

POSTPARTUM/MATERNAL V2

Name:	PARIS ID:
DOB:	Age:
Gender:	PHN:
Home Address:	Phone:
	GP/NP:
	GP/NP Phone:

Assessment Start Date:

Assessment End Date:

Reason For Assessment:

Carried Out By:

Birth Event History

Birth Summary

Infant Birth Date _____ Time of Delivery _____ Birth Location _____
 At Discharge: Gravida Term Preterm Abortion Living Age of Other Children _____
 Method of Delivery SVD VBAC Assisted Vaginal Vacuum Forceps C/S Elective C/S Emergent
 C/S Reason _____
 Perineum Intact Laceration Laceration Degree Episiotomy Repaired
 ABO Blood Group _____ RH Factor _____ Blood Loss _____
 Antibiotic If YES, Specify _____
 Previous Breast Feeding Experience? YES NO
 Variance/Feeding Concerns? YES NO If YES, Comments _____
 Other Information _____

Maternal Health And Well-Being

Emotional Well-Being History of depression Depression Current Pregnancy Medication(s) IPV
 Emotional Well-Being Comments _____
 Lifestyle Tobacco Use Alcohol Use Substance Use Other If Other, Specify _____
 Lifestyle Comments _____

Test and Procedures, Communicable Diseases and Exposure

Rubella Status IMMUNE NOT IMMUNE UNKNOWN MMR Given YES NO MMR Given Date _____
 Hep B Status POSITIVE NEGATIVE
 RH Immune GLB Given YES NO RH Immune Globulin Given Date _____
 Exposure to Other Communicable Disease? YES NO UNKNOWN
 Comments _____

Hospital Discharge

Given PURPLE Crying Materials? YES NO Has Baby's Best Chance YES NO Prenatal Education YES NO
 Date of Discharge _____ Time of Discharge _____ Infant Discharge With Mother YES NO
 Discharge To HOME OTHER If Other, Specify _____

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Birth Event History (continued)

Other Information

Section Complete

Completed By:

Completed On

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Postpartum/Maternal Assessment Entry

Assessed By:					
Date Assessed					
Time					
Contact Type					
Assessment	Client Outcomes NC (Normal or No Concern), C (Concern), X Not Assessed	Concern?			
Psychosocial Health	Pain				
	Abdomen/Fundus				
	Abdominal Incision				
	Breasts (Engorged, Filling, Full, Soft, No Breast Changes)				
	Breast State				
	Right Nipple (Blistered, Scabbed, Intact, Cracked, Cracked and Bleeding)				
	Left Nipple				
	Communicable Diseases				
	Bowel Function				
	Urinary Function				
	Lochia				
	Perineum				
	RH Factor				
	Vital Signs				
Psychological Health	Bonding And Attachment				
	Emotional And Mental Health				
	Support System and Resources				
Family Strengths And Challenges	Family Function				
	Intimate Partner Violence				
	Family Planning and Sexuality				
	Health Follow-Up In The Community				
	Infant Feeding Breastfeeding				
	Infant Feeding Formula Feeding				
Lifestyle	Activities/Rest				
	Healthy Eating				
	Tobacco				
	Alcohol/Substance Abuse				
	Safe Home Environment				
OTHER	If Other, Specify				

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Postpartum/Maternal Assessment Entry (continued)

Notes

Next Planned Contact

Planned Date: **or in** Week(s)

or in Month(s)

Contact Type:

Reason

Planned Staff:

Completed Previous Planned Date?

Tick to Sign Off:

