

Delayed Cord Clamping Informed Choice Agreement

I/We have read the information provided by our midwife on delayed cord clamping and she has explained to us her preference to delay cord clamping due to benefits to both mother and baby.

Client

Date

Informed Consent/Informed Declination for Prenatal GBS Testing

I _____, would like / not like (circle one) to be tested for GBS prenatally.

I understand that there is no "perfect" answer for strep-- no perfect screening program, no perfect protocols which will identify and prevent all strep infected babies; that no method of screening and/or prophylactic treatment is 100% effective in preventing GBS. All that we can do is reduce the incidence. I have had my questions answered and can make an informed decision regarding GBS testing.

Client

Date

Vitamin K Informed Choice Agreement

Please check one of the following:

I desire to have oral Vitamin K given to my baby at birth, at two weeks old and at four weeks old

I desire to have injectible Vitamin K given to my baby at birth

I wish to decline Vitamin K, injectible or oral, for my newborn baby

Client

Date

Eye Prophylaxis Informed Choice Agreement

I have read and understand this consent form and my questions/concerns have been answered to my satisfaction.

Please check one of the following:

I desire to have eye prophylaxis ointment given to my newborn baby immediately after birth

I wish to decline eye prophylaxis ointment for my newborn baby immediately after birth

Client

Date

Newborn Metabolic Screening

I/We have read the information provided by our midwife on newborn metabolic screening in Oregon. We have decided to:

(please check one of the following)

- Have the newborn screen performed **twice** in the neonatal period, at three days and two weeks after the birth
- Have the newborn screen performed **once** in the neonatal period, at three days after the birth
- Decline the newborn screening for my newborn baby

Client

Date