

## COVID-19 & Infant Health

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*The National Coalition for Infant Health is a collaborative of more than 180 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCfIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCfIH prioritizes safety of this vulnerable population and access to approved therapies.*

Susan Hepworth interviews Suzanne Staebler on the reality of providing care during the pandemic.

### A: How are infants affected by COVID-19?

Dr. S: NICUs are starting to see babies born to COVID-positive

mothers. Some of these babies may also test positive. The mothers are sick, but many times the babies have no symptoms. These babies still require isolation and one-on-one staffing. No visitors.

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Generally, you see infants and children contracting COVID less frequently and not having as difficult a time with it as older adults do. One theory says that may be because of all the vaccinations young children receive. Their immune systems are bolstered.

### How is work in the neonatal intensive care unit different now?

Dr. S: We wear masks in the unit, of course, but also anywhere inside the building now. We could come in contact with another provider who's been in a COVID room and may have the disease on their scrubs or lab coat. We can't risk exposing the infants.

Every night I'm at home putting my N95 in the oven at 350 de-



grees to sterilize it for the next day.

Then there are the shortages you hear about. I was in the middle of the newborn nursery the other day and went to sanitize my hands—no hand gel. So I had to leave the unit, go down the hall and wash my hands, then come back.

### What is the link between COVID-19 & RSV?

Dr. S: We're talking about respiratory syncytial virus, the leading cause of hospitalization for children under age one. The same babies at risk for RSV are vulnerable to severe COVID. That includes infants with underlying conditions, especially respiratory conditions. If they contract COVID, they struggle more than other infants.

COVID precautions are the same steps families take to protect their premature or at-risk infant from RSV. Limiting visitors, not taking the baby in public places, religiously washing hands, and sterilizing.

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### What can policymakers do to protect infants and their families right now?

Dr. S: They can prevent what's preventable. The last place you want to take a preemie right now is an ER.

Specifically, I mean improving access to preventive RSV treatment. That could limit avoidable hospitalizations and conserve hospital resources needed for COVID. And they can increase the availability of donor breastmilk to boost babies' immunities. That way, if infants are exposed, the severity of disease won't land them in the hospital.

#### References:

1. <https://instituteforpatientaccess.org/for-preemie-parents-covid-19-anxiety-feels-familiar/>

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### National Coalition for Infant Health Values (SANE)

**Safety.** Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants' safety.

**Access.** Budget-driven health care policies should not preclude premature infants' access to preventative or necessary therapies.

**Nutrition.** Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

**Equality.** Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.

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