**Supplemental Digital Content 3.** Neonates with positive SARS-CoV-2 PCR testing after perinatal COVID exposure

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|  | **Maternal presentation** | **Mode of delivery (indication), DR IPC** | **GA (weeks),** **BW (grams)** | **APGAR (1, 5 min)** | **Neonatal course** | **BF** | **Age at first positive test** | **SARS-CoV-2 test results** | **Neonatal disposition** |
| 1[22]  | Presented asymptomatically at 33 weeks in active labor. Precipitous delivery with onset of cough/dyspnea at time of delivery. NP PCR+ | Vaginal (precipitous delivery for pre-term labor)Separated at birth | 331830 | 5, 7 | NIPPV at birth for respiratory distress, weaned to CPAP by DOL 2, weaned to room air by DOL 7. Clinically worsened on DOL 14 (fever, respiratory distress). "Nosocomial infection ruled out," and with CT findings of bilateral ground glass opacities and consolidations, small pericardial effusion, started on 5 day course of azithromycin and HFNC with improvement. Had second episode of respiratory distress on DOL 35, but mild and no infection identified. | No | 24h | Neonatal PCR:NP + (24h, DOL 7, DOL 14), – (DOL 21) | Discharged home on DOL 50 |
| 2[23] | Presented at 33 weeks with fever, fatigue, shortness of breath. NP PCR +. Required ICU admission and MV. | C-section (maternal respiratory status)No DCCNo skin-to-skinImmediate separation | 332970 | 6, 8 | Required intubation in DR, attributed to exposure to maternal anesthesia. Immediately separated from mother, admitted to NICU. Extubated by 12h, transitioned to CPAP. Weaned to NC by DOL 6. Imaging and laboratory status reported as normal, no details provided | No | 16h | Neonatal PCR:NP + (16h, DOL 2)Serology:Maternal IgM/IgG – (PPD 1), + (PPD 4)Neonatal IgM/IgG – (DOL 0, 4, 5) | NR |
| 3[24] | Asymptomatic presentation at 39 weeks for routine delivery. Sub-clinical COVID infection diagnosed by NP PCR in setting of known exposure. Mother remained asymptomatic for duration of hospitalization (5 days) | Vaginal (routine)Mother wore mask, immediate separation | 392980 | NR | Separated from mother at birth. Asymptomatic, but admitted to NICU for observation and separation from family. Fed expressed breast milk, and infant tested on DOL 4 when breast milk PCR was positive. Remained asymptomatic, allowed to breast-feed only after positive test. | Yes (on day 5) | DOL 4 | Neonatal PCR:NP – (DOL 0), + (DOL 4)Stool + (DOL 4) Blood + (DOL 4) Maternal PCR:NP + (DOL 0, 4)Breast milk + (DOL 0, 3, 4) | Discharged on DOL 5, healthy on telephone follow-up on DOL 19 |
| 4[25] | Presented at 37 weeks in labor with fever and cough. NP PCR +. | VaginalNegative pressure roomMother wore surgical mask | 373120 | 9, 10 | Asymptomatic, transferred to neonatal care unit. | NR | NR | Neonatal PCR:NP + (first test), – (second test)Maternal PCR:Placenta, maternal and fetal side – Vaginal – (post-delivery)Rectal swab + (post-delivery)Stool + (post-delivery)Colostrum – Serology:Cord blood IgM –/IgG + | NR |
| 5[26] | Admitted at 38 weeks for COVID-19 symptoms. Decompensated over next 5 days, requiring ICU, ventilation, and emergent C/S for respiratory status. First NP PCR+ on day 6. After delivery, mother continued to worsen, requiring 12 days of ECMO, 17 days of intubation, and 36 total days of hospitalization. | C-section (maternal respiratory status)Mother intubated prior to birth; separated at birth | 39 5/74170 | 5, 9 | Admitted under airborne isolation to NICU. Asymptomatic initially, but developed fever, mild respiratory symptoms (not requiring support) on DOL 5 lasting 48 hours. Remained well until discharge on DOL 18, | No | DOL 3 | Neonatal PCR:NP + (DOL 3, 7, 8, 10, 12), – (DOL 1, 17)Stool + (DOL 8, 10), – (DOL 1, 3)Blood + (DOL 6), – (DOL 1, 3)Urine – (DOL 8)CSF – (DOL 1)Maternal PCR:Blood + (PPD 0, PPD 2), – (PPD 19) | Discharge home on DOL 18 after NP PCR –  |
