

special notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

allergies:

\_\_\_\_\_



name \_\_\_\_\_ spouse \_\_\_\_\_

birth remarks \_\_\_\_\_

baby's name \_\_\_\_\_ DOB \_\_\_\_\_

birth weight \_\_\_\_\_ lbs \_\_\_\_\_ oz length \_\_\_\_\_

postpartum checklist:

- perineal care & concerns
- breast care & hygiene, feedings, concerns
- colostrum/milk
- newborn care
- newborn screening
- nutrition
- hydration
- supplements, vitamins & medications
- weight
- exercise & rest
- normal discomforts
- warning signs
- household pets
- baby safety
- immunizations
- fertility awareness
- support resources
- when to call



today's date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ days postpartum: \_\_\_\_\_ birth site: \_\_\_\_\_

latch observed: y/n @ \_\_\_\_\_ newborn physical done: y/n @ \_\_\_\_\_

notes on baby: \_\_\_\_\_ color: \_\_\_\_\_ activity: \_\_\_\_\_ temp: \_\_\_\_\_

heart rate: \_\_\_\_\_ resp./rate: \_\_\_\_\_ lungs: \_\_\_\_\_ current weight: \_\_\_\_ lbs \_\_\_\_ oz

**In the last 24 hours** soil: y/n frequency: \_\_\_\_\_ color: \_\_\_\_\_

void: y/n frequency: \_\_\_\_\_ feeding frequency: \_\_\_\_\_ duration: \_\_\_\_\_

any: pacifier/bottle/supplement notes: \_\_\_\_\_

sleeping frequency: \_\_\_\_\_ duration: \_\_\_\_\_ ped: \_\_\_\_\_

screening tests: \_\_\_\_\_

vitamin k: y/n other notes: \_\_\_\_\_

maternal energy level: \_\_\_\_\_ milk?: none/filling/engorged/diminishing

concerns: \_\_\_\_\_

perineal repair?: y/n notes: \_\_\_\_\_

\_\_\_\_\_

afterbirth pain: \_\_\_\_\_ lochia amount: \_\_\_\_\_ odor/color: \_\_\_\_\_

fundus: \_\_\_\_\_ temperature: \_\_\_\_\_ BP: \_\_\_\_\_ reflexes: \_\_\_\_\_ clonus: \_\_\_\_\_

bruising: \_\_\_\_\_ swelling: \_\_\_\_\_ void/soil: \_\_\_\_\_ weight: \_\_\_\_\_

rest/support: \_\_\_\_\_ nourishment: \_\_\_\_\_

feelings: \_\_\_\_\_ next visit on \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ m