

April 19th, 2020

Coronavirus 2019 (COVID-19): Interim Guidance for Outpatient Pediatric Providers in the District of Columbia

Summary

This guidance outlines DC Health recommendations for pediatric providers regarding continued pediatric care amidst widespread community transmission of 2019 Coronavirus (COVID-19) in the District of Columbia. Pediatric providers must balance ensuring access to preventative and immediate care services while minimizing the risk of exposure of COVID-19 to patients, families, and healthcare workers. Specific topics covered in this guidance include newborn care for infants born to COVID-19 positive mothers, safe breastfeeding practices, telemedicine preventative care visits, and cohorting strategies for in-person clinical visits. Information about continued operations of the D.C. Supplemental Nutrition Program for Women, Infants, and Children (DC WIC) and 1-800-Mom-Baby are also included.

Pediatric providers should use the same guidance that applies to all healthcare providers in the District with regards to using appropriate Personal Protective Equipment (PPE), priorities for testing patients for COVID-19, and healthcare personnel monitoring, restriction, and return-to-work; these documents can be found at: <https://dchealth.dc.gov/page/health-notice>. Additional guidance about patient quarantine, isolation, and face covering should be provided to patients; these documents can be found at <https://coronavirus.dc.gov/>.

Newborn care for infants born to a COVID-19 positive mother

Infants born to mothers with confirmed COVID-19 should be considered PUIs (Persons Under Investigation). While care is being delivered to these infants, healthcare providers should refer to the US Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

- The birth facility can still continue routine care including Newborn Metabolic Screens, Newborn Hearing screen, and initial Hepatitis B vaccination.

Follow-up care for infants discharged from the hospital:

- It is strongly recommended that neonatal providers provide a “warm handoff” to coordinate outpatient follow-up with the receiving pediatric primary care provider prior to discharge. This ensures the neonatal provider and primary care pediatric provider discuss newborn visit logistics, isolation precautions, medical history, and social needs.
- If the mother is still under isolation after discharge from the hospital, then an alternate caregiver or family member should bring the newborn to clinic. If there is no other alternate caregiver, then the pediatric provider should coordinate with the family to plan a visit that results in minimal exposure.
 - Another option is to perform the newborn visit via telemedicine and subsequently bring the infant into clinic for a brief visit in order to obtain vitals, physical exam, and bloodwork if needed [see Telemedicine section below].

- If the infant has tested COVID-19 **positive**:
 - Plan for frequent outpatient follow-up (either by phone, telemedicine, or in-office if necessary)
 - Continue to follow the usual standard of care for newborns if asymptomatic
 - Use precautions to prevent household spread from infant to caregivers
 - Provide the care givers with guidance about providing care to a COVID-19 positive household member¹
- If the infant has tested COVID-19 **negative**:
 - Discharge to the care of a designated healthy caregiver
 - Mother should maintain a distance of at least 6 feet when possible, and use a cloth face covering² and perform hand hygiene when directly caring for the infant, until EITHER (a) she has been afebrile for 72 hours without the use of antipyretics, and (b) at least 7 days have passed since her symptoms first appeared; OR has been cleared through the test-based strategy.³
 - Other caregivers in the home who are PUIs for COVID-19 should use cloth face coverings and perform hand hygiene when within 6 feet of the newborn until their status is resolved
- **If newborn cannot be tested**, then treat the baby as if they have COVID-19 for the 14-day period of observation
 - Mother should still maintain precautions until she has been cleared from isolation.

Breastfeeding

Given available evidence, this virus has not been detected in amniotic fluid, breastmilk, or other maternal samples.

During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply.

Guidelines for direct breastfeeding or feeding expressed milk:

- Wear a cloth face covering and wash your hands before each direct feeding
- If feeding expressed milk, a dedicated breast pump should be provided
 - Wash hands before touching any pump or bottle parts and before expressing breast milk
 - Follow recommendations for proper pump cleaning after each use, cleaning all parts that come into contact with breast milk

¹ DC Health Coronavirus 2019 Guidelines for Household Members, Intimate Partners, and Caregivers (in a Non-healthcare Setting) of a Person Confirmed to have COVID-19: <https://dchealth.dc.gov/node/1468471>

² DC Health Coronavirus 2019 Guidance about Masks and Other Face Coverings for the General Public https://coronavirus.dc.gov/sites/default/files/dc/sites/coronavirus/page_content/attachments/COVID-10_DC_Health_Guidance_about_Masks_for_the_General_Public.pdf

³ DC Health Notice: Coronavirus 2019 Update on Testing and Guidance for Discontinuing Home Isolation <https://dchealth.dc.gov/node/1468216>

- If possible, consider having someone who is well feed the expressed breast milk to the infant

Telemedicine Pediatric Preventative Care

During a time when families and patients are potentially experiencing stress, isolation, and economic hardship, it is important to maintain a strong relationship with a trusted provider and the medical home.

Many aspects of the American Academy of Pediatrics (AAP) Bright Futures guidelines and DC Medicaid's Early and Periodic Screening, Diagnostic and Treatment services (EPSDT) benefit can be performed via telemedicine. Therefore, DC Health recommends utilizing telemedicine, when possible and available, to continue providing pediatric well-child visits. Additional guidance can be found below detailing telemedicine service delivery through Medicaid by the Department of Health Care Finance.

An in-person visit can be carried out to complete clinical activities (e.g., vitals, bloodwork, etc.) that were unable to be conducted via telemedicine. The length of time between the telemedicine well-child visit and the in-person visit can be based on the provider's clinical discretion. For some patients, the in-person visit may occur after the public health emergency has subsided.

However, DC Health strongly recommends that the following in-person preventative care activities are not delayed:

- Pediatric immunizations in accordance with the CDC's Advisory Committee on Immunization Practices (ACIP) schedule;
- Vitals, especially weight, length, and head circumference, for preventative care visits of infants ≤ 1 year of age;
- Blood Lead Level screening in accordance with [District Law](#) which requires that all children receive two blood lead screening tests between ages 6–14 months and 22–26 months; and
- Infant (12 months of age) anemia screening.

The following preventative care activities can be accomplished through telemedicine:

- History and Limited Physical Exam,
- Measurements and select Vitals if capable at home (i.e. respiratory rate, or weight if family has scale),
- Oral Health assessment,
- Developmental, Psychosocial, Behavioral surveillance and screening,
- Substance use and abuse screening,
- Reproductive health counseling,
- Maternal Depression, and
- Anticipatory Guidance

Please make special effort to ensure privacy for telemedicine visits with adolescents.

During this COVID-19 pandemic, specific areas of preventative care to pay specific attention to include:

- Social Needs screening and connection, specifically in terms of food insecurity, financial difficulty, job losses, and interpersonal violence exposure;
 - Victims of Domestic Violence Hotline: 1-844-443-5732
- Academic progress and school activities;
- Nutrition and exercise;
- Mental Health;
 - D.C. Department of Behavioral Health Access Helpline: 1(888)7WE-HELP or 1-888-793-4357
- Chronic condition management and access to needed medications; and
- Explaining current pandemic to children - <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/talking-with-children.html>.

Pediatric providers should use their clinical discretion to determine which patients need full in-person preventative health visits. For those patients and families, it is important to implement protocols within the clinical setting to minimize potential exposure.

DC Health recommends eliminating patient penalties for cancellations and missed appointments in general, but especially for those related to respiratory illness.

DC Department of Health Care Finance (DHCF) – Medicaid/EPSDT Telemedicine Guidance

In [CMS' EPSDT Coverage Guide for States](#), it explains that “States have the responsibility to ensure that all eligible children (and their families) are informed of both the availability of screening services, and that a formal request for an EPSDT screening service is not required. States must provide or arrange for screening services both at established times and **on an as-needed basis.**”

During the Public Health Emergency, when a full in-person visit carries risks, a telemedicine visit for preventive care/well-child visit can be scheduled. DHCF recommends that pediatric providers in the District continue to use the established well-child visit codes (preventive care/WCV 99391-5; and new patients 99381-5) and append the “GT” modifier and Place of Service (POS) Code of “02” when the services are delivered to the patient at home through telemedicine. Please refer to the [Well-Child Visit Billing Guide](#) for appropriate codes that can be used in annual and interperiodic well-child visits. Additionally, DHCF has put together resources for providers delivering services through telemedicine and they can be found [here](#).

Cohorting strategy for in-person pediatric care activities

Overall, DC Health recommends a coordinated approach between families and pediatric providers to any in-person clinical visit. Providers and clinics should be in regular communication with their patient population. Providers should encourage patients and families to call ahead of time to determine if their concerns can be safely and appropriately managed via telemedicine (telephone or virtual video visits). Providers and clinics should ensure that patients and families have straightforward access to clinic advice lines.

Upon entry into the facility, it is imperative for facilities to screen patients for symptoms of respiratory illness. Separate and cohort sick (especially those with respiratory symptoms) and well visits within the clinical setting. It is also important to proactively coordinate and

subsequently cohort specific populations of children who may have disproportionate poor outcomes to COVID-19, including children with special healthcare needs and those with immunosuppression.

Select cohorting strategies include a combination of:

- allocating specific times of the day for specific types of visits,
- using a separate physical area within the clinical setting, and
- identifying healthcare workers and other clinic staff to focus care on specific types of visits or patients.

Special Supplemental Nutrition Program for [Women, Infants, and Children \(WIC\)](#)

DC WIC aims to ensure and enhance access to participants while reducing the need for in-person activities at local WIC sites. DC WIC changes to do this include:

- providing all services, including certifications, nutrition education, and breastfeeding support over the phone;
- mailing WIC checks to participants;
- expanding WIC food list to allow for additional food items to be purchased with DC WIC checks; and
- allowing verbal physician authorization of specialized formulas if the participant does not have a paper prescription.

For more information or additional questions, please visit www.dcwic.org or call (202) 442-9397.

Help Me Grow DC

Help Me Grow DC is an integrated district-wide system designed to address the need for perinatal supports, identify developmental and/or behavioral concerns, and then link mothers, children, and their families to developmental and behavioral services and supports.

Parents, caregivers, and family members can call 1-800-MOM-BABY to speak with a care coordinator.