Parental Partnership Agreement/contract:

*Care of the Newborn undergoing Assessment/Treatment of*

*Neonatal Abstinence Syndrome (NAS)*

Your baby is undergoing assessment and treatment for Neonatal Abstinence Syndrome (NAS), which requires specialized care including the use of medication. The providers and staff here at \_\_\_\_\_\_\_\_\_are committed to the best care for you and your newborn. Our goal is to educate and support you so that you can recognize the symptoms of NAS and so that you can provide care to your baby that keeps him/her safe, calm, and soothed. Babies with NAS that are cared for in this manner by their mothers/caregivers are more likely to thrive and are at a decreased risk of abuse and/or neglect when they go home from the hospital.

Our goal is to have you participate in your baby’s special care as much as possible in a safe, confidential environment. We ask for your cooperation and support by reading and signing this agreement:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the mother/father of baby\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is being assessed and treated for NAS at\_\_\_\_\_\_\_\_\_\_\_, understand the importance of cooperating with the staff and providers who are providing my baby’s medical treatment. I agree to the following:

* When visiting my infant, I am expected to participate in his/her care including:
	+ Safety
	+ Feeding
	+ Diapering
	+ Soothing/comforting
* For safety, 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. If I am falling asleep, I understand that the staff may suggest that I go home and come back when I am more awake and alert.
* I understand that rooming in with my baby will be the standard of care until I am discharged from the hospital. After I am discharged, I may continue to room in with my baby. I understand that there may be times when rooming in is not possible due to high census or other issues. If I need to leave the hospital for periods of time, I will communicate my plan with my baby’s nurse. If I am rooming in, I will limit my absences as much as possible in order to provide consistent care for my baby and I will be back no later than 9 PM. If I am unable to room in, I will notify the hospital staff and I will visit on a regular basis to participate in my baby’s care. I will follow infection control policies by:
	+ Washing my hands before and after caring for my baby EACH time
	+ I will not handle or care for any other parents’ baby
	+ I will remind visitors not to visit my baby if they are not feeling well, have a fever, productive cough, or diarrhea.
	+ I will keep the room clean, free of trash and debris. I understand the hospital is not responsible for personal laundry.
* I will follow all recommendations to keep my baby safe, provide comfort, and maintain a quiet environment:
	+ I will keep the lights dim
	+ I will limit the noise around my baby
	+ I will speak to my baby in a soft voice
	+ I will not interrupt my baby’s sleep
	+ I will **not** put my baby in bed with me
	+ I will feed my baby according to the schedule explained by my baby’s nurse
* I will follow all hospital and unit visitation policies:
	+ Limit visitors to 2 at a time
	+ No visitors under the age of 12, unless they are siblings of the baby
	+ Another adult must be available to supervise young siblings of the baby
	+ Both parents of the baby may visit
	+ Only one parent may stay overnight (room in)
	+ Limit my visitors to decrease my baby’s stimulation.
		- Visitation may be restricted at the discretion of the nurse based upon the baby’s NAS score, behavior, and response to stimulation.
* 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 discussing my baby’s treatment, or my treatment in public could jeopardize healthcare confidentiality.
* To ensure the confidentiality of others, I will not discuss other patient’s treatment in public that I might inadvertently encounter while in the hospital.
* I will direct all questions or concerns about my baby’s care and treatment to the nursing staff, physician, or nurse practitioner caring for my baby.
* To respect the privacy of others, to reduce the risk of infection to my baby, and to provide an environment with the least amount of stimulation possible, I will refrain from visiting other patient’s rooms.
* If I am a smoker, I will be asked to wash my hands after smoking, and I may be asked to change my clothes or wear a cover gown upon returning to my baby’s care area.
* I will communicate my daily plan to the nurse caring for my baby. This will include when I will need to leave the hospital for periods of time.
	+ If I have to leave the hospital for long periods of time I acknowledge that I must return by 9pm, or If I cannot be in the door by 9 pm I will return in the morning.

\_\_\_\_ I understand that if the hospital staff has any concerns regarding the safety of my baby or a breach of confidentiality regarding any patient or baby in the hospital, I and/or my visitors may be asked to leave the patient care area and I/we may be escorted by the Security Staff if necessary.

\_\_\_\_ I acknowledge that the plan may change based upon my compliance, the response of my baby or other circumstances.

\_\_\_\_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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Representative Date

*Rev 7/9/14*