

Baby Care Plan

(THIS IS FOR THE BABY'S NURSE)

Breastfeeding:

- We would like immediate skin to skin with our baby. All newborn procedures can be delayed until we are ready for them. We will let you know.
- I would like to breastfeed the baby within _____ minutes of birth.
- To promote breastfeeding and bonding, we would prefer that a pacifier, bottle of water or glucose water **NOT** be given to the baby at any time. I will be feeding on demand and rooming-in.

Circumcision (if applicable):

- We would like the circumcision to be performed by Dr. _____ prior to our discharge from the hospital. Or
- We decline the circumcision.

Immunizations:

- We decline any immunizations to be administered to the baby. Or
- We would only like these immunizations administered to our baby:

Hep B	Vit K
antibiotic eye drops	Heal stick

Other:

- Please administer eye-ointment and the vitamin K shot to our baby while he/she is lying on me, but **NOT** before 30 minutes have elapsed from the time of birth.
- We would prefer that Johnson and Johnson baby wash, etc. not be used on our baby. Please use the _____ products that we will provide.
- We would like to have the baby bathed and examined in our presence. Or
- We **DO NOT** want our baby bathed at any time.
- We will **NOT** be sending the baby to the nursery at ANY time, please make arrangements for **ALL** care of our baby to happen in our room at bedside. This includes check-ups, monitoring and pediatrician visits. The only exception to this is emergency care via the NICU. **NO routine observations will be done in the nursery.**

Again, thank you for your help and support during this important event in our lives.

Signed:

In room: