Please be informed that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is interested in participating in Eat Sleep Console after the birth of their baby.

A team meeting has occurred prenatally to discuss their role in providing non-pharmacological care. Below are some of the care the parent/ guardian or designated support person is interested in participating in immediately after birth:

The following points have been discussed (please tick all that apply)

□ Skin-to Skin/ Kangaroo Care

□ Breastfeeding

□ Rooming in to provide ESC care during admission

The following people have been identified that will support them and their baby during the hospital stay. (Please list name/ relationship accordingly)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ If, no additional supports have been identified prenatally, develop plan to support ESC care.

□ Will need additional support from hospital staff when a break in caregiving is needed.

Additional Items:

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