ORIGINAL ARTICLE

Newborn in the Pediatric Emergency Department: A Reality During the COVID-19 Pandemic

Bárbara Aguiar, Hugo Cavaco, Paulo Oom, Mariana Poppe, Miguel Labrusco, Sofia Costa Lima

Port J Pediatr 2022;53:393-9
DOI:https://doi.org/10.25754/pjp.2022.23781

Abstract

Introduction: We aimed to characterize newborns admitted to the pediatric emergency department in the first months of the coronavirus disease 2019 (COVID-19) pandemic.

Methods: We conducted a retrospective observational study regarding newborns who presented to the pediatric emergency department during the pandemic period in comparison with the same period of the previous year. Data gathered concerning the neonatal characteristics included the length of postpartum stay in the nursery, age at presentation to the pediatric emergency department, source of referral to the pediatric emergency department, presenting complaint, need for complementary exams, diagnosis, final destination, and hospital readmission.

Results: The number of births was 591 in the pandemic period and 709 in the homologous period. We analyzed 72 pediatric emergency department admissions in the pandemic period and 123 pediatric emergency department admissions in the homologous period. During the pandemic period, there was a decreased rate of neonatal admissions to the pediatric emergency department, but not as pronounced as for the total number of children. We found an increased rate of patients visiting the pediatric emergency department and without disease during the first 2 weeks of life. There were higher referral rates to the pediatric emergency department and to an ambulatory pediatrics appointment. No differences were found concerning the presenting complaints, need for complementary exams, diagnoses, and admission rates.

Discussion: Although there was a decreased rate of neonatal admissions during the pandemic period, it was not as pronounced as for the total number of children, denotating a greater need to attend to the pediatric emergency department compared to the other age categories. The reduced access to primary care during the pandemic period and the decreased time of parental education in the nursery might have contributed to these findings.

Keywords: COVID-19; Emergency Service, Hospital/statistics & numerical data; Infant, Newborn; Patient Discharge/standards; Perinatal Care; Portugal

Introduction

The adaptation to extrauterine life in the neonatal period represents a time of great vulnerability to the newborn, while it also constitutes a meaningful time for their family.[1-4]

Newborns should be discharged from neonatal wards only once breastfeeding has been established and perinatal infections, malformations, or serious metabolic diseases have been excluded.[5,6] During this period, there are essential learning opportunities regarding childcare and the integration of the new member into the family unit, which are important in order to reduce parental anxiety[5-7] and possibly contribute to a subsequent lower number of medical appointments in the neonatal period, including admissions to pediatric emergency departments.[5,6]

The usual practice in neonatology services in Portugal is to discharge newborns and their mothers 48 hours after vaginal deliveries and 72-96 hours in the case of caesarean delivery. The average length of stay of the mother and newborn in the hospital after delivery has declined in the past decades and, currently, an early neonatal hospital discharge consists of a discharge between 24 and 48 hours of life in healthy newborns.[5] Among its advantages are the decreased risk of hospital complications and the earlier bonding opportunity between the parents and their baby, contributing to the parents' satisfaction.[5,8-10] On the other hand,

Department of Pediatrics, Hospital Beatriz Ângelo, Loures, Portugal
Corresponding Author
Bárbara Aguiar
https://orcid.org/0000-0002-3144-1736
barbara.ribeiro.aguiar@hbeatrizangelo.pt
Pediatric Department, Beatriz Ângelo Hospital, 2674-514 Loures, Portugal
Received: 25/02/2021 | Accepted: 23/08/2021 | Published online: 03/01/2022 | Published: 03/01/2022

the potential risks of this practice include failure to detect certain critical conditions.[5] Early discharge also shortens the maternal education time,[3,7,9] which may later be reflected in an increased admission to pediatric emergency departments during the neonatal period due to childcare doubts, physiological neonatal changes or health problems that would otherwise have been clarified in the nursery.[2,3,11,12] The admission of a newborn to an emergency setting constitutes an important health risk due to the increased exposure to nosocomial infections.[2,13-15] Therefore, the length of the hospital stay must take into consideration the uniqueness of each mother-baby dyad as well as the mother's health and self-confidence, the newborn's stability, and the ease of access to the appropriate follow-up care in the first 24-48 hours after discharge.[5,16-18]

The first severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) patient in Portugal was detected on March 2, 2020, and the response to the coronavirus disease 2019 (COVID-19) pandemic led to a national reorganization of health services.[19] Since its inception, to minimize the risk of exposure to SARS-CoV-2, the discharges from the nursery at our hospital were given at about 36 hours after delivery in healthy babies.

This study aimed to characterize neonates admitted to a pediatric emergency department during the first months of the COVID-19 pandemic in comparison with the same period of the previous year. We also intended to assess the impact of the early discharge from the nursery on the attendance to the pediatric emergency department, and the maternal factors associated with the need for medical observation after discharge.

Methods

A retrospective observational study was performed, with data collected from the clinical records of newborns admitted to the pediatric emergency department of a hospital located in the metropolitan area of Lisbon. Two cohorts were considered:

- A pandemic one, referring to newborns admitted in the pediatric emergency department since the reorganization of the department of pediatrics due to the COVID-19 pandemic during a three-month period (between March 15 and June 15, 2020);
- A homologous cohort, referring to newborn admissions in the pediatric emergency department in the homologous period of 2019. For the purpose of our study, early discharge was defined as a hospital discharge before completing 36 hours of life. Children born in other hospitals, with postpartum hospitalization in the neonatal intensive care unit and with mothers positive for SARS-CoV-2 were excluded from the study.

The records of nursery hospital stays and emergency episodes were analyzed. Regarding the pediatric emergency department admissions, we obtained data on age, prior referral to the pediatric emergency department, presenting complaint, need for further complementary exams, final diagnosis, destination after observation, and the need for hospital readmission in the neonatal period. As for maternal characteristics, data on the mother age, obstetric index, disease requiring treatment, and observation during pregnancy were collected.

The relationship between maternal characteristics and the pediatric emergency department admissions by parental initiative in both periods was analyzed focusing on four aspects: age under 21 years old, primiparity, unattended pregnancy, and presence of disease requiring treatment during pregnancy.

The reasons for admission to the pediatric emergency department were classified into seven groups: isolated fever, irritability or excessive crying, respiratory complaints, gastrointestinal complaints (vomiting or intestinal transit changes), eating disorders (feeding difficulty or poor weight progression), jaundice, and others (which included the remaining causes of admission).

The diagnoses were coded according to the international classification of diseases (ICD-10) and later classified into five groups: normal newborn, infectious disease, gastrointestinal problems, neonatal jaundice, and others (where the remaining diagnoses were included).

Statistical analysis was performed using the statistical program R, while applying tests to compare the quantitative (Student's t-test) and qualitative (chi-square) data. A significance level of $p < 0.05$ was accepted.

Results

General data

During the pandemic period, 3,533 children and adolescents were admitted to the pediatric emergency department, 103 of whom were newborns (2.9%). In the homologous period, there were 15,164 pediatric emergency department admissions, including 214 neonates (1.4%) ($p < 0.001$).

In total, 122 newborns were excluded from the study, 31 in the pandemic period and 91 in the homologous period. We analyzed 72 pediatric emergency department admissions in the pandemic period and 123 pediatric

emergency department admissions in the homologous period (Table 1).

Comparing the number of neonatal admissions at the pediatric emergency department with the number of births in our hospital in each period, we found a decreased rate of newborns attending to this service during the pandemic period ($p < 0.05$). Nevertheless, in this period, the total number of children and adolescents admitted to the pediatric emergency department has decreased 76.7%, while the number of newborn admissions has only decreased 41.5% ($p < 0.001$).

Regarding the length of postnatal hospital stay between the two groups, although there was a higher rate of newborns discharged before completing 36 hours of life during the pandemic period ($p < 0.05$), we found a small number of early discharge newborns (Table 1).

Concerning the average age of the newborns observed in the pediatric emergency department, it was significantly lower in the pandemic period ($p < 0.05$) (Fig. 1). There was a higher rate of newborns observed during the first 2 weeks of life in this period (73.6% *vs.* 52% in the homologous period, $p < 0.05$).

Maternal characteristics

In both periods, only the presence of disease during pregnancy was significantly related to a higher use of the pediatric emergency department by parental initiative ($p < 0.05$). The maternal morbidities most frequently identified were gestational diabetes (38.5% in the pandemic period *versus* 29.6% in the homologous period), thyroid disorder (30.8% *vs.* 22.2%), and uncomplicated hypertensive disorder (15.4% *vs.* 11.1%).

Presenting complaints, final diagnoses, and hospital admission rates

We did not find statistical significance between both periods regarding the presenting complaints (Table 2).

There were also no significant differences concerning the final diagnoses on discharge from the pediatric emergency department and the hospital admission rates in both periods (Table 3).

