

CLINICAL PROFILES AND OUTCOMES OF NEONATES BORN TO COVID-19 CONFIRMED MOTHERS IN A TERTIARY GOVERNMENT HOSPITAL IN NUEVA ECIJA, PHILIPPINES: A TWO-YEAR RETROSPECTIVE STUDY

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BACKGROUND

- COVID-19 is an acute respiratory illness affected patients of all age groups worldwide¹
- Pregnant women are among the populations susceptible to SARS COV-2 and are more prone to experiencing severe complications²
- Neonates are uniquely vulnerable population demographic with varying levels of risk and susceptibility to COVID-19 infection.³
- According to a local study, most all of the COVID-19-infected mothers' neonates were fullterm stable babies and generally discharged improved. ⁴
- The effects of COVID-19 on newborns are tackled in this study.

OBJECTIVES

- GENERAL OBJECTIVE:
- To determine the clinicodemographic profile and outcomes of neonates born to COVID-19 confirmed mothers

SPECIFIC OBJECTIVES:

- To describe the demographic profile of neonates to COVID-19 confirmed mothers according to age of gestation, sex, birthweight, birth length, head circumference, singularity of birth
- To describe clinical presentation of neonates according to: APGAR scores, activity, respiratory symptoms, color, amniotic fluid characteristics, oxygen saturation at birth.
- To describe the profile of neonates according to laboratory findings: complete blood count with platelet count, chest X-ray, COVID-19 NPS RTPCR and
- 4. Maternal health and COVID-19 status.

METHODS

This is a retrospective chart review of neonates born to COVID-19 confirmed mothers delivered in a tertiary government hospital from March 2020 to March 2022

RESULTS

- Of the 242 neonates, majority were born full term (97.5%), male (55.8%), singletons (98.8%), with weigh appropriate for gestational age (92.6%), and normal head circumference and birth length.
- Upon delivery, the majority were active (96.7%), asymptomatic (95.5%), had 95-100% oxygen saturation (97.5%), and clear amniotic fluid (74.3%).
- Majority were asymptomatic (n=179, 74%) and discharged immediately, while 63 (26%) had tachypnea, grunting, and alar flaring.
- Only 17 (7%) were tested for COVID-19 with negative results, 10 (4.1%) had pneumonia on chest x-rays, and majority (94%) had normal complete blood count results.
- Most of the mothers had no comorbidities (n=222, 91.7%), more than half were asymptomatic (n=130, 53%) while the rest only had mild symptoms (n=112, 46.3%) of COVID-19 infection.

Table 1. Profile of neonates born to COVID-19 confirmed mothers by age of gestation, sex, birth length, head circumference and singularity of birth

CHARACTERISTICS		N=242	PERCENTAGE
AGE OF GESTATION	Term	236	97.5%
	Preterm	6	2.5%
SEX	Female	107	44.2%
	Male	135	55.8%
	AGA	224	92.6%
BIRTH WEIGHT	LGA	1	0.4%
	SGA	17	7.0%
	<40 cm	4	1.7%
BIRTH LENGTH	46-50 cm	77	31.8%
BIRTH LENGTH	>50 cm	142	58.7%
	41-45 cm	2	7.9%
	34-36 cm	88	36.4%
HEAD	31-33 cm	120	49.6%
CIRCUMFERENCE	<30 cm	22	9.1%
	>36 cm	12	5.0%
SINGULARITY OF	Singleton	239	98.8%
BIRTH	Multiple/twin	3	1.2%

Table 2.Clinical presentation of neonates born to COVID-19 confirmed mothers

CHARACTERISTICS		N=242	PERCENTAGE
APGAR 1ST MINUTE	More than 7	234	96.7%
AFGAN I WINOTE	Less than 7	8	3.3%
APGAR 5TH MINUTE	More than 7	239	98.8%
AFGAN 5 MINOTE	Less than 7	3	0.1%
ACTIVITY	Active	234	96.7%
ACTIVITY	Limp	8	3.3%
RESPIRATORY SYMPTOMS	None	231	95.5%
	Grunting	6	2.5%
	Alar flaring	3	1.2%
	Chest retractions	2	0.8%
COLOR	Pinkish	235	97.1%
	Cyanotic	3	1.2%
	Pale	4	1.7
AMNIOTIC FLUID	Clear	180	74.3%
CHARACTERISTICS	Meconium stained	62	25.7%
OXYGEN SATURATION AT BIRTH	95 - 100%	231	97.5%
	90 - 94%	4	1.7%
	85 - 89%	6	2.5%
	84% and below	1	0.4%

Table 3. Clinical Profiles according to Laboratory findings, Chest X-Ray and COVID-19 RT PCR

CHARACTERISTICS		N=17	PERCENTAGE
	WBC		
	<4x109 cells/L	0	0%
	Normal	17	100%
	>30x109 cells/L	0	0%
	Hemoglobin		
Complete blood	<14g/dl	1	5.9%
count	>14g/dl	16	94.1%
	Platelet		
	<100x10 ⁹ cells/L	1	5.9%
	>100x109 cells/L	16	94.1%
Chest X-Ray	Pneumonia	10	58.9%
	Respiratory distress syndrome	4	23.5%
	Normal		17.6%
		3	
COVID-19 NPS RT	Positive	0	0%
PCR	Negative	17	100%

WBC=white blood cell, NPS= Nasopharyngeal swab, RT PCR= Reverse transcriptase polymerase chain reaction

Table 4. Profile of newborns by outcome and length of stay

CHARACTERISTICS		N=242	PERCENTAGE
OUTCOME	Directly discharged	179	74%
	Refused admission	46	19%
	Recovered	6	2.4%
	Died	10	4.1%
	Went home per request	1	0.4%
LENGTH OF STAY	0 to 3 days	233	96.2%
	4 to 6 days	3	1.2%
	7 days and above	6	2.5%

Table 5. Profile of newborns by maternal healthy and COVID-19 status

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CHARACTERISTICS		N=242	PERCENTAGE	
MATERNAL HEALTH	No co-morbidity	222	91.7%	
	Hypertension	17	7.0%	
STATUS	Diabetes mellitus	3	1.2%	
MATERNAL COVID-19 STATUS	Asymptomatic	130	53.7%	
	With mild symptoms	112	46.3%	



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CONCLUSION

- In summary, majority of the neonates born to COVID-19 confirmed mother were male, term, and born singleton.
- Furthermore, most neonates born to COVID-19 confirmed mother had birth weights appropriate for gestational age.
- Majority had a head circumference of 31 to 33 cm and a birth length above 50 cm.
- · Additionally, most neonates born to COVID-19 confirmed mother had APGAR scores of 7-10 in both 1st and 5th minute of life.
- · Clinically, neonates were active and had no respiratory difficulties at birth, and mostly were pinkish in color with 95-100% oxygen saturation and had no other symptoms exhibited.
- · Also, the amniotic fluid characteristic was clear of majority of neonates upon delivery, and most of the neonates were discharged from the hospital after 1 to 3 days upon delivery.
- · This study revealed that COVID-19 confirmed mothers were mostly asymptomatic and majority had no comorbidities.
- In general, Maternal COVID-19 infection was not associated with morbidity, mortality or increase in the length of hospital stay of the neonates after

RECOMMENDATONS

- · According to the study's findings, neonates born to COVID 19 confirmed mothers have a favorable outcome.
- · Essential newborn care may still be done without delay even if the mother is positive with COVID-19 infection.
- The routine hearing test and newborn screening should be facilitated before discharge from hospital.
- · Close follow- up is recommended for further evaluation of the newborn on its neonatal period

NETERION.

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