

**PRINTER: Cut sheet on dotted line exactly (at 75)**

**First postnatal assessment** To be completed prior to: leaving a home birth, early transfer home, or on admission to postnatal ward.

Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> Time <input style="width: 60px;" type="text"/>	<b>First urinary void</b> Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> Time <input style="width: 60px;" type="text"/> Amount (ml) <input style="width: 60px;" type="text"/>	
Where seen <input style="width: 200px;" type="text"/>	Key to risk reviewed (page 3) <input type="