

FAQs on Maternal & Child Health Visiting Nurse Agency services in the setting of Coronavirus Disease (COVID -19)

1. Are home health agency nurses going into homes for visits?

The majority of care is provided by telehealth/phone visits at this time. Don't hesitate to make referrals for MCH nursing services on all discharges for an initial phone call check in post discharge.

Children's Integrated Services Responsive and Sustained home visiting are considered non-essential and face-to-face visits have been suspended; these services are provided via telehealth, where appropriate/available.

Medically ordered skilled nursing is still occurring in the home if deemed medically necessary/essential. Most home health agencies will do bilirubin checks and weight checks. UVM Home Health Network does not do Newborn Screen Dried Bloodspot or bilirubin checks. VNA of VT NH does not do Newborn Screening Dried Bloodspot.

Children with Special Health Needs and Pediatric Hi-Tech nursing are being served in person on a case-by-case basis.

2. Is Newborn Screening still able to occur?

The Newborn Screening Dried Bloodspot Program is running as usual. A newborn screening dried bloodspot specimen should be obtained on all babies between 24-48 hours of age unless the parent or guardian declines. If the baby will be discharged before they are 24 hours old, a newborn screening specimen should be obtained as close to discharge as possible. If the newborn screening specimen is obtained before the baby is 24 hours old, then a repeat will be needed as soon as possible once the baby is at least 24 hours old. Most home health agencies can do repeat screens if needed.

For additional questions contact:
VT Dept. of Health Newborn Screening Coordinator
Sydney Williamson-White
Phone: 802-951-5180 or Sydney.Williamson-White@vermont.gov

3. Can home health do weight checks on newborns?

Only if medically necessary. Staff will be creative with how to do this in the safest manner; such as

- Put scale in door, have weight done, communicate about weight value, conduct the rest of the visit at a social distance
- Video call: adult and newborn on scale, then weigh adult.

4. How are home health lactation services being conducted?

Predominantly by telehealth. Referrals for lactation and feeding will assess for voids, stools, frequency, lethargy and other problems. Nurses are coordinating access to breast pumps and formula and are delivered as needed.

5. What other COVID-19 services are home health nurses providing at this time?

Home health nurses are staying up to date on local resources available, facilitating access to basic needs, food, supplies, & diapers. Staff are also addressing questions related to exposure to COVID-19, what to expect at the pediatric offices and their protocols, how to manage visitors who want to meet the new baby, being home with limited support, toddlers and respite concerns. Staff are also coordinating connections with local mental health services.

6. Are home health nurses able to have daily phone calls with families who discharge from the hospital with newborns as PUIs to review what to look for and to verify that there are no changes in breathing or activity (more lethargy)?

Home health agencies could do a daily phone check if capacity allows until the first provider visit. Home health nurses will do a phone assessment for all newborns head-to-toe asking parents to describe what they see and baby activity. They can always do a video assessment, as well.

7. Do you have the PPE to visit the patients who are PUI or COVID+ mothers or sticking to telemedicine for these families?

Home health nurses would only go into a home that was PUI COVID+ if it was deemed essential and would be issued N95 PPE or appropriate PPE for a home visit. Likely these check-ins would occur via video/phone call.

8. What is the best way to make a referral for home health after discharge at this time? What information is needed?

- Faxed face sheet with name, address, phone
- Insurance type
- What the referral is for (examples: nutrition status, check in s/p hospital discharge)
- Note if there is a recent travel history
- Note if there is DCF involvement
- Specific concerns noted
- Provider patient saw in the hospital
- Pediatrician, if known