

Informed Consent Form for Refusal of Separation from Newborn Infant

I, _____, have been advised by _____ that:

- I am a person under investigation for COVID-19 or
- I have a confirmed diagnosis of COVID-19 or
- My newborn infant is a person under investigation for COVID-19 or
- My newborn infant has a confirmed diagnosis of COVID-19

_____ has recommended that my newborn infant _____ and I be isolated and separated from each other during hospitalization, according to the CDC's Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings (dated Feb. 18, 2020), and/or due to clinical considerations that have been discussed with me in detail:

_____.

The CDC's Interim Considerations state,

“It is unknown whether newborns with COVID-19 are at increased risk for severe complications. Transmission after birth via contact with infectious respiratory secretions is a concern. To reduce the risk of transmission of the virus that causes COVID-19 from the mother to the newborn, facilities should consider temporarily separating (e.g., separate rooms) the mother who has confirmed COVID-19 or is a PUI from her baby until the mother's transmission-based precautions are discontinued.”

“The risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the healthcare team,” and “The decision to discontinue temporary separation of the mother from her baby should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. The decision should take into account disease severity, illness signs and symptoms, and results of laboratory testing for the virus that causes COVID-19, SARS-CoV-2.”

“If colocation (sometimes referred to as “rooming in”) of the newborn with his/her ill mother in the same hospital room occurs in accordance with the mother's wishes or is unavoidable due to facility limitations, facilities should consider implementing measures to reduce exposure of the newborn to the virus that causes COVID-19. Consider using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥6 feet away from the ill mother. If no other healthy adult is present in the room to care for the newborn, a mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on transmission-based precautions in a healthcare facility.”

I understand that the World Health Organization does not recommend separation when either the mother or the newborn has a suspected or confirmed case of COVID-19.

The World Health Organization's Q & A on COVID-19, pregnancy, childbirth, and breastfeeding (dated March 18, 2020) states:

“Can I touch and hold my newborn baby if I have COVID-19? Yes. Close contact and early, exclusive breastfeeding helps a baby to thrive. You should be supported to breastfeed safely, with good respiratory hygiene; hold your newborn skin-to-skin, and share a room with your baby. You should wash your hands before and after touching your baby, and keep all surfaces clean.”

“Can women with COVID-19 breastfeed? Yes. Women with COVID-19 can breastfeed if they wish to do so. They should: practice respiratory hygiene during feeding, wearing a mask where available; wash hands before and after touching the baby; routinely clean and disinfect surfaces they have touched.”

_____ has fully explained to me the nature, purpose, risks, and benefits of the proposed separation, the possible alternatives thereto, and the risks and consequences of not proceeding, as well as their recommendation to be separated from my infant.

I nonetheless refuse to consent to the proposed separation from my infant.

While we are both inpatients, I will co-locate or “room-in” with my infant. My infant will be discharged to my home with me.

I have been given an opportunity to ask questions, and all of my questions have been answered fully and satisfactorily.

I hereby release the hospital, its employees and medical/nursing staff, medical students, the attending physician, and any physician involved in my or my baby’s care from any liability for ill effects, including infection, injury, or death to me or my infant that may result from my decision to refuse to consent to the proposed separation.

I confirm that I have read and fully understand the above and that all the blank spaces were completed prior to my signing.

Birthing Patient* _____
Signature, Print name, Date

Other Parent _____
Signature, Print name, Date

*The signature of the patient must be obtained unless the patient is a minor or is otherwise incompetent to sign. If signed by any person other than the patient, you must note the relationship.

Witness: _____
Signature, Print name, Date

Provider Certification

I hereby certify that I have explained the nature and purposes of, and alternatives to, the proposed separation mentioned above, and the risks and consequences of not proceeding, including the risk of infection, injury, and death. I have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Provider: _____
Signature, Print name, Date

