

Newborn Informed Decisions

The following are a summary of tests and interventions available for newborns. These are standard in a hospital setting. After discussing each test or intervention with your midwife, reading any informative materials, researching the item to your desire and having your questions answered, please indicate what your desires.

Vitamin K

Please see separate Informed Decision. Please also mark your decision below.

- ☐ We want an Intramuscular (IM) shot of vitamin K to be administered to our baby.
- ☐ We decline IM vitamin K.

Group Beta Streptococcus (GBS) for Mom

Please see separate Informed Decision. Please also mark your decision below.

- | | |
|---|---|
| ☐ Mom declined the GBS screen | ☐ Mom tested positive/negative for GBS |
| ☐ We want prophylactic antibiotics. | If <i>positive</i> is circled above, |
| ☐ We decline prophylactic antibiotics. | ☐ We want prophylactic antibiotics. |
| | ☐ We decline prophylactic antibiotics. |

Eye Care (Prophylaxis)

Please see separate Informed Decision. Please also mark your decision below.

- ☐ We want prophylactic antibiotic eye administration.
- ☐ We decline prophylactic antibiotic eye administration.

Newborn Screen (NBS)

Please see separate Informed Decision. Please also mark your decision below.

- ☐ We want our newborn to receive the Newborn Screen.
- ☐ We do NOT want our newborn to receive the Newborn Screen.

Cord Blood

Please see separate Informed Decision Regarding RhoGAM. Please also mark your decision below.

- ☐ I am Rh(-) and I do NOT want the cord blood to be tested for blood type and factor.
- ☐ I am Rh(-) and I want the cord blood to be tested for blood type and factor.
- ☐ If indicated, I want the cord blood to be tested for syphilis.
- ☐ I want the baby's cord blood banked. I have ordered the necessary items to complete this process.

Hearing Screen

A hearing screen is not available from Mandala Midwifery. I have discussed the hearing screen with my midwives and understand I must make arrangements with my pediatrician to complete the screen.

- ☐ I do NOT want the Hearing Screen.
- ☐ I want the Hearing Screen.

Hepatitis B Vaccine

Hepatitis B vaccine is not available from Mandala Midwifery. I have discussed the Hep B vaccine with my midwives and understand I must make arrangements with my pediatrician if I want to vaccinate my child.

- ☐ I do NOT want the Hepatitis B vaccine.
- ☐ I want the Hepatitis B vaccine.

Client (Please Print)

Signature

Date

Partner (Please Print)

Signature

Date

Midwife (Please Print)

Signature

Date