



*Holy Family*  
**BIRTH CENTER**  
Birth as it was intended

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

### **Erythromycin Ophthalmic Ointment Consent**

This is an antibiotic eye ointment routinely given to newborns in the hospital. It is given to prevent eye infections that could result in blindness. If a mother has Gonorrhea or Chlamydia the baby may get infected at birth. Many women have been tested for these sexually transmitted diseases as part of their routine prenatal care. Women at high risk for these diseases would be wise to have the newborn treated routinely. Some parents who are certain they are not infected decline routine treatment.

Please choose one option below:

\_\_\_\_\_ I want my baby to receive antibiotic eye ointment within one hour of birth

\_\_\_\_\_ I decline routine eye antibiotics and will notify my pediatric care provider of any unusual eye discharge that I notice.

\_\_\_\_\_

Patients Signature

\_\_\_\_\_

Date

\_\_\_\_\_

CNM Signature

\_\_\_\_\_

Date