

Parent/Caregiver Partnership Agreement

Eat Sleep Console

The providers and staff here in the Child Birth Center are committed to the best care for you and your newborn. Our goal is to provide you with the education and support you need to keep your baby safe, calm, and soothed. Your baby will feel most comfortable and comforted by being close to you. Our goal is for you and your baby to be together (rooming in). Having your baby close helps you respond to his/her needs quickly. We ask for your cooperation and support by reading and signing this agreement:

I, _____ the mother of baby _____ agree to the following safety plan:

- I will inform the staff when I am too tired or groggy to care for my baby and I agree that I will not provide care for my baby if I am excessively tired, groggy, or falling asleep. I will arrange to have a support person who is rested and ready to assist so I can have rest breaks. I understand that if I do not have a support person the nursing staff may take the baby to the nursery while I sleep. I understand that rooming in with my baby is what my baby needs. When I am no longer a patient, I will stay and continue to room in to care for my baby. If I need to leave the hospital for periods of time, I will communicate my plan with my baby’s nurse to make sure my baby has the support needed while I’m away.
- I will keep my baby Safe, Healthy and Comfortable by:
 - Rooming in
 - Holding skin to skin or swaddled
 - **Not** sleeping while skin to skin or holding my baby
 - Keep a calm quiet room with dim lighting
 - Limit visitors to decrease my baby’s stimulation
 - Feed at early hunger cues
 - Plan to have 1 or 2 support persons to help care for my baby so I can rest
 - Have Another adult available to supervise siblings

****We may limit visitors based on your baby’s ability to Eat Sleep and Console****

- I have designated the following 1 or 2 support people who may stay with my baby and care for my baby in my absence. For security purposes, they will be asked to show photo ID.
 - _____
 - _____

____ I acknowledge that I have been given the opportunity to ask questions about these guidelines and I am satisfied that I understand them.

Parent(s) signature _____ Date _____

Mother Father

_____ Witness/RN Date _____