Although there was no difference concerning the final diagnoses according to the newborn age in the homologous period, during the pandemic period the rate of newborns without disease in the first 14 days of life was significantly higher than after 14 days of life (Table 4) ($p < 0.05$).

Table 1. Characterization of the cohorts of newborns admitted to the pediatric emergency service in the pandemic period and in the homologous period

	Homologous period	Pandemic period	*P* value
	n (%)	n (%)	
Number of births	709	591	0.0252
Number of visits	123	72	
Female	54 (43.9%)	40 (55.6%)	0.1160
Male	69 (56.1%)	32 (44.4%)	
Average age (days)	13	9	0.0115
Caesarean	16 (13%)	20 (27.8%)	0.010
Eutocic	78 (63.4%)	36 (50%)	0.085
Forceps	6 (4.9%)	3 (4.2%)	0.641
Vacuum extraction	23 (18.7%)	13 (18%)	0.911
Preterm	5 (4.1%)	4 (5.6%)	0.6321
Full term	118 (95.9%)	68 (94.4%)	
AGA	112 (91.1%)	66 (91.7%)	
LGA	2 (1.6%)	1 (1.4%)	0.9865
SGA	9 (7.3%)	5 (6.9%)	
Length of stay < 36 hours	0	5 (7%)	< 0.001
Mother ≤ 21 years	13 (10.6%)	1 (1.4%)	0.0165
Mother > 21 years	110 (89.4%)	71 (98.6%)	
Multiparous mother	60 (48.8%)	30 (41.7%)	0.3362
Nulliparous mother	63 (51.2%)	42 (58.3%)	
Gestational pathology requiring treatment	27 (21.9%)	12 (16.7%)	0.3733
Unattended pregnancy	14 (11.4%)	4 (5.6%)	0.1749
Attended pregnancy	109 (88.6%)	68 (94.4%)	

AGA - appropriate for gestational age; LGA - large for gestational age; SGA - small for gestational age.

Referral to the pediatric emergency department

Eighteen newborns (25%) in the pandemic period and 14 newborns (11.4%) in the homologous period ($p < 0.05$) were referred to the pediatric emergency department, most of them by their family doctor. Some families were also advised by the Linha de Saúde 24 (the national health line) by their private pediatrician or transferred from other hospital emergency departments.

Need for complementary diagnostic tests

There was no statistical difference in both periods regarding the need for complementary diagnostic tests, namely blood tests, urine tests, bacterial cultures, viral antigen detection tests, lumbar punctures, imaging tests, and electrocardiograms.

Destination after observation in the hospital emergency room

After the pediatric emergency department observation, there were significantly lower rates of newborns discharged home and higher rates referred to an ambulatory pediatrics appointment (Table 5) in the pandemic period ($p < 0.05$).

Hospital readmission in the neonatal period

Ten newborns (13.9%) were readmitted to the pediatric emergency department in the pandemic period and 11 newborns (8.9%) in the homologous period ($p = 0.252$).

Discussion

During the first months of the COVID-19 pandemic, there was a global decreased rate of pediatric emergency department admissions in our study. Nevertheless, during the neonatal period, this decrease was not as pronounced as for the total number of children, thereby indicating that there was a greater need for these parents to attend to the pediatric emergency department when compared to the other age categories.

Table 2. Presenting complaints during the periods under study

Presenting complaint	Homologous period n (%)	Pandemic period n (%)	*P* value
Isolated fever	2 (1.6%)	3 (4.2%)	0.279
Irritability/excessive crying	10 (8.2%)	5 (7%)	0.764
Respiratory complaints	23 (18.7%)	6 (8.3%)	0.050
Gastrointestinal complaints	25 (20.3%)	14 (19.4%)	0.882
Eating disorders	9 (7.3%)	8 (11.1%)	0.365
Jaundice	14 (11.4%)	14 (19.4%)	0.121
Others*	40 (32.5%)	22 (30.6%)	0.776

*Included inguinal masses, neonatal breast enlargement, vaginal hemorrhages, abnormal movements, and minor trauma, in both periods.

Table 3. Final diagnoses and associated need for hospitalization in each period

Diagnosis	Homologous period		Pandemic period	
	Number of visits (%)	Admitted (%)	Number of visits (%)	Admitted (%)
Normal newborn	39 (31.7%)	0	19 (26.4%)	0
Infectious disease	34 (27.6%)	6 (75%)	15 (20.8%)	3 (33.3%)
Gastrointestinal problems	28 (22.8%)	0	21 (29.2%)	3 (33.3%)
Neonatal jaundice	15 (12.2%)	2 (25%)	13 (18%)	3 (33.3%)
Others	7 (5.7%)	0	4 (5.6%)	0

Table 4. Final diagnoses according to newborn age

Diagnosis	Homologous period		Pandemic period	
	≤ 14 days (%)	> 14 days (%)	≤ 14 days (%)	> 14 days (%)
Normal newborn	19 (29.7%)	20 (33.9%)	16 (30.2%)	3 (15.8%)
Infectious disease	15 (23.4%)	19 (32.2%)	8 (15.1%)	7 (36.8%)
Gastrointestinal problems	12 (18.8%)	16 (27.1%)	15 (28.3%)	6 (31.6%)
Neonatal jaundice	15 (23.4%)	0	10 (18.9%)	3 (15.8%)
Others	3 (4.7%)	4 (6.8%)	4 (7.5%)	0

Table 5. Newborns destination after the pediatric emergency department observation in both periods

	Homologous period	Pandemic period	*P* value
	n (%)	n (%)	
Discharged home	98 (79.7%)	43 (59.7%)	0.0027
Ambulatory pediatrics appointment	6 (4.9%)	13 (18.1%)	0.0027
Hospital admission	8 (6.5%)	9 (12.5%)	0.1924
Emergency Room observation unit	5 (4%)	4 (5.5%)	0.6321
Pediatric Day Hospital	6 (4.9%)	3 (4.2%)	0.8193

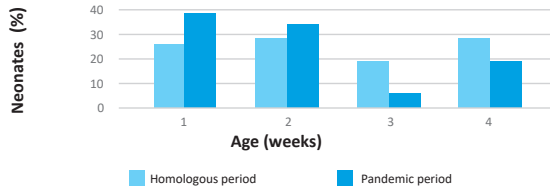

Figure 1. Age distribution of neonates in the two periods studied.

The greater difficulty in resorting to primary health care or the assistant physician during this period[20,21] and the decreased time of parental education during the postpartum stay in the nursery might have contributed to this necessity. Even though we found a small number of cases, the rate of newborns discharged from the nursery early was higher during the pandemic period.

Our study did not show significant differences in both periods concerning the presenting complaints, need for complementary diagnostic tests, final diagnoses, and admission rates. As previously shown by other studies,[11,15,16] these findings might suggest that there is no positive correlation between the decreased nursery length of stay and the severity of illness at the pediatric emergency department. Nonetheless, in the pandemic period, we found a significantly higher rate of newborns admitted to the pediatric emergency department and a higher rate of newborns without disease during the first two weeks of life. These findings might suggest higher parental anxiety and difficulty in caring for their baby in the first days of life.

The higher referral rate to the pediatric emergency department observed in the pandemic period as well as the lower rates of newborns discharged home and higher rates referred to an ambulatory pediatrics appointment after observation at the pediatric emergency department might suggest a greater concern by physicians toward the disease evolution of newborns during the pandemic. Looking at the maternal characteristics, only the presence of disease during pregnancy was significantly related to a higher self-referral rate in both periods. Therefore, these women should be identified prior to hospital discharge, ensuring the adequacy of their support systems and an earlier post-discharge follow-up.[18]

The retrospective design of this study has some inherent limitations, namely the possible sources of error due to confounding or loss of information. Second, it was not possible to assess whether neonates were evaluated in primary health care facilities or by the assistant physician previously to the pediatric emergency department admission, since this information was not included in all clinical records. Our study was a single-center study, so it is difficult to extrapolate our results to the general population. We also intended to verify the impact of the early discharge from the nursery on the attendance to the pediatric emergency department. Although we found a higher rate of early nursery discharges, the small number of observed cases should be considered. Therefore, prospective studies with a higher sample size should shed further light on this topic.

In summary, our study shows that there was a decreased rate of neonatal admissions to the pediatric emergency department during the pandemic period, but not as pronounced as for the total number of children, denoting that there was a greater need of attending to this service when compared to the other age categories. We also found an increased rate of pediatric emergency department admissions and a higher rate of newborns without disease during the first 2 weeks of life. The reduced access to primary care during the pandemic period and the decreased time of parental education before the hospital discharge might have contributed to these findings. These results emphasize the need to improve parental nursery education and to ensure the access to appropriate follow-up care, support, and advice after neonatal discharges. Accordingly, this may reduce unnecessary pediatric emergency department admissions during the neonatal period, protecting neonates from the exposure to potential infection agents prevalent in the emergency services.

