



Department of Health and Human Services
Maine Center for Disease Control and Prevention
Children with Special Health Needs
Maine Newborn Bloodspot Screening Program
286 Water Street
Augusta, Maine 04333-0011
Tel.: (207) 287-5357; Fax: (207) 287-4743
TTY Users: Dial 711 (Maine Relay)

Preventative Care of Infants after Birth - Refusal Form

Infant Name: _____
Date of Birth: _____ Place of Birth: _____
Parent(s) Guardian(s) Name: _____
Home Address: _____

In accordance with Maine law, a physician, midwife, or nurse is required to instill prophylactic ophthalmic ointment into the eyes of an infant within twenty-four (24) hours after birth and administer a dose of vitamin K to an infant intramuscularly within six (6) hours after birth. (22 MRS, § 1531.)

All infants are born with low levels of vitamin K and are at risk of getting a rare bleeding disorder that can include bleeding in the brain, intestines, and other organs. Vitamin K given at birth is a safe and effective treatment to help prevent serious bleeding due to vitamin K deficiency, which could be potentially fatal.

Infants are at potential risk for a bacterial infection that causes inflammation of the layer of thin tissue that covers the inner part of the eyelid and white part of the eye. Prophylactic ophthalmic ointment (i.e. Erythromycin) applied at birth is a safe and effective treatment recommended for all newborns to prevent such disease transmission that could lead to serious eye problems, including corneal scarring, ocular perforation and blindness, as early as 24 hours after birth.

PARENT: I/We have read this information and the attached brochure. I/We have been informed of the benefits of this preventative care as well as the possible consequences of a decision to refuse this preventative care. I/We understand the Maine Newborn Screening Program will be notified of this refusal, as required by law.

I/We refuse for the following treatment for my infant:

- ☐ Refuse prophylactic ophthalmic ointment (Erythromycin)
- ☐ Refuse vitamin K injection

Signature: _____ Relationship: _____ Date: _____
Signature: _____ Relationship: _____ Date: _____
(*optional* - second parent/guardian)

MEDICAL PERSONNEL/BIRTH ATTENDANT: I have explained the Maine law requiring the preventative care of infants after birth. I have provided a copy of the signed refusal form to the parent(s) and filed a copy in the infant's record

Signature: _____ Printed Name: _____
Title: _____ Date: _____

Name of Infant's Primary Care Provider: _____

Address of Infant's Primary Care Provider: _____

**Please forward signed original copy to the Maine Maternal Child Health Program,
11 State House Station, Augusta, ME 04333 or fax to 207-287-4743.
Retain a copy for the infant's record.**