

**Hospital Name:** [Insert Hospital Name]

**Department:** Obstetrics and Neonatal Intensive Care Unit (NICU)

**Date:** [Insert Date]

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## **DISCHARGE SUMMARY: MATERNITY AND NEWBORN CARE (PREMATURE DELIVERY)**

### **1. Patient Information**

**Mother's Name:** [Insert Name]

**Infant's Name:** [Insert Name/Gender]

**Date of Birth:** [Insert Date]

**Gestational Age at Birth:** [Insert Weeks/Days]

**Birth Weight:** [Insert Weight]

**Discharge Weight:** [Insert Weight]

### **2. Delivery Summary**

**Type of Delivery:** [Vaginal / Cesarean Section]

**Reason for Prematurity:** [Insert Reason e.g., Spontaneous Preterm Labor, Preeclampsia]

**Maternal Complications:** [None / List Complications]

### **3. Neonatal Clinical Course**

**Respiratory Support:** [Details of Oxygen or Ventilation required]

**Feeding:** [Breastfeeding / Bottle / Fortified Milk / Gavage]

**Treatments Administered:** [Phototherapy, Antibiotics, Surfactant, etc.]

**Screenings Completed:** [Hearing, Newborn Screening, CCHD, ROP Exam]

### **4. Medications and Prescriptions**

**Mother:** [List Medications]

**Infant:** [List Vitamins, Iron, or specific medications]

## 5. Discharge Instructions and Home Care

**Temperature Regulation:** Keep the infant in a warm environment and use layered clothing.

**Feeding Schedule:** Feed every [Number] hours or on demand. Monitor wet diapers (minimum 6 per day).

**Infection Control:** Wash hands frequently. Limit visitors and avoid crowded places.

**Safe Sleep:** Always place the infant on their back to sleep on a firm, flat surface.

## 6. Follow-up Appointments

- **Pediatrician Visit:** [Date and Time]
- **Postpartum Maternal Check-up:** [Date and Time]
- **Specialist Referrals:** [Ophthalmology / Cardiology / Early Intervention]

## 7. Emergency Red Flags (Seek Immediate Medical Care)

- Difficulty breathing or turning blue/pale.
- Fever (over 100.4F/38C) or unusually low body temperature.
- Poor feeding or repeated vomiting.
- Extreme lethargy or unusual irritability.

**Attending Physician:** [Name and Signature]

**Contact Number:** [Insert Phone Number]