

PEDIATRIC AGREEMENT FORM

We are planning to have our baby at home. We have chosen Midwifery Care Associates, P.C. to provide our prenatal, birth and postpartum care. Protocols suggest that we arrange for a pediatric examination of our newborn within 48 hours following the birth.

The routine care provided by our certified nurse-midwives includes collection of cord blood for appropriate testing. Performance of the IEM screening required by New Jersey and by the Commonwealth of Pennsylvania. We also perform pulse ox screening for Congenital Heart Disease at the 2 day postpartum visit.

Should you have concerns you wish to bring to the attention of our midwives, they will gladly discuss these matters at a mutually convenient time.

If you agree to provide follow-up care for our new baby, which is due on or about _____, please sign below.

Thank You,

I agree to provide pediatric care for your baby.

Date

_____ MD/DO/PNP

Care Providers Signature

Office address, Phone# and Fax#