

## MEDICAL PLAN

### PRENATAL ENCOUNTERS AND PLAN

Mother's Name \_\_\_\_\_ MRN \_\_\_\_\_

Phone \_\_\_\_\_

Obstetrician \_\_\_\_\_

EDD: \_\_\_\_\_ Parity: \_\_\_\_\_

Mother's medical conditions: \_\_\_\_\_

Prenatal diagnosis: potential \_\_\_ confirmed \_\_\_

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#### Prenatal tests (see reports):

- Ultrasound \_\_\_\_\_
  - Echo \_\_\_\_\_
  - MRI \_\_\_\_\_
  - Amniocentesis \_\_\_\_\_
  - Other \_\_\_\_\_
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MD NOTE POSTED ON MATERNAL CHART

REFERRED TO INTERDISCIPLINARY TEAM

LABOR AND DELIVERY PLAN

Discussed with OB: \_\_\_\_\_

Induction: \_\_\_\_\_ Spontaneous: \_\_\_\_\_ Planned C/S: \_\_\_\_\_

Monitoring during labor: Continuous: \_\_\_\_ Intermittent: \_\_\_\_ No Monitoring: \_\_\_\_

**NOTES** \_\_\_\_\_

**Baby's Name** \_\_\_\_\_

**Plan of Care:**

COMFORT CARE \_\_\_\_\_

OBSERVATION (*potential switch to intensive care*) \_\_\_\_\_

INTENSIVE CARE (*potential switch to comfort care*) \_\_\_\_\_

**If diagnosis confirmed and comfort care confirmed:**

ADMISSION to: Post-partum: \_\_\_\_ NICU: \_\_\_\_

Lab tests to confirm diagnosis (CORD BLOOD): \_\_\_\_\_

Other tests: \_\_\_\_\_

Autopsy: \_\_\_\_\_

DISPOSITION PLAN

Discharge home with hospice: \_\_\_\_

Transfer to pediatric hospice/rehab facility: \_\_\_\_

Transfer to NICU (end-of-life care): \_\_\_\_

**NOTES**

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