

Newborn Procedures

Affix patient label here

Detailed information regarding these procedures can be found at <http://inletbirth.ca> > Birthing Resources > Handouts > Newborn Procedures

VITAMIN K PROPHYLAXIS

I have read and understand the information posted on <http://inletbirth.ca> regarding Vitamin K prophylaxis and have had my questions answered by my care provider.

- I **choose to have injectable Vitamin K** administered to my baby after birth.
- I **choose to have oral Vitamin K** administered to my baby at birth, 2 weeks and 6 weeks after birth. I understand that oral Vitamin K administration is less effective than intramuscular Vitamin K at preventing Vitamin K deficiency bleeding. I understand that I am refusing recommended care.
- I **refuse both oral and injectable Vitamin K** for my baby. I understand that Vitamin K administration is recommended to prevent Vitamin K deficiency bleeding, which is a preventable illness that can, in some cases, can cause permanent neurological damage or death to my baby. I understand that I am refusing recommended care.

EYE PROPHYLAXIS

I have read and understand the information posted on <http://inletbirth.ca> regarding erythromycin eye prophylaxis and have had my questions answered by my care provider.

- I **choose to have erythromycin ointment** applied to my baby's eyes after birth.
- I **refuse erythromycin ointment** for my baby.

NEWBORN SCREENING FOR RARE BUT TREATABLE DISORDERS

I have read and understand the information posted on <http://inletbirth.ca> regarding newborn screening for rare but treatable disorders and have had my questions answered by my care provider.

- I **choose to have newborn screening** done after the birth of my baby.
- I **refuse newborn screening** for my baby. I understand that I am refusing recommended care, and that due to my refusal, my baby may not receive appropriate treatment for a condition that could potentially cause permanent neurological damage or death.

Client's signature: _____ Date: _____

Care provider's signature: _____ Date: _____