## My Team

#### Welcome:

**Support People:** 

Nurse:

Midwife:

**Obstetrician:** 

**Pediatrician:** 

Anesthesiologist:

**Lactation Consultant:** 

Social Worker:

Housekeeper:

## Preferences

For Mom:

For Baby:

Labor Progress:Early laborActive laborPushing

Next Huddle:

# Education

Baby Bath Demo

Depression Screen

AWHONN Save Your Life Handout

In Joy app access  $\Box$ 

CAPE COD HEALTHCARE

The Family Birthplace at Cape Cod Hospital

*Comfort* Last Medication Given:

Next medication due:

Plan of Care

## About My Baby

Quiet Time is observed 1:00 p.m. - 3:00 p.m. daily

Welcome Baby:

Date:

Dite:

Time:

Birth Weight:

Length:

Void □

Stool □

Circumcision:

Frequent skin to skin

Feeding plan: Feed on demand, 8 or more feedings in 24 hours

Recovery

### Discharge Needs

Birth Certificate

PKU 🗆

Hearing Test

Car Seat 🗆

VNA Referral

Prescriptions

Follow up appointments  $\Box$ 

Mother's survey

Code Alert

Clamp removed  $\Box$ 

D/C Orders