

**CLINICAL PATHWAY  
GESTATIONAL CARRIER**

\*\* The pathway is to be initiated with the mother, but will follow the baby and stays with the baby's chart for discharge \*\*\*

**Clinical Pathways are not considered a substitute for professional judgement.**

| Phase:   | Prenatal   | Labour and Delivery  | 3C  | Special Care Nursery  |
|--|--|--|---|---|
| Date:  | / / Time:  | / / Time:  | / / Time:   | / / Time:   |
| <b>PATIENT OUTCOMES</b>                                | Social Work<br>Plan of Care on a dictated note on gestational carriers chart<br><br>Name of lawyer involved:<br>_____<br>_____ | Ongoing assessment of patient's intentions<br><br>Registration at birth: Guarantor and next of kin information to be changed to the intended parents name and address. |   |   |
| <b>TEACHING</b>  |  |  |   | Infant care teaching done with intended parents by nurse.   |
| <b>DISCHARGE PLANNING CRITERIA</b>                     |  |  | Discharge consent form signed by birth mother, placed on mother's and baby's chart    | Teaching of intended parents<br><br>Primary Nurse ensures follow-up appointments are made<br><br>MD order for Discharge |
| <b>Pathway Reviewed with Patient/Family (Initial):</b> | ___ Yes ___ No   | ___ Yes ___ No   | ___ Yes ___ No  | ___ Yes ___ No  |
| <b>Patient/Family Satisfied with Progress?</b>         | Yes <input type="checkbox"/> No <input type="checkbox"/><br>if NO, see progress notes  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>if NO, see progress notes  | Yes <input type="checkbox"/> No <input type="checkbox"/><br>if NO, see progress notes | Yes <input type="checkbox"/> No <input type="checkbox"/><br>if NO, see progress notes                                   |
| <b>Signatures:</b>                                     | _____<br>_____<br>_____<br>_____   | _____<br>_____<br>_____<br>_____   | _____<br>_____<br>_____<br>_____  | _____<br>_____<br>_____<br>_____  |

REFERENCE



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| Phase:                 | Prenatal  | Labour and Delivery   | 3C  | Special Care Nursery  |
|------------------------|---|---|---|---|
| Date:                  | / / Time:   | / / Time:   | / / Time:   | / / Time:   |
| <b>INTERVENTIONS:</b>  |   |   |   |   |
| <b>Assessments</b>     | Social Work<br>Plan of Care on a dictated note on gestational carriers chart  |   |   |   |
| <b>Consults</b>        | MD<br>Social Work   | MD<br>Social Work<br>Crisis team if after hours   | MD<br>Social Work   | MD<br>Social Work   |
| <b>Tests</b>           |   |   | Process OBBAB   | Process OBBAB<br>Nbili/Newborn screen   |
| <b>Nutrition</b>       | Infant feeding discussed and noted on plan of care  |   |   |   |
| <b>Activity/Safety</b> | Privacy issues discussed with patient, and noted on plan of care<br>Hospital privacy officer and bed reservation co-ordinator notified if needed              | Inform patient and intended parents that antenatal records and labour and delivery summary sheets have identifying data on them and are included in the baby's chart.<br><br>Public Guardian and Trustee's office to be contacted by Social Worker if patient and intended parent are not in agreement as to the care or transfer of custody of the infant (416) 314-2800 | Baby admitted to SCN, intended parents to provide care there.   | Placement of baby bands:<br><br>PPI<br><br>Additional bands may be provided for the other intended parent and/or support person for the patient |
| <b>Forms</b>           | Notify patient that a Lawyer's letter is required outlining the transfer of parentage, delegation of decision making authority, and signatures of all parties | Copy of lawyer's letter placed on patient's and baby's chart:<br><br>Identification of the intended parents will be checked prior to handing over the infant to the intended parent.<br><br>Notice of Birth:<br>The name of the patient is documented on the form. Intended parents apply for an amendment to the Notice of Birth form after leaving the hospital.        | OHIP: Infant's OHIP number is generated from the intended parent's current OHIP number. The OHIP form is given to the intended parent. If the intended parent does not have OHIP, they need to apply for a number at the OHIP office.<br><br>Discharge: Consent Form signed by patient in duplicate before she is discharged, one copy on patient's, and baby's chart<br>Child Tax Benefit information given to the intended parents.<br>Hearing screen, change contact information to intended parents.<br>Ontario Newborn Screen:<br>Change contact information to intended parents.<br>For, NNFUC, RSV, ROP clinics ensure correct contact info is available on meditech |   |

