

Standard Immediate Postpartum Recommendations for the Newborn

PROPHYLACTIC EYE OINTMENT

Undetected and/or untreated gonorrhea in pregnant women may result in infection in the newborn's eyes during the childbirth process. This infection is called neonatal gonorrhoeal ophthalmia and can lead to permanent blindness in the newborn (0.3 per 1000 live births). Chlamydia can also cause chlamydial conjunctivitis or pneumonia.

Routinely in medical settings, prophylactic eye ointment is placed in a newborn's eyes within two hours of birth to prevent the possible spread of gonococcal infection from the mother to the baby during birth. At home a newborn can be given an eye ointment containing the antibiotic, erythromycin, placed in your baby's eyes within two hours after birth to prevent the possibility of the above mentioned infection. A possible side effect of the application of the eye ointment is the disruption of the baby's eye-to-eye contact with their mother or eye irritation.

_____ No, I have been informed of the recommendations for my baby and do not wish to receive prophylactic eye ointment.

_____ Yes, I would like to have prophylactic eye ointment administered to my baby within two hours after birth.

HEPATITIS VACCINE

Hepatitis B is a serious disease that infects and damages the liver. A baby can get Hepatitis B from an infected mother during birth. There is a series of three vaccines, the first of which is routinely given within the first 12-24 hours after delivery. The second and third shots will be given, along with other routine baby vaccines. This vaccine is given to prevent future infection by Hepatitis B.

_____ No, I have been informed of the recommendations for my baby regarding the Hepatitis B vaccine but do not want my baby to receive this vaccination.

_____ Yes, I would like to have this vaccine administered to my baby and understand that I need to arrange this with a pediatrician before the birth.

Initials _____

VITAMIN K

Hemorrhagic disease of the newborn, or Vitamin K deficiency, was noted to occur in about 1% of babies prior to the routine administration of 1mg of injectable Vitamin K at birth. More commonly, the symptoms of hemorrhagic disease occurs early, at 2-3 days postpartum, and can include oozing from the cord, bruising, hematomas, and oozing from heel sticks. Bleeding in the brain is a serious complication that can cause death. Once the gut is colonized with helpful bacteria, the baby produces enough Vitamin K, but breastmilk is lower in Vitamin K than formula unless mom takes supplements.

_____ No, I have been informed of the recommendations for my baby and do not wish for my baby to receive a prophylactic Vitamin K injection at birth.

_____ Yes, I would like to have a prophylactic Vitamin K injection administered to my baby within two hours after birth.

_____ Yes, I will obtain oral Vitamin K supplements and take myself.

NEWBORN HEELSTICK FOR PKU (and other metabolic disorders)

Newborn screening to detect conditions that may cause mental retardation or death is required by NC state law. Testing detects conditions such as amino acid disorders, like PKU, fatty acid oxidation disorders, organic acid disorders, galactosemia, hypothyroidism, congenital adrenal hyperplasia, and sickle cell disease. The test is performed by a heelstick to collect five samples of blood from the baby, which is then sent to the State lab.

_____ No, I have been informed of the requirement that all babies be screened, and I wish to waive this requirement.

_____ Yes, I consent for my baby to receive a heelstick and have blood collected for the tests.

NEWBORN HEARING SCREENING

Hearing loss or impairment will affect a child's ability to learn and speak. North Carolina has placed a priority on screening all newborns. The test involves measuring sound waves generated in the inner ear in response to clicks or tones transmitted to the baby while sleeping or very relaxed. The test can be done during a home visit or a trip to the Health Department.

_____ No, I have been informed of the reasons for hearing screening for my baby and I do not want it.

_____ Yes, I would like to do the hearing screening.

Parent _____ Date _____

Midwife _____ Date _____