ CDC/ SMFM/ACOG (49, 62,63)	RCOG/RCPCH (60, 61)
Mode of delivery	As per Maternal and/or fetal Indications	As per Maternal and/or fetal Indications	As per Maternal and/or fetal Indications
Antenatal steroids	-	Balance the maternal risks especially in cases of >34 weeks, repeat course of steroids, critically ill	Should be given where indicated
MgSO4 for neuroprotection	-	Individualized decision (Weigh risk of maternal respiratory depression)	Should be given in < 30 weeks' gestation as per current guidance
DCC	No	-	Recommended
Skin to skin contact	Not recommended	Not recommended	-
Delivery Room care	PPE of Airborne, droplet and contact precautions level	PPE of airborne, droplet and contact precautions level Should be bathed as soon as possible after birth	PPE of airborne, droplet and contact precautions level
Rooming-in of well and stable infants	**Asymptomatic Newborn-** -Room in with the mother if SARS-nCoV2 Neg - Isolate and Test if mother tested positive Test of Newborn- - *Negative test*- Routine care by guardians - *Positive test*- Manage in Quarantine ward **Symptomatic Newborn-** - Admit in Quarantine ward and Test - Incubator care suggested Test of Newborn- - *Negative test*- Routine NICU care - *Positive test*- Manage in incubator care Segregate Suspected and Confirmed Cases till Test results available	Shared decision making between mother and clinical team **Preferred Care:** - All Newborns to remain in separation after birth (based on the published data) -Droplet and contact precautions level PPE by health care personnel until test results come **Alternative well newborn care:** - If mother choses or in limited resource setting, maintain 6 feet distance from mother -Use of air temperature controlled isolette rather than in a bassinette or use curtain/ physical barrier between mother and infant.	-Should be roomed in with their mother in designated room -Droplet and contact precautions level PPE - If mother is unwell, isolate baby from mother and should be taken care by alternative non-quarantined care giver
Breast feeding	- No Breastmilk feeding till test in mother and her breast milk comes negative for SARS-nCoV2 - Use of Donor milk wherever needed after being screened for 2019-nCoV.	Expressed breast milk after appropriate breast and hand hygiene and with dedicated breast pump cleaning the components thoroughly. -Preventive precautions like surgical mask, meticulous hand and breast hygiene during direct breast feeding	**For well and stable babies:** Direct breast feeding with handwashing and wearing surgical mask -**In NNU admitted infants:** decision based on clinical status of infant, availability of donor milk and parent's choice
Testing	***Whom:*** - Newborns born to the mothers with a history	***Whom:***	***Whom:***

	of 2019-nCoV infection between 14 days before delivery and 28 days after delivery, - Newborns directly exposed to those infected with 2019-nCoV ***Testing protocol:*** -Multiple Site Samples including 2 specimen types: • Upper respiratory tract (Nasopharyngeal and oropharyngeal), • Lower respiratory tract (Endotracheal aspirate, or bronchoalveolar lavage) • Blood -Additional specimen types (e.g., stool, urine) may be collected and stored	- Test all the newborns born to suspected or confirmed COVID-19 mothers. -In well newborns, clinical monitoring only (Optional if testing is not readily available) ***Testing protocol:*** - Single swab with nasopharyngeal and oropharyngeal specimen (and rectal swab if testing is available) by RT-PCR at 24 hours of life and repeat at 48 hours of life. -If initial PCR testing is positive, follow-up testing should be done at 48-72 hours interval until two consecutive negative tests.	-Well babies should only be tested if becomes unwell - All NNU admitted infants with distress ***Testing protocol:*** - Single nasal swabs • Admission for non-respiratory issues/not symptomatic: No routine testing • In cases of unanticipated respiratory distress: test on admission, at 72 hours and again on day 5 • In cases of anticipated respiratory distress (ex: RDS in preterm infants): Initial test at 72 hours (to reduce false positive rate), repeat on day 5
Infants requiring NICU care	Admit to Quarantine wards till test results available. Incubator care Airborne precautions for aerosol generating procedures Closed suction (in-line suction)	Admit to single patient room with negative room pressure Care in air temperature-controlled isolettes or If not possible, admit separately maintain at least 6 feet apart distance Airborne, Droplet and Contact precautions level PPE for infants on CPAP/mechanical ventilation No maternal visit till clinical resolution for 72 hours and 2 consecutive lab tests negative	Admit into isolation room Incubator care till 14 days of age Strict PPE for Airborne and Contact Precaution Inline suction Mother can visit NNU when symptom free and at least 7 days after onset of the illness
Step Down, Discharge and follow-up	If the tests are negative, transfer to routine care ***Asymptomatic infection:*** Discharge on getting 2 upper airway swabs tested negative 24 hours apart. ***Mild infection:*** Normal temperature for more than 3 days, symptoms should improve, and 2 tests should be negative as above. ***Severe infection*** Normal temperature for more than 3 days, symptoms should improve, and pulmonary imaging should show inflammation disappearing. Discharge on getting 2 upper airway swabs and lower airway sample(sputum) tested negative 24 hours apart. Stool may be collected and tested every 2 days until 2 consecutive results show negative for 2019-nCoV in all cases	Discharge based on centre's normal criteria ***Asymptomatic Infection***: Asymptomatic positive infants or untested infants may be discharged home on a case-by-case basis ***Infants with negative SARS-CoV-2*** molecular testing should optimally be discharged to the care of a designated healthy (non-infected) caregiver ***SARS-CoV-2 Positive Symptomatic infants*** to be discharged after clinical improvement and 2 consecutive tests negative. Neonates should be followed up through telephonic or video consultations through 14 days after birth	Shift out of isolation room: - Admitted for reasons other than RD/Suspected sepsis- After 72 hours if asymptomatic - Admitted for unanticipated respiratory distress: After need for respiratory support is over - Admitted for anticipated respiratory distress (ex: RDS in preterm infants) can be shifted after 14 days except when respiratory distress is not resolved by 14 days and two PCR tests are positive. In this scenario shift after two repeat tests are negative. -Discharge based on clinical status -Telephonic/video consultation when possible

		Specific guidance regarding use of standard procedural masks, gloves and hand hygiene should be provided to all caretakers	-Provide Information about precautions, COVID-19 symptoms and danger signs.