| 6 [27] | Onset of fever and respiratory symptoms after delivery. PCR +. Required ICU admission and MV. | C-section (maternal PEC)NR | 38 4/72500 | 7, 9 | Respiratory distress at birth requiring CPAP, briefly admitted to neonatal unit but quickly weaned to RA and transferred back to mother and BF prior to maternal diagnosis. Neonatal testing initially negative but second swab positive. Neonate transferred to neonatal unit; developed respiratory symptoms on DOL 9 (1 day after positive neonatal test). CXR abnormal but symptoms resolved within 24 hours.**\*Possible postnatal transmission** | Yes | DOL 8 | Neonatal PCR:NP – (DOL 6), + (DOL 8, 13) | Remained admitted |
| 7[6] | Postpartum diagnosis  | NR | NR | NR | Neonate had been rooming in and breastfeeding prior to maternal diagnosis.**\*Possible postnatal transmission** | Yes | DOL 1 | Neonatal PCR:Unspecified + (DOL 1) | NR |
| 8[6] | Postpartum diagnosis | NR | NR | NR | Neonate had been rooming in and breastfeeding prior to maternal diagnosis.**\*Possible postnatal transmission** | Yes | DOL 3 | Neonatal PCR:Unspecified + (DOL 3) | NR |
| 9[6] | Vaginal delivery in mother with known COVID, complicated by PPH. | VaginalImmediate separation | Term | NR | Neonate immediately separated due to maternal PPH. Developed GI symptoms at few hours of life, then respiratory symptoms after 3 days. Required NICU admission and MV. | No | DOL 3 | Neonatal PCR:Unspecified equivocal (DOL 0), + (DOL 3) | NR |
| 10[28] | Presented on day 7 of mild COVID infection at 29 6/7 weeks for decreased fetal movement. Emergent C-section performed for non-reassuring fetal heart tones, BPP of 2/8. Delivery complicated by maternal bleeding, thrombocytopenia. Placental pathology showing likely placental hemorrhage in setting of DIC. NP PCR + at delivery. Maternal COVID symptoms remained mild, and discharged on post-partum day 4 after multiple transfusions for anemia and thrombocytopenia. | C-Section (non-reassuring fetal heart tones)NR | 29 6/7NR | NR | Intubated shortly after birth, with diffuse ground glass opacities bilaterally, leukocytosis. WBC normalized on DOL2, but developed elevated aminotransferases and thrombocytopenia. No further reporting on neonatal course. | NR | NR | Neonatal PCR:Unspecified + | Not reported |
| 11[29] | Mild COVID infection at 32 weeks gestation. Routine repeat C-section at 38 weeks; IgM+, but PCR – at time of delivery. | C-section (repeat)NR | 382700 | 8, 9 | Asymptomatic at birth, with questionable small opacities (vs artifact) on CT scan. Admitted for total of 15 days, but no documented symptoms.  | NR | DOL7 | Neonatal PCR:NP + (DOL 7), – (DOL 0, 1, 3, 7, 14)Anal swab + (DOL 7)Neonatal serologies:IgM+ (DOL 0, downtrending until DOL 28)IgG+ (peaked DOL 1, downtrending, but positive on DOL 50)Maternal PCR:Placenta –Amniotic fluid –  | Discharged on DOL 15; per authors, remained “healthy” for 50 day follow-up period  |
| 12[30] | Presented at 39 weeks with flu-like symptoms and cough, developed respiratory distress. NP PCR +. Post-delivery, transferred for ECMO. | C-section (emergent, maternal respiratory status)Immediate separation | 394165 | 5, 9 | Neonate immediately separated from mother in DR. Developed fever and pneumonia on DOL 6. Reported to improve with antibiotic treatment. | No | NR | Neonatal PCR:NP + (NR) | NR |
| 13[31] | Routine vaginal delivery at 38 1/7. Mother developed post-partum fever, but no respiratory symptoms. NP PCR + in postpartum period. | Vaginal (routine)NR | 38 1/7 | NR | Diagnosed with severe hypoxic-ischemic encephalopathy at birth in setting of meconium aspiration syndrome. Required mechanical ventilation, nitric oxide, therapeutic hypothermia, inotropes, and anti-epileptic medications. Tested on DOL 2 given maternal fever. Extubated on DOL 6, required NC for 16 more days.**\*Reported as probable postnatal transmission** | No | DOL 2 | Neonatal PCR:Bronchial aspirate + (DOL 2)NP – (DOL 10) | Discharged home; unclear timeline |
| 14[32] | Developed mild symptoms 48 hours after delivery. Unspecified PCR swab positive. Isolated with infant throughout hospitalization. | NRNR | NR | NR | Infant remained with mother during hospitalization. Developed mild respiratory symptoms on DOL 7, but recovered on DOL 16. No interventions documented.\***Likely postnatal transmission** | NR | DOL 7 | Neonatal PCR:NP + (DOL 7)Maternal PCR:Breast milk –  | Discharged home on DOL 17 |
| 15 [33] | Presented at 30 5/7 weeks with fever, dyspnea, and cough. Unspecified PCR+. Required MV post-delivery and developed end organ failure with subsequent maternal death. | C-section (emergent, decreased fetal movement, maternal respiratory status)Presumed separation based on maternal status | 30 6/7NR | NR | Neonate required intubation (reported due to prematurity), developed pneumonia on DOL 2, and had lymphopenia around time of positive test. Remained intubated in NICU.**\*Reported as possible postnatal transmission (nosocomial)** | No | DOL 7 | Neonatal PCR:NP – (DOL 1), + (DOL 7) | Remained admitted |
| 16[34] | Presented at 35 6/7 weeks with vaginal bleeding, contractions, and mild COVID symptoms (fever, aches, anosmia, fatigue). Emergent C-section for bleeding in setting of placental previa. Mother remained clinically well after delivery without complications. | C-section (placental previa)NR  | 362630 | 9, 9 | Neonatal course described as “benign”. | NR | 24h | Neonatal PCR:NP + (24h, 48h) | No neonatal death; otherwise not reported |
| 17[35] | Presented with fever, mild respiratory symptoms, anosmia, and ageusia at time of delivery. PCR + (test returned after delivery). | Vaginal, vacuum-assistedNR | 40 3/7NR | 9, 9 | Neonate was lethargic and developed fever at 24h. Developed encephalitic symptoms at 54h, HUS normal, CSF studies unremarkable. Transferred to tertiary care center NICU. Developed respiratory distress at 80h and required CPAP/supplemental oxygen through DOL 6. New onset staccato-like cough DOL 10, CXR with bilateral pneumonia. Hypopnea was treated with caffeine. Asymptomatic by DOL 14 despite persistent positive tests. | NR | NR | Neonatal PCR:NP + (age at first test NR, again + DOL 14)Rectal swab + (age at first test NR, again + DOL 14)CSF –  | Discharged |
| 18-20[36] | Retrospective cohort study. Individual maternal data not reported. | 2 vaginal deliveries1 C-sectionNR | NR | NR | No infant developed clinical symptoms within 10 days of birth.\***Reported as suspected COVID infection** | NR | <6h | Neonatal PCR:NP + (<6h, first test)NP – (48h) | NR |
| 21-22[36] | Retrospective cohort study. Individual maternal data not reported. | 2 C-sectionsNR | NR | NR | Both infants in contact with parents immediately at birth. Reported as developing clinical symptoms consistent with COVID within 10 days. Symptoms resolved within 48h.\***Possible postnatal transmission** | NR | NR | Neonatal PCR:NP – (<6h, first test); NP + (unclear age) | NR |
| 23[37] | Presented at 38 weeks on day 9 of mild COVID infection. NP PCR+. Induced given worsening of thrombocytopenia (hx of ITP in 1st trimester). Delivery complicated by maternal hemorrhage, but post-partum maternal course or outcome not reported. | Vaginal (induction for maternal thrombocytopenia)Separation at birth. No DCC. | 382840 | 9, 10 | Developed feeding intolerance, hypoactivity, and abdominal distention at 12h of life resulting in sepsis evaluation. Continued to deteriorate on DOL 2-3, with new respiratory distress, abnormal chest imaging and blood gas, ultimately requiring intubation and ventilation on DOL 4. Received 3 day course of chloroquine. Mechanically ventilated for total of 3 days. | No | 36h | Neonatal PCR:NP inconclusive at birthNP + (DOL 1, DOL 17)Anal swab + (DOL 17)Sputum + (DOL 4) | Discharged on DOL 18 in good clinical condition. |
| 24[38] | NR | Emergent C-section (indication not reported)NR | 42 2/74420 | NR | Asymptomatic throughout hospitalization. | NR | 9h | Neonatal PCR:NP + (9h, first test) | NR |
| 25[39] | Presented at 27 weeks of di-di twin pregnancy with fever, cough, dyspnea. Unspecified PCR+. Respiratory status worsened requiring intubation on day 4. Developed ARDS and hypotension, prompting emergent delivery of fetuses on day 7 of hospitalization. Maternal status improved rapidly post-partum, extubated five days later, and discharged home after gradual recovery. | C-section (maternal respiratory status)NR | 28925 | 1,3 | "Did not exhibit any infectious symptoms." Course otherwise not reported. | NR | 72h | Neonatal PCR:Unspecified + (72h) | NR |
| 26-28[40] | Retrospective cohort study. No individual data reported. | NR | NR | NR | Not reported. All three infants tested positive within 24h. Rooming in and direct breastfeeding with maternal mask use recommended, but no individual data recorded. | NR | <24h | Neonatal PCR:Unspecified + (<24h)Unspecified – (DOL 5)Repeat testing at DOL5 done on all infants | NR |
| 29[41] | Maternal course not specified. Reported ICU admission, intubation, and maternal death. | C-section (indication not reported)Separated at birth | 261010 | 2, 6 | Admitted to NICU for respiratory distress requiring mechanical ventilation, GI symptoms, and abnormal labs. Positive SARS-CoV-2 PCR within 12 hours of birth from deep tracheal aspirate. Received surfactant and antibiotics, unclear timing. No death, but clinical course otherwise not reported. | No | 24h | Neonatal PCR:Bronchial aspirate + (24h)Unspecified – (DOL 7) | Discharged on DOL 69 |
| 30[41] | No ICU admission or death. Otherwise not reported. | Vaginal (Indication not reported)Separated at birth | 331950 | 7, 8 | Admitted to NICU for respiratory distress requiring mechanical ventilation. Treated with oseltamivir and azithromycin for COVID. No death, but clinical course otherwise not reported. | No | DOL 5 | Neonatal PCR:NP+ (DOL 5)Unspecified – (DOL 11) | Discharged on DOL 28 |
| 31[41] | No ICU admission or death. Otherwise not reported. | C-section (indication not reported)Separated at birth  | 382980 | 8, 9 | Admitted to NICU. No respiratory distress or GI symptoms. Lymphopenia noted. No death, but clinical course otherwise not reported. | No | DOL 5 | Neonatal PCR:NP+ (DOL 5)Unspecified – (DOL 7) | Discharged on DOL 6 |
| 32[41] | No ICU admission or death. Otherwise not reported. | C-section (indication not reported)Separated at birth | 383700 | 8, 9 | Admitted to NICU for respiratory distress requiring CPAP, but not intubation. No death, but clinical course otherwise not reported. | No | DOL 2 | Neonatal PCR:NP+ (DOL 2)Unspecified – (DOL 6) | Discharged on DOL 24 |
| 33-35[42] | Retrospective cross-sectional study. No maternal intubation or death reported; otherwise maternal courses not reported. | NRSeparated at birth | NR | NR | All infants asymptomatic. Observed in NICU until two consecutive tests obtained 24h apart were negative.\***Reported as possible transient colonization** | No | <24h, or “at birth, after first bath” | Neonatal PCR:NP + (<24h)NP – (DOL 1, 2) | NR (two infants in cohort without disposition reported; remaining 43 discharged home) |
| 36[21] | NR | NR | NR | NR | Reported as having no signs or symptoms of COVID. | NR | 48h | Neonatal PCR:Unspecified – (24h),Unspecified + (48h) | No death, otherwise NR |
| 37[43] | On PPD 1, developed fever; work-up revealed + urine culture. Mother had fever and cough, visited NICU with surgical mask in place. On PPD 7, CXR with bilateral pneumonia and NP PCR +. | C-section (PEC, HELLP)None (post-delivery diagnosis) | 26 4/7960 | 5, 8 | Admitted to NICU on non-invasive ventilation, given surfactant. Course complicated by pneumothorax requiring chest tube and PDA treated with ibuprofen. Transitioned to CPAP DOL 5. Mother visited during NICU stay and skin-to-skin done DOL 6, one day prior to maternal diagnosis. No GI symptoms, no new respiratory symptoms following diagnosis. Labs notable for lymphopenia DOL 5.**\*Possible postnatal transmission** | No | DOL 7 | Neonatal PCR:NP + (DOL 7, 14), – (DOL 21)Maternal PCR:Breast milk –  | Remained admitted |
| 38[44] | Delivery at 37 weeks for infant with known Tetralogy of Fallot (TOF). Prenatal course not reported. Mother developed fever, COVID symptoms postpartum. Unspecified PCR+. | NR NR | 371900 | NR | Infant developed respiratory distress, feeding intolerance, cyanosis, and frequent Tet spells on DOL 7. Chest x-ray showed bilateral granular opacities. Intubated for frequent apneic episodes. Given sustained hypoxemia (SpO2 55-65%), surgical palliation with BT shunt done on DOL 15. Infant extubated on post-operative day 6, in “stable condition.” | NR | DOL 7 | Neonatal PCR:NP+ (DOL 7, first test), – (repeat test post-operatively, no date) | No neonatal death; otherwise not reported. |
| 39[45] | Elevated blood pressures and COVID symptoms prior to delivery. NP PCR+.  | C-section (maternal COVID status)Separation at birth | 341800 | 4, 5 | Respiratory distress at birth requiring resuscitation, surfactant administration, and mechanical ventilation. Completed seven days of antibiotics, and discharged on day 7 in good condition. | NR | 2h | Neonatal PCR:NP + (2h, only test) | Discharged home on DOL 7. Isolated at home for additional week. |
| 40[45] | Fever and proven COVID infection prior to delivery. Mother died on post-partum day 3.  | Vaginal (spontaneous labor)Separation at birth | 311660 | 7, 8 | Respiratory distress at birth requiring mechanical ventilation. Starting DOL 2, had persistent fever for two weeks, lymphopenia, not responsive to antibiotics. Found to have abnormal labs, and diffuse consolidation seen on chest imaging. Treated with hydroxychloroquine according to adult guidelines without change in fever or respiratory distress.  | NR | DOL 7 | Neonatal PCR:NP – (3h, first test), + (DOL 7) | Discharged home after 3 weeks in good condition. |
| 41[45] | Maternal cholestasis prior to delivery. Unspecified PCR+ at time of delivery. Mother remained admitted for 2 weeks post-partum. | C-section (PPROM)NR | 28900 | “Low” | Severe respiratory distress at birth requiring intubation and mechanical ventilation. RDS on chest imaging. Infant died on DOL 7 with respiratory insufficiency and bleeding.  | NR | DOL 4 | Neonatal PCR:NP + (DOL 4) | Died |
| 42[45] | Presented at 29 weeks of triplet pregnancy with fever and cough that started 1 month prior. Unspecified PCR+ at time of delivery. | C-section (indication not reported)NR | 291600 | “Low” | Triplet B developed respiratory distress at birth and RDS on chest imaging, but neonatal course not reported beyond “discharged home in good condition”. Triplet A died on DOL 0 after initial swab was negative. Triplet C died on DOL 3 of respiratory distress after 2 negative NP PCR tests. | NR | DOL 3 | Neonatal PCR (Triplet B): NP – (4h, first test), + (DOL 3) | Discharged home in good condition; unclear duration of admission |
| 43[45] | Cough and fever prior to delivery. NP PCR+ at time of delivery. | C-section (maternal COVID status)NR | 342000 | 9, 10 | Admitted to NICU for sepsis evaluation. Treated with antibiotics for 7 day course, and discharged on DOL 7 in good condition. | NR | 1h | Neonatal PCR:NP + (1h, only test) | Discharged home on DOL 7 |
| 44[45] | Presented at 32 weeks with fever, renal failure requiring hemodialysis.  | C-section (maternal COVID status)NR | 322300 | 5a | Respiratory distress with pneumomediastinum and pneumothorax on chest imaging. CT consistent with COVID infection. Treated with CPAP and oxygen for 2 days.  | NR | DOL 4 | Neonatal PCR:NP – (1h, first test), + (DOL 4) | Discharged on DOL 12 in good condition. |
| 45[45] | Maternal course not reported. NP PCR+. | NRNR | 28900 | “Low” | Respiratory distress at birth requiring intubation, surfactant administration, and mechanical ventilation. Developed severe thrombocytopenia requiring 2 platelet transfusions. | NR | DOL 6 | Neonatal PCR:NP + (DOL 6) | NR |
| 46[45] | Presented at 33 weeks with 16 days of fever and symptoms of COVID. Unspecified PCR+. | C-section (maternal COVID status)NR | 331900 | 7a | Respiratory distress at birth. Required CPAP for 2 days after birth. Diagnosed on DOL 2.  | NR | DOL 2  | Neonatal PCR:NP + (DOL 2), – (DOL 14) | Discharged on DOL 14 in good condition. |
| 47[46] | On PPD 2, developed fever. NP PCR +. | VaginalNone (post-delivery diagnosis) | TermNR | 9, 10 | Neonate initially asymptomatic. Mother and neonate not separated and transferred to isolation. Neonate developed hypoxia and poor feeding 48h after transition to isolation. Neonate admitted to NICU and required HFNC. Laboratory studies, CXR, chest CT, Echocardiogram, and work-up for other bacterial and viral etiologies unremarkable. Weaned to RA 50h after NICU admission. | Yes | DOL 2 | Neonatal PCR:NP + (DOL 2, 15, 21) | Discharged |
| 48[47] | Presented at 34 weeks in preterm labor, NP PCR+ on admission. PPROM on day 3, so underwent augmentation of labor. | Augmented vaginal delivery (PPROM)Mother wore mask; separation at birth; no DCC or skin-to-skin | 343280 | 7, 9 | Asymptomatic at birth. Developed severe indirect hyperbilirubinemia on DOL 1 in setting of ABO incompatibility requiring phototherapy and IVIG infusion. On DOL 2, developed fever, respiratory distress, and hypoxemia. CXR unremarkable. Full sepsis evaluation showing lymphopenia, leukocytosis, but negative bacterial cultures and herpes studies. Received 48 hours of antibiotics and acyclovir. Respiratory distress resolved in 72hrs; infant on 1L cannula for 3 days.  | No  | 24h | Neonatal PCR:NP + (24h, 48h, DOL 14) | Discharged home in good condition on DOL 21 |
| 49-54[48] | Retrospective study of deliveries to PCR+ mothers in Argentina, Colombia, Dominican Republic,Ecuador, Equatorial Guinea, Honduras, and Peru. Individual data not reported. | NRNR | NR | NR | All positive infants reported as having “mild and transient respiratory distress” requiring 2-16 hours of oxygen therapy. No neonatal death. | NR | <36h | Neonatal PCR:Unspecified + (between 16-36h) | NR |
| 55[12, 49] | Presented with myalgia, decreased appetite, fatigue, cough, and fever. NP PCR +. Developed coagulopathy and thrombocytopenia, prompting delivery, complicated by PPH. No ICU admission or MV. Coagulopathy improved and discharged on PPD 4. | C-section (worsening coagulopathy)Airborne, contact, droplet precautionsImmediate separation | 35 5/72930 | 9, 9 | Mother and baby transferred to negative pressure room after delivery. Breastfed with precautions. Neonate had mild hypothermia, feeding problems, intermittent hypoglycemia, and neutropenia. Required NICU admission at 37h due to hypoglycemia and feeding problems. Sepsis evaluation unremarkable. After 24h in NICU, transitioned back to postnatal ward with mother. Discharged on DOL 4. Post-discharge follow-up visit on DOL 7 unremarkable and asymptomatic on DOL 30 (telephone follow-up). | Yes | 0 | Neonatal PCR:NP + (DOL 0, 2, 7)Stool + (DOL 7)Blood NI (DOL 1), + (DOL 4)Maternal PCR:Placental swab, maternal side +Placental swab, fetal side +Placenta, parenchyma +Placenta, chorion +Vaginal swab + (PPD 1)Breast milk + (PPD 2) | Discharged |
| 56[18] | Admitted at 35 2/7 with 2 days of fever and cough. NP PCR+. Category III tracing on day 3, so underwent C-section with general anesthesia given maternal respiratory status. Discharged on PPD 6.  | C-section (NRFHT)Separation at birth; mother intubated at delivery; no DCC | 35 5/73540 | 4, 7 | Intubated at birth for respiratory failure. Normal cord blood, lactate, Sarnat score on admission. Extubated at 6h of life. On DOL 3, infant presented with irritability, poor feeding, hypertonia, opisthotonos. Full work-up at time including CSF studies, EEG, HUS unrevealing. Symptoms improved over 3 days without treatment, but mild hypotonia and feeding difficulty persisted for weeks. MRI on DOL 11 showed bilateral gliosis of deep white matter. | No | 1h | Neonatal PCR:Bronchial aspirate + (<6h)NP + (1h, DOL 3, 18)Blood + (<6h)Anal swab + (1h, DOL 3, 18)CSF – (DOL 3)Maternal PCR:Placenta + Amniotic fluid +  | Discharged on DOL 18. Follow-up at 2 months of life with improved exam and MRI, normal growth. |
| 57[17] | Presented at 40 weeks with vaginal bleeding, abdominal pain, and fever. Abnormal chest CT, lymphopenia. OP PCR +.  | C-section, emergent (maternal COVID)Maternal maskingImmediate separation | 403205 | 8, 9 | Admitted to neonatal ward. Emesis on DOL 0. Labs notable for lymphopenia, elevated transaminases. Work-up for other viral infections unremarkable. Transferred to children’s hospital for further management and isolation. Chest CT abnormal but otherwise asymptomatic. Discharged after repeat testing negative. | No | 36h | Neonatal PCR:OP + (36h), – (DOL 15)Anal swab – (DOL 15)Maternal/delivery PCR:Cord blood –Placenta –Breast milk –  | Discharged |
| 58[50] | Presented at 32 weeks with dyspnea, myalgia, anorexia, nausea, cough, and fever. NP and OP PCR +. CXR and chest CT abnormal. Clinical condition worsened post-delivery, required MV and peritoneal dialysis. Maternal death PPD 15. | C-section (maternal COVID)Immediate separation | 322350 | 8, 9 | Admitted to NICU. Developed fever, treated with antibiotics. Persistently positive PCR testing but reported as doing well. | No | DOL 1 | Neonatal PCR:NP – (DOL 0), + (DOL 1, third and fourth test + 1 week later)OP – (DOL 0), + (DOL 1, third and fourth test + 1 week later)Maternal/delivery PCR:Cord blood –Amniotic fluid + Vaginal swab – (PPD 0) | No neonatal death, otherwise NR |
| 59[11] | Presented with fever, chest CT consistent with pneumonia. PCR +. No ICU admission or MV. | C-section (meconium, maternal COVID)Immediate separation | 403250 | NR | Required NICU admission on DOL 2 due to lethargy and fever. CXR consistent with pneumonia. Vital signs reported as stable DOL 5-10. | No | DOL 2 | Neonatal PCR:NP + (DOL 2, 4), – (DOL 6)Anal swab + (DOL 2, 4), – (DOL 6) | No neonatal death, otherwise NR |
| 60[11] | Presented with fever, chest CT consistent with pneumonia. PCR +. No ICU admission or MV. | C-section (maternal COVID) | 40 4/73360 | NR | Developed lethargy, vomiting, and fever. Laboratory studies notable for leukocytosis, lymphopenia, and elevated CK-MB. CXR consistent with pneumonia. Vital signs reported as stable DOL 6-9. | No | DOL 2 | Neonatal PCR:NP + (DOL 2, 4), – (DOL 6)Anal swab + (DOL 2, 4), – (DOL 6) | No neonatal death, otherwise NR |
| 61[11] | COVID pneumonia. PCR +. No ICU admission or MV. | C-section (fetal distress, maternal COVID) | 31 2/71580 | 3, 4, 5 | Neonatal asphyxia, required resuscitation in DR (details not provided). Admitted to NICU, course complicated by RDS and pneumonia requiring NIPPV, suspected sepsis (*Enterobacter* agglomerates-positive blood culture), thrombocytopenia, coagulopathy, and feeding intolerance. Vital signs reported as stabilizing by DOL 7. | No | DOL 2 | Neonatal PCR:NP + (DOL 2, 4), - (DOL 7)Anal swab + (DOL 2, 4), – (DOL 7) | No neonatal death, otherwise NR |

**Supplemental Table 3 notes.** Maternal presentation, delivery course, neonatal clinical presentation, and SARS-CoV-2 PCR test results for neonates with confirmed perinatal infection. aOnly one Apgar score reported. Unknown if 1 minute or 5 minute score. Abbreviations: ARDS – acute respiratory distress syndrome; BF – breastfeeding; BPP – biophysical profile; BT shunt – Blalock-Taussig shunt; BW – birth weight; COVID – coronavirus disease; CPAP – continuous positive airway pressure; C-section – Cesarean section; CSF – cerebrospinal fluid; CT – computed tomography; CXR – chest X-ray; DCC – delayed cord clamping; DOL – day of life; DR – delivery room; ECMO – extracorporeal membrane oxygenation; EEG – electroencephalogram; F – female; GA – gestational age; GI – gastrointestinal; HELLP – hemolysis, elevated liver enzymes, low platelet count; HFNC – high flow nasal cannula; HUS – head ultrasound; ICU – intensive care unit; IPC – infection prevention and control; IVIG – intravenous immunoglobulin; M – male; MRI – magnetic resonance imaging; MV – mechanical ventilation; NC – nasal cannula; NI – not interpretable; NICU – neonatal intensive care unit; NIPPV – non-invasive positive pressure ventilation; NP – nasopharyngeal; NR – not reported; NRFHT – nonreassuring fetal heart tracing; OP – oropharyngeal; PCR – polymerase chain reaction; PEC – preeclampsia; PPD – postpartum day; PPH – postpartum hemorrhage; PPROM – preterm, premature rupture of membranes; RA – room air; RDS – respiratory distress syndrome; SARS-CoV-2 – severe acute respiratory syndrome coronavirus 2; TOF – Tetralogy of Fallot.

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