

# NEWBORN POSTPARTUM PLAN

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*WORKSHEET*

## Immediately after delivery, I would like

(Select all that apply):

- My partner to cut the umbilical cord
- Delay cord clamping
- To bank the cord blood
- To donate the cord blood
- To see the placenta before it is discarded
- To keep my placenta
- Immediate skin-to-skin with baby
- To use my own hats and blankets on baby
- All newborn care done bed-side
- All newborn care done in the nursery
- Baby to stay with me at all times
- To consolidate mine and my baby's care
- Visitors to meet baby right after delivery
- Visitors to wait least 1-2 hours before visiting
- No visitors at the hospital
- To stay as long as possible at the hospital
- To stay as short as possible at the hospital
- My partner to join baby to NICU or nursery (if applicable)

## Newborn Procedures, I would like

(Pick one in each category):

- Newborn procedures delayed at least 1 hour

### Vitamin K:

- Vitamin K given after delivery
- To administer my own oral Vitamin K
- To decline Vitamin K

### Eye Ointment:

- Eye prophylaxis given after delivery
- To decline the eye prophylaxis

### Hepatitis B:

- Hep B administered after delivery
- To decline the Hep B vaccine

### Baby's Bath:

- Baby bathed right away
- To wait \_\_\_\_\_ hours until baby is bathed
- To wait until we are home to bathe baby

### Circumcision (for boys):

- My baby circumcised
- I do not want my baby circumcised

If you have any questions about your choices for you and your baby after delivery, please talk to your care provider.