

Newborn Procedures

Affix patient label here

Detailed information regarding these procedures is available at:
<http://inletbirth.ca> > Birthing Resources > Handouts > Newborn Procedures

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

VITAMIN K PROPHYLAXIS

- 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 4 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 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 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.

ROUTINE NONINVASIVE PROCEDURES

- I choose to have a hearing screen administered to my baby after birth.
- I choose to have a TCB (transcutaneous bilirubin) jaundice test administered to my baby after birth. I understand that after a home delivery, TCB monitoring is not available and a blood test may be required.
- I choose to have a congenital heart defect screening test administered to my baby after birth.

Client's signature: _____ Date: _____

Care provider's signature: _____ Date: _____