

The [Microorganism, Infectious Disease Table](#) and the [Measles Specific Disease Protocol](#) provide the overall IP&C recommendations related to measles. This document is meant to be used in addition to those two documents to provide specific IP&C recommendations for the care and management of neonates with *in utero* and immediate post-natal exposure to measles.

Scenario	Management of Mother	Management of Infant	Duration of Precautions for Infant	Other Comments
<p>Infant born to mother with confirmed or suspected infectious measles</p>	<p>Airborne precautions for duration of period of communicability (POC). See Microorganism, Infectious Diseases Table for details.</p> <p>Notify IP&C on admission</p> <p>If mother has not yet been tested, send NP swab for measles PCR and measles serology (IgM and IgG).</p>	<p>Airborne precautions starting from time of delivery.</p> <p>Asymptomatic infants should be tested within 24 hours of life with a NP swab for measles PCR. Infant can be discharged upon meeting discharge criteria regardless if measles PCR result has been received.</p> <p>Consult Peds ID with regards to assessment for post-exposure prophylaxis (PEP) with IMIg or IVIg for infant.</p> <p><u>Newborns not requiring NICU admission:</u></p> <p>Infant can room in with mother, but education should be provided by the Obstetrics and/or Pediatrics team with regards to the risk of infant becoming infected with ongoing post-natal measles exposure if not congenitally infected.</p> <p>If post-partum room is different than delivery room, infant should be transported in an isolette, if possible. Breastfeeding permitted.</p> <p><u>Newborns requiring NICU admission:</u></p> <p>Initial care and stabilization should be completed in the delivery room instead of the resus room. Infant should be transferred to NICU in an isolette, if possible.</p> <p>Notify IP&C.</p> <p>Mother excluded from visiting NICU during her POC*. Expressed breast milk can be provided.</p>	<p>Note: Review with IP&C is required before removing airborne precautions.</p> <p>As long as infant has no measles symptoms or positive test, continue airborne precautions until 21 days after last exposure to mother during her POC. If last exposure to mother was at birth, then continue airborne precautions until 21 days of life.</p> <p>If symptoms consistent with measles develop and previously had negative measles PCR, repeat infant testing with NP swab. Consult with Peds ID whether other measles testing may be helpful.</p> <p><u>If positive measles PCR test:</u></p> <p>For infants not requiring NICU, continue airborne precautions until 4 days after rash onset. If no symptoms, discuss with IP&C.</p> <p>For NICU infants, continue airborne precautions for duration of symptoms. If no symptoms, minimum of 9 days and may consider repeat NP testing based on discussion with IP&C.</p>	<p>If it is anticipated that infant will be discharged home before the end of the airborne precautions, review with IP&C as early as possible as notification of Public Health may be required. In general, if infant is or may be infectious and is being discharged home, they should stay at home and avoid close contact with anyone who has not already been in contact with them for the remainder of the duration of isolation, especially individuals who are not immune. *Exceptions for critically ill/end of life may be considered but must be reviewed with IP&C.</p>

Scenario	Management of Mother	Management of Infant	Duration of Precautions for Infant	Other Comments
<p>Infant born to mother who had confirmed measles rash within 4 weeks of delivery but no longer considered infectious.</p> <p><i>(i.e. situation where there may have been in utero transmission via maternal viremia and infant could be born with measles or incubating).</i></p>	<p>Routine Practices except for delivery must use airborne precautions (due to risk of viral shedding in newborn with potential <i>in utero</i> infection).</p> <p>If infant is rooming in with mother, maintain airborne precautions which is required for management of infant.</p> <p>If infant is moved to NICU, then maintain airborne precautions until 2 hours after infant was transferred from the room or for the duration required to remove airborne microorganisms if air changes per hour is known (See Appendix A of Measles Specific Disease Protocol).</p>	<p>Airborne precautions starting from time of delivery.</p> <p>Infant may be recommended PEP with IMIg or IVIg if born to mom within 6 days of maternal rash onset. Consult Peds ID for infants who fall within this timeline.</p> <p><u>Newborns not requiring NICU admission:</u></p> <p>Infant can room in with mother.</p> <p>Monitor infant for symptoms. No asymptomatic testing for healthy newborns.</p> <p>If post-partum room is different than delivery room, infant should be transported in an isolette, if possible.</p> <p>Breastfeeding permitted.</p> <p><u>Newborns requiring NICU admission:</u></p> <p>Initial infant care and stabilization should be completed in the delivery room instead of the resus room.</p> <p>Infant should be transferred to NICU in an isolette, if possible.</p> <p>Notify IP&C.</p> <p>Asymptomatic infants should be tested within 24 hours of life with a NP swab for measles PCR.</p> <p>Mother may visit NICU. Breastfeeding permitted.</p>	<p>Note: Review with IP&C is required before removing airborne precautions.</p> <p>As long as infant has no measles symptoms or positive test, continue precautions until 21 days after last exposure to mother during her POC (i.e. 21 days after mother was last considered infectious, which in most cases is 4 days after rash onset).</p> <p>If symptoms consistent with measles develop and previously had negative measles PCR, repeat infant testing with NP swab. Consult with Peds ID whether other measles testing may be helpful.</p> <p><u>If positive measles PCR test:</u></p> <p>For infants not requiring NICU, continue airborne precautions until 4 days after rash onset. If no symptoms, discuss with IP&C.</p> <p>For NICU infants, continue airborne precautions for duration of symptoms. If no symptoms, minimum of 9 days and may consider repeat NP testing based on discussion with IP&C.</p>	<p>If it is anticipated that infant will be discharged home before the end of the airborne precautions, review with IP&C as early as possible as notification of Public Health may be required. In general, if infant is or may be infectious and is being discharged home, they should stay at home and avoid close contact with anyone who has not already been in contact with them for the remainder of the duration of isolation, especially individuals who are not immune.</p>

Scenario	Management of Mother	Management of Infant	Duration of Precautions for Infant	Other Comments
Infant born to mother who had confirmed measles infection during the pregnancy but rash > 4 weeks prior to delivery	Routine Practices	<p>Routine Practices for infants who are otherwise well regardless of if they require NICU admission or not.</p> <p>Breastfeeding permitted.</p>	N/A	N/A
Infant born to mother who is susceptible, asymptomatic and within 21 days of a measles exposure	<p>Airborne precautions from 5 days after first exposure until 21 days after last exposure regardless of PEP.</p> <p>If mother delivers an infant requiring NICU care, test mother for measles (NP swab for measles PCR and measles serology).</p> <p>If mother's test is positive, then continue the airborne precautions as required for confirmed measles case.</p> <p>If mother's test is negative, continue airborne precautions</p>	<p><u>Newborns not requiring NICU:</u></p> <p>Infant can room in with mother, but education should be provided by the Obstetrics and/or Pediatrics team with regards to the risk of infant becoming infected with post-natal measles exposure.</p> <p>Routine Practice for infant, but as in the same room as mom, use airborne precautions. Isolette for transport of infant not required.</p> <p>Breastfeeding permitted.</p> <p><u>Newborns requiring NICU admission:</u></p> <p>Airborne precautions starting from time of delivery and while waiting for mother's measles test results. Infant should be transferred to NICU in an isolette, if possible.</p> <p>Notify IP&C.</p> <p>Mother excluded from visiting NICU during incubation period*. Expressed breast milk can be provided.</p>	<p>Note: Review with IP&C is required before removing airborne precautions.</p> <p>For NICU infants, continue airborne precautions until mom's measles test results are back.</p> <p>If mother's test results are positive, continue infant's airborne precautions until 21 days after last exposure to mother during her POC. If last exposure to mother was at birth, then continue airborne precautions until 21 days of life.</p> <p>If mother's test results are negative, discontinue infant's airborne precautions.</p>	<p>If it is anticipated that infant will be discharged home before the end of the airborne precautions, review with IP&C as early as possible as notification of Public Health may be required. In general, if infant is or may be infectious and is being discharged home, they should stay at home and avoid close contact with anyone who has not already been in contact with them for the remainder of the duration of isolation, especially individuals who are not immune.</p>

	<p>for duration as required for susceptible contact. If she develops symptoms consistent with measles during the incubation period, repeat measles testing is advised.</p> <p>If mother delivers an infant not requiring NICU care, no need for asymptomatic measles testing. Continue airborne precautions for duration as required for susceptible contact and test only if mother develops symptoms consistent with measles.</p>	<p>For infants whose mother tested positive for measles, consult Peds ID with regards to assessment of infant for post-exposure prophylaxis (PEP) with IMIg or IVIg.</p>		<p>*Exclusions may be permitted after review with IP&C.</p>
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