WHAT THIS STUDY ADDS

- During the first months of the COVID-19 pandemic, there was a decreased rate of neonatal admissions to the pediatric emergency department, but not as pronounced as for the total number of children, thereby denoting that there was a greater need for these parents to attend to this service when compared to the other age categories.
- In the pandemic period, there was a significantly higher rate of newborns admitted to the pediatric emergency department and without disease during the first two weeks of life.
- The reduced access to primary care during the pandemic period and the decreased time of parental education before the hospital discharge might have contributed to these findings.
- This study adds a piece of evidence on the need to improve parental nursery education and to ensure the access to appropriate follow-up care, support, and advice after neonatal discharges in order to reduce unnecessary pediatric emergency department admissions during the neonatal period.

Conflicts of Interest

The authors declare that there were no conflicts of interest in conducting this work.

Funding Sources

There were no external funding sources for the realization of this paper.

Protection of human and animal subjects

The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Provenance and peer review

Not commissioned; externally peer reviewed

Confidentiality of data

The authors declare that they have followed the protocols of their work centre on the publication of patient data.

Acknowledgements

The authors gratefully acknowledge the statistical analysis carried out by Miquel Verdaguer López from Universitat Politècnica de Catalunya, Barcelona, Spain.

Awards and presentations

Presented as oral poster in the 1.ª Jornadas Digitais de Pediatria, Sociedade Portuguesa de Pediatria, 2020.

References

1. Pérez Solís D, Pardo de la Vega R, Fernández González N, Ibáñez Fernández A, Prieto Espuñes S, Fanjul Fernández J. Atención a neonatos en una unidad de urgencias pediátricas. An Pediatr 2003;59:54-8. doi: 10.1016/s1695-4033(03)78148-x.
2. Garcia C, Mascarenhas M, Teixeira AT, Bento V, Alves C, Almeida H. Recém-nascidos no serviço de urgência pediátrica: Casuística de um ano. Acta Pediatr Port 2016;47:61-7. doi: 10.25754/pjp.2016.8639.
3. Cunha J, Nunes F, Nunes M, Azeredo P. Recém-nascidos na urgência pediátrica hospitalar. Acta Pediatr Port 2007;38:235-40.
4. Ferreira H, Ferreira C, Tavares C, Aguiar I. Why are newborns brought to the emergency department? Pediatr Emerg Care 2018;34:883-87. doi: 10.1097/PEC.0000000000001680.
5. Rite Gracia S, Pérez Muñuzuri A, Sanz López E, Leante Castellanos JL, Benavente Fernández I, Ruiz Campillo CW, et al. Criterios de alta hospitalaria del recién nacido a término sano tras el parto. An Pediatr 2017;86:289.e1-6. doi: 10.1016/j.anpedi.2016.08.011.
6. Figueras Aloy J, García Alix A, Alomar Ribes A, Blanco Bravo D, Esqué Ruiz M, Fernández Lorenzo J. Recomendaciones de mínimos para la asistencia al recién nacido sano. An Esp Pediatr 2001;55:141-45.
7. Standing TS, el-Sabagh N, Brooten D. Maternal education during the perinatal period. Clin Perinatol 1998;25:389-402.
8. Lee KS, Perlman M, Ballantyne M, Elliott I, To T. Association between duration of neonatal hospital stay and readmission rate. J Pediatr 1995;127:758-66. doi: 10.1016/s0022-3476(95)70170-2.
9. Fernández Ruiz C, Sainz de la Maza V, Curcoy Barcenilla A, Lasuen del Olmo N, Luaces Cubells C. Asistencia a neonatos en el servicio de urgencias de un hospital pediátrico terciario. An Pediatr 2006;65:123-8. doi: 10.1157/13091480.
10. Martín Puerto M, Pérez Agromayor I, Belaústegui Cueto A. Alta precoz en neonatología. An Esp Pediatr 1997;46:372-3.
11. Millar KR, Gloor JE, Wellington N, Joubert GI. Early neonatal presentations to the pediatric emergency department. Pediatr Emerg Care 2000;16:145-50. doi: 10.1097/00006565-200006000-00001.
12. Harrold J, Langevin M, Barrowman N, Sprague AE, Fell DB, Moreau KA, et al. Parental characteristics and perspectives pertaining to neonatal visits to the emergency department: A multicentre survey. CMAJ Open 2018;6:E423-9. doi: 10.9778/cmajo.20180015.
13. Yang HJ, Jeon W, Yang HJ, Kwak JR, Seo HY, Lee JS. The clinical differences between urgent visits and non-urgent visits in emergency department during the neonatal period. J Korean Med Sci 2017;32:1870-75. doi: 10.3346/jkms.2017.32.11.1870.
14. Calado CS, Pereira AG, Santos VN, Castro MJ, Maio JF. What brings newborns to the emergency department? A 1-year study. Pediatr Emerg Care 2009;25:244-48. doi: 10.1097/pec.0b013e31819e361d.
15. Sacchetti AD, Gerardi M, Sawchuk P, Bihl I. Boomerang babies: Emergency department utilization by early discharge neonates. Pediatr Emerg Care 1997;13:365-68. doi: 10.1097/00006565-199712000-00001.
16. Radmacher P, Massey C, Adamkin D. Hidden morbidity with ''successful'' early discharge. J Perinatol 2002;22:15-20. doi: 10.1038/sj.jp.7210586.
17. Flanagan CF, Stewart M. Factors associated with early neonatal attendance to a paediatric emergency department. Arch Dis Child 2014;99:239-43. doi: 10.1136/

archdischild-2013-304298.
18. Luciano R. Early discharge of term neonates: We can do it safely. Ital J Pediatr 2015;41:A42. doi: 10.1186/1824-7288-41-S2-A42.
19. Direção Geral da Saúde. COVID-19. Norma nº. 004/2020 (23/03/2020). Lisboa: DGS; 2020.
20. Santoli JM, Lindley MC, DeSilva MB, Kharbanda EO, Daley MF, Galloway L, et al. Effects of the COVID-19 pandemic on routine pediatric vaccine ordering and administration. United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:591-3. doi: 10.15585/mmwr.mm6919e2.
21. Lazzerini M, Barbi E, Apicella A, Marchetti F, Cardinale F, Trobia G. Delayed access or provision of care in Italy resulting from fear of COVID-19. Lancet Child Adolesc Health 2020;4:e10-1. doi: 10.1016/S2352-4642(20)30108-5.

Recém-Nascido no Serviço de Emergência Pediátrica: Uma Realidade Durante a Pandemia de COVID-19

Introdução: Procurámos caracterizar os recém-nascidos que recorreram ao serviço de urgência pediátrico durante os primeiros meses da pandemia de doença do coronavírus 2019 (COVID-19).
Métodos: Realizámos um estudo retrospetivo sobre a coorte dos recém-nascidos admitidos no serviço de urgência pediátrico durante o período pandémico, em comparação com o período homólogo do ano anterior. Foram analisados a duração da estadia pós-parto no berçário, idade à apresentação no serviço de urgência pediátrico, referenciação prévia ao serviço de urgência pediátrico, motivo de recurso ao serviço de urgência pediátrico, necessidade de exames complementares, diagnóstico, destino final e readmissão hospitalar.
Resultados: O número de nascimentos foi de 591 no período pandémico e 709 no período homólogo. Foram incluídos no estudo 72 recém-nascidos no período pandémico e 123 recém-nascidos no período homólogo. Verificou-se uma diminuição da afluência dos recém-nascidos ao serviço de urgência pediátrico no período pandémico, mas não tão acentuada como a diminuição verificada para o total de crianças. Encontrámos um aumento da afluência de recém-nascidos sem doença durante as primeiras 2 semanas de vida. Verificámos taxas superiores de referenciação ao serviço de urgência pediátrico e à consulta de pediatria após a alta hospitalar. Os motivos de recurso ao serviço de urgência pediátrico, a necessidade de exames complementares, os diagnósticos e a taxa de internamento não foram diferentes em ambos os períodos.
Discussão: Apesar da diminuição da afluência de recém-nascidos ao serviço de urgência pediátrico durante o período de pandemia COVID-19 em estudo, esta não foi tão acentuada como para o total de crianças, indicando uma maior necessidade de recorrer ao serviço de urgência pediátrico quando comparado com os outros grupos etários. O reduzido acesso aos cuidados de saúde primários neste período e a diminuição do tempo de educação parental no berçário poderão ter contribuído para estes achados.

Palavras-Chave: Alta do Paciente/normas; COVID-19; Recém-Nascido; Serviço Hospitalar de Emergência/estatística & dados numéricos; Assistência Perinatal; Portugal