

NEONATAL COMFORT CARE PROGRAM at Columbia University Medical Center / NewYork-Presbyterian Morgan Stanley Children's Hospital

PATHWAY FOR PERINATAL JOURNEY

1. PATIENT IDENTIFICATION

OB attending physician/fellow/team:

- > identifies mothers with fetal diagnosis of life-limiting condition
- refers for consult to NCCP medical director (NCCP-MD)
- > introduces NCCP-MD or mentions to family about this prenatal consult

2. INITIAL EVALUATION

NCCP-MD engages in 1st conversation with family and:

- discusses baby's diagnosis and prognosis
- > assesses prognostic awareness, hopes and worries looking at the future
- presents options for post-natal plan of care, according to wide range of prognoses
- > introduces the Team (*)
- documents conversation in mom's chart (perinatal palliative care note)
- reports to OB medical team
- discusses with the Team the case, plans interventions and follow-up conversations

3. PLAN OF CARE

A. Medical birthing plan.

NCCP-MD:

- discusses with family the postnatal medical plan for baby
- > documents the plan in mom's chart
- > communicates cases to NICU fellows
- > coordinates with OB plan for labor and delivery
- > is present in person / by phone at delivery
- ➤ admits infant under his/her primary care to NICU service but baby rooms-in with mom in post-partum

B. Interdisciplinary birthing plan:

Team members:

- engage in conversation with family as needed during pregnancy for emotional, psychological and spiritual support
- document the interdisciplinary birthing plan to L&D staff
- are present in person or facilitate by phone at delivery
- follow mom / baby care in post-partum

(*) TEAM: nurse, social worker, child life specialist, speech pathologist, lactation consultant, psychologist, chaplain



