



## LIST OF TASKS AIMED AT PROVIDING COMFORT TO NEWBORNS WITH LIFE-LIMITING CONDITIONS

### At Prenatal Counseling

- Discuss comfort measures in detail, including skin-to-skin touch, warmth, feeding/hydration and relief of symptoms including gentle suctioning and medication for discomfort, if needed
- Assure parents that a state of comfort for their baby can always be achieved, regardless of his/her condition
- Involve interdisciplinary services (\*)
- Formulate a tentative plan of care with the family according to their preferences and cultural/social/religious background, and post it on mother's clinical chart

### Before Delivery

- Review plan of care with family
- Notify interdisciplinary services (\*) of the impending delivery
- Collect items for special dressing, if needed (anencephaly, gastroschisis, limb-body-wall complex, etc.)
- Clothing appropriate for the baby's clinical condition and size
- In case of Caesarean birth, book a private room for recovery

### After Delivery

- Bring baby to warmer, dry baby and provide gentle suction, if needed
- Quick evaluation of baby's clinical status
- Place hat, place dressing as needed and wrap in clean, warm blanket
- Bring baby to mother for skin-to-skin or holding
- In case of Caesarean birth, place baby cheek-to-cheek with mom or, if mother is unavailable (medical complications), have father or support person hold baby
- The baby should be kept with the family unless they request otherwise
- Facilitate bonding by involving siblings and extended family as per the family's wishes
- Promote interventions by interdisciplinary services (\*)



- If baby is in state of impending death:
  - Facilitate bonding and warmth by skin-to-skin or holding
  - Consider colostrum care
  - Assess for discomfort/pain and treat if needed
  - If the baby dies in delivery room, help parents with bath and dressing, and allow family to take the body with them to post-partum, if they so desire
- If baby is relatively stable:
  - Facilitate bonding and warmth by skin-to-skin or holding
  - Baby can be put to the breast, if able
  - Mother should be given a breast pump as soon as possible, if she desires to breastfeed or give her baby breast milk
  - Assess for discomfort/pain and treat as needed
  - Discuss administration of Vitamin K, eye prophylaxis with family
  - As the mother transitions to post-partum, the baby should be transferred with her for rooming-in

### Postpartum Course

- Provide a private room
- Do not resuscitate/do not intubate (DNR/DNI) and medical orders including:
  - vital signs: heart rate, respiratory rate, temperature and pain score every 12 hours or as needed if there are changes in the baby's status
  - No blood or other tests should be obtained, unless needed for confirmation of diagnosis
  - Discuss whether or not to obtain the Newborn Screening Test with the family
- Feedings:
  - In the first 12-24 hours, feed the baby ad lib (breast milk or formula)
  - At 24 hours, continue to feed at lib, and establish a minimum total fluid intake to guarantee relief of hunger/thirst (breast milk or formula)
  - Breastfeeding should be encouraged, lactation specialist may be consulted
  - If baby is unable to breast or bottle feed, speech pathologist should be consulted
- Facilitate bonding by involving siblings and extended family as per the family's wishes
- Assess and treat discomfort and/or pain based on pain score, parental assessment or change in clinical status (grunting, increased respiratory effort, actively dying)

(\*) Interdisciplinary services include social worker, child life specialist, chaplain and psychologist, if needed