

SURROGACY PRE-ADMISSION QUESTIONNAIRE

At Quinte Health Care (QHC) we aim to provide you, the baby you are carrying, and the intended parents with a positive delivery and postpartum experience. To assist us in understanding your wished/intent, please complete the following questionnaire and submit to the Social Worker or nurse. This form can also be completed and faxed to: 613-961-2530.

ABOUT THE CARRIER (Birth Mother)

Name/Partner: _____
Physician/Midwife/Doula: _____
Due date: _____

Who would you like to be present in the room during the delivery?

Vaginal - _____
In the event of a C-section - _____

Do you have other children? Yes No

If so, were there any unexpected complications or outcomes during your previous pregnancies?

Is this your first experience with Surrogacy? Yes No If no, how many? _____

Are you a Traditional or Gestational carrier? Traditional Gestational Decline

What are your preferences for pain relief? (eg. Breathing techniques, distraction, hot/cold therapy, massage, pain medication, epidural etc)

At birth, I'd like to

- have _____ cut the umbilical cord
- have the baby handed directly to the intended parents
- hold the baby right away

In the event that the intended parents have not yet arrived (due to distance, driving conditions, weather etc.) at the time of the delivery, what would you like to occur immediately after the baby is born?

- I would want the baby to remain in the room with me until the intended parents arrive
- I would want the baby taken to the Special Care Nursery if possible
- Other: _____

Do you anticipate any specific challenges during your delivery or post-partum periods?

Yes No

If yes, please elaborate _____

Do you feel emotionally prepared to leave the hospital without the baby? Yes No

If not, can you think of anything we can do to assist you in this process? _____

Do you have a support person (partner, mentor, peer group etc) to assist you emotionally during the postpartum period? Yes No Describe: _____

Do you have any history of depression, anxiety, mental illness, substance abuse or postpartum difficulties? Yes No

If yes, please elaborate _____

If yes, do you take any medication for this condition? _____

If all goes as planned, would you like to be:

- Discharged at the same time as the baby
- Discharged prior to the baby if possible
- Discharged after the baby
- Other: _____

Note: If you request discharge prior to the baby, you remain responsible for decision-making until the baby is discharged or a change in parentage is issued by the court.

ABOUT THE INTENDED PARENTS

Name(s): _____

Address: _____

Do you have other children: Yes No Unknown

Are you and the Birth Mother in agreement (thus far) with all aspects of planning?

Yes No If no, please describe: _____

Do you plan to do cord blood banking? Yes No Unknown

If yes, what facility is being used? _____

Has the kit been obtained? _____

What is the plan for infant feeding during the hospital stay?

Birth Mother will breastfeed

Birth Mother will pump breast milk and provide it for bottle feeding

A combination of breast milk/colostrum and formula feeding

Intended Parent plans to breastfeed

Other _____

Note: If Intended Parent intends to breastfeed a serology report will be requested. Please also note that the hospital does not permit administration of donor breast milk.

Are you supported by an agency, mentor or counsellor for intended parents?

Yes No

If resources are available, would you like your baby to be admitted to an alternate room so that you can provide direct care?

Yes No

If you are NOT Ontario residents, have the potential cost been discussed with you?

Yes No

ABOUT THE BABY

Is this pregnancy a single or multiple? Single Multiple Sex: Male Female

What is the baby's intended name? First: _____Surname: _____

Do you have any concerns about the baby's health or development? _____

Has the baby been subjected to routine prenatal care? Yes No

Are there any special plans regarding the placenta, religious, cultural or spiritual ceremonies to occur during the hospital stay?

Yes No If yes, please describe: _____

OTHER SPECIAL REQUESTS

If there is anything else you would like to share or request, please elaborate:

FURTHER INFORMATION

This is not a legal document and is not a substitute for legal and/or medical advice. This document is equivalent to a "Birth Plan" and is used only for hospital planning. This document does not remain on the health record subsequent to discharge. The Gestational carrier/Birth Mother has the right to change the information contained herein at any time. Both the "Surrogacy Information" handout and "Pre-Admission Questionnaire" are available on our website: www.qhc.on.ca/having-a-baby-at-qhc.

If you have additional questions or concerns, please contact one of the following:

Social Worker - 613-969-7400 x. 2794

Unit/Ward (ask to speak with the Team Leader) - 613-969-7400 x. 2345

Manager - 613-969-7400 x. 2794

You may also find valuable information regarding our hospital (location, parking etc) on our website @ www.qhc.on.ca. For information specific to having a baby click "Services & Clinics" and go to the "Maternal Child Program" webpage "Having a Baby at QHC".