

your baby's plan of care.

(**•** means start of milestone)

Deby Care Milesteres		Present Gestational Age in Weeks													
	Baby Care Milestones	<27	28	29	30	31	32	33	34	35	36	37	38	39	>40
1	I received the parent binder														
1	and orientation of the NICU	(handwa	ashing, b	aby spa	, ce, 24-48	3 hr pam	n phlet, im	portant r	ole of pa	rents)					
2	I know about the parent		3, 4	7.14	,										
1	programs	(weekly	parent o	, proups: d	aytime, e	evening	and weel	kly breas	tfeedina/	ı pumping	program	n, CPR c	lasses)		
3	I know how my baby is					Ŭ		Ĺ							
	progressing	(ask you	ı ır baby's	' nurse if	you wisł	n to spea	k to a do	bctor, hav	/e a fami	ly meetir	ig)				
4	My baby's feeding plan	4								Í					
Í	has been discussed	(have m	et with t	he lactat	ion cons	ultant, ha	ave recei	ived flanr	hel triang	le)					
5	Information about my baby's	1 <u> </u>													
-	transfer has been discussed	•													
6	I am here with my baby, talking,														
_	touching & holding my baby	(skin to	ı skin /kar	ngaroo c	are, my o	are plar	is reviev	ved, "wh	ite board	ι" filled οι	ut)				
7	I am helping with my			ľ							,				
	baby's care	(holding	the feed	ding tube	/ changin	g diaper	, mouth (' care, terr	perature	taking)	I				
8	"OIT" and mouth care														
	Flannels provided	(my pun	my pumping/feeding plan is reviewed by RN or LC)												
9	I am starting to do non nutritive														
	sucking at the breast														
10	breastfeeding started														
	bottlefeeding started if not breast	feeding													
11	I have booked a CPR course														
_															
12	My baby is now ready														
	to sleep in a cot						-								
13	I am now bathing my baby														
14	My house is ready for my	(10.5.1)			 	4 h-1									
15	baby	(room re	eady, cai	r seat, cr	ib bough	t, baby c	lothes)			•					
15	I have started giving	(vitors)-													
16	medications to my baby	(vitamin	s etc.)												
10	My baby is starting to feed well (breast/bottle)														
17	My baby is sleeping on his/her	(n_0, c_0)	er on the	cot no	rolls in t	he hed	covered v	l with a lig] ht blanke	et) 🕨					
Ľ'	back with the bed flat														
18	I am doing all the care for my								•			-	-		
1.0	baby														
19	My paediatrician / GP has been								•						
Ľ	chosen and appointment made														
20	The Care by Parent Room								•						
	has been arranged for me														
21	Infant Hearing Screening														
Í	arranged and completed														
22	I have an infant car seat and								•						
L	know how to use it														
23	My baby has completed car									►					
L	seat probing														
24	I have received my discharge									►					
	medications teaching														
25	I have received feeding														
	information	(For example: formula preparation, special formula information)													
26	My community supports	(For exa	(For example: public health nurse/												
	have been arranged	infant de	evelopm	ent prog	ram)										
27	Follow up appointments														
	booked			hearing/						ļ					
28	I have received all my			-	summar	y, immui	nization o	card							
	discharge information	RSV information)													