

In Conversation

A Nurse Practitioner Discusses
COVID-19 & Infant Health



A discussion with **SUZANNE STAEBLER, DNP**

Q 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.

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.

Q 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 degrees 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.

Q 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.

Even then, it's hard. You can't put a face mask on a preemie. The rest of the world now has a glimpse of what preemie parents go through during RSV season.

Q 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.



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