

Assessment of maternal well-beingDay No. Where seen **Are there any concerns about the following:****No Yes****Temperature, pulse, respirations and blood pressure**

Infection, fever, chills, headache, visual disturbances

Breasts and nipples

Redness, pain, cracked, sore, bruised nipples

Uterus

Abdominal tenderness, subinvolution

Vaginal loss

Clots, offensive smell, return to heavy loss

Legs

DVT, redness, swelling, pain, varicose veins, cramps

Bladder

Pain on passing urine, leakage, urgency

Bowels

Constipation, haemorrhoids, leakage, urgency

Wound

Suture removal, healing, infection

Perineum

Soreness, bruising, swelling, sutures, infection

Pain

Headache, backache, abdominal

Fatigue

Unable to sleep, restless sleep, extreme tiredness

Mental health and wellbeing

Feeling down, low in mood, worried or anxious

Postnatal exercises

Pelvic floor, abdominal, legs, deep breathing, relaxation

Additional support required:

Specific to individual need, including referrals to social care, mental health, health visitor

Key to risk reviewed

Yes

Management plan reviewed/revised

Yes

Signature*

Date/Time