



HOME/BIRTHING CENTER DELIVERY POLICY

Congratulations on the upcoming birth of your baby! This is an exciting time in your life and we are very happy to be a part of your special event.

It is important to us that your newborn receives the most comprehensive and high quality care. While we have our concerns that a home birth or birthing center delivery may not be the best medical decision, we understand and respect your personal decision and would like to help you safeguard your baby as much as possible.

In order to take the best care of your child, we require the following procedures if you deliver your baby at home or in a birthing center. The procedures and tests discussed below are performed to prevent potentially life-threatening conditions. Fairfax Pediatric Associates follows the standards and guidelines outlined by the American Academy of Pediatrics. We want you to understand that your newborn baby will need to be seen in the office multiple times during the first weeks of life as noted below. Many of these visits are time sensitive.

Immediately after delivery, you will agree to:

1. Go to the hospital immediately if your newborn is experiencing complications.
2. Have your midwife assign an Apgar score at 1 minute of life and 5 minutes of life.
3. Administer eye antibiotic prophylaxis just after birth, pursuant to Virginia state law to prevent serious eye infections in your baby.
4. Administer Vitamin K intramuscularly at birth to prevent Vitamin K deficient bleeding complications in your newborn which can be life threatening. (Current studies do not support the use of oral vitamin K drops or their efficacy in preventing bleeding complications in newborns). **Please note, our office is unable to stock Vitamin K in the office and you will be referred to the Emergency room to obtain this important injection for your child.**
5. If mother has gestational diabetes, or the baby appears small or large for gestational age, have the baby's blood sugar checked at 1 hour after delivery to rule out low blood sugar in the baby. If the baby's blood glucose level remains less than 45mg/dl after feeding the baby take the baby to the closest Emergency Room.



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Within 12 hours after birth.

6. If mother is hepatitis B surface antigen-positive, has active or chronic Hepatitis B or if the surface antigen status is unknown, Hepatitis B immunoglobulin(HBIG) and the first dose of Hepatitis B vaccine must be administered within 12 hours of delivery. (Infants of mothers who are negative for Hepatitis B should receive the first dose of Hepatitis B vaccine between birth and 14 days). **Please note that we are unable to stock the Hepatitis B immunoglobulin(HBIG) in our office and you will have to take the baby to the nearest Emergency room to receive this within 12 hours of delivery.**
7. If mother is positive for Group B streptococcus ,has a fever during delivery, or her amniotic sac has been ruptured for more than 24 hours before delivery(premature rupture of membranes), obtain blood work for the baby (CBC with differential) within 12 hours of life to rule out infection in the newborn. **If the office is closed during that time, you will need to go to the nearest Emergency room for this evaluation to be completed.**

Within 24 hours after birth.

8. If mom is blood type O,Rh Factor negative, or the blood type is unknown, agree to have the baby's blood type and Coombs test obtained in the first 24 hours of life to rule out blood incompatibility disorders.
9. Schedule an appointment for an initial newborn examination with a provider in our office. At that time, we require you bring a complete record of all prenatal information, delivery information, examinations and newborn procedures. Your newborn baby will need to be seen at minimum on the first and second day of life. Many illnesses and heart conditions are not detectable until that time period. Subsequent follow up will depend on the condition of the newborn baby.

Within 1 to 2 days after delivery.

10. Your newborn will be assessed for jaundice. This may require a blood test to obtain a bilirubin level on your baby. If left unchecked, bilirubin has the potential to affect your baby's developing brain.



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11. Have a newborn state metabolic screen drawn as required by Virginia state law between 24 to 48 hours of age of the newborn. It cannot be performed before 24 hours of age.
12. Have your baby's oxygen saturation level checked (this is a painless procedure that involves placing a probe on the baby's hand or foot to record oxygen level). This can help identify newborns with potentially life threatening heart conditions that are not apparent based on the baby's examination or outward appearance.

Within the first week of your newborn's life,

13. Have a hearing screen performed in the first week of life (this can be done in our office, and if it is abnormal a referral to an audiologist will be made).

At 2 weeks of age,

14. Your child will need to be seen for his or first routine health maintenance visit during which time growth, development and a number of other issues will be discussed and evaluated.

Please show this document to your midwife. If your midwife is unable to perform any of the above, or our office is closed, please take your newborn to the nearest Emergency Room to have these time sensitive evaluations and procedures completed.

Your cooperation and compliance with these procedures allows us to take the best care of your child and is required by our practice. If you are not able to comply with the above standards of care, our practice will not accept you your child as a patient.

The Physicians at Fairfax Pediatric Associates