

3 Maternal Assessment

Put a check mark (✓) in the appropriate column

Document in 'N' column

N = Normal

NA = Not applicable

V = Variances/concerns

X = Not assessed

* Record variances/concerns on Variance Record/Progress Notes

Intrapartum IV N/A Yes
 Discontinued: Date _____ Time _____
 By _____

Foley catheter removed: N/A
 Date _____ Time _____ By _____
 First void: Date _____ Time _____ Amount _____

Date																								
Time																								
Hours postpartum up to 72/ then # of days																								
	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V
Breasts																								
Breastfeeding																								
Skin-to-skin																								
Responds to newborn feeding cues																								
Hand expression/pumping																								
Perineum																								
Urinary function																								
Bowel function																								
Healthy eating																								
Fluid intake/output																								
Activity/rest																								
Emotional status and mental health																								
Bonding and attachment																								
Family function																								
Tobacco use																								
Alcohol																								
Substance use																								
Falls Risk Assessment																								
Other																								
Initials																								

4 Summary, Education/Anticipatory Guidance

Interpretation req'd Language _____

EDUCATION/ANTICIPATORY GUIDANCE	INITIALS	INITIALS	N/A	COMMENTS
1. Breast, nipple care, management of engorgement				
2. Knows how to hand express milk				
3. Recognizes and responds to infant feeding cues, behaviours				
4. Recognizes effective feeding and milk transfer				
5. For infants fed breastmilk substitute: appropriate formula, preparation, and storage				
6. Normal physiological changes/care, fundus & flow, incision				
7. Voiding & bowel patterns				
8. Self-care hygiene, pericare				
9. Pain management/options				
10. S & S for follow-up (e.g. fever, infection, overly drowsy)				
11. Community and Admission medications reviewed. Discharge prescription written and given to patient. Patient teaching complete.				
Discharge prescription given to patient and patient teaching complete.				
12. Activity and rest				
13. Healthy eating				
14. Postpartum blues/depression				
15. Family planning/sexuality				
16. Support systems in place				
17. Access to <i>Baby's Best Chance</i> Parents' Handbook				
18. Tests and procedures Rubella status _____ MMR given: Date _____ Initials _____ Rh immune globulin given: Date _____ Time _____ Initials _____ Other: _____				
19. Tobacco cessation/exposure to second-hand smoke				
20. Review of communicable diseases				
21. Knows who primary health care provider (PHCP) is, how to access & when to contact				
22. Aware of PHN contact/role/community resources				
23. Ready for hospital discharge, discharge order				
Variances - Plan(s) including referrals				

5 Discharge Postpartum hours/days at discharge: _____ Home with Baby Liaison completed

Hospital discharge: Date _____ Time _____ RN Signature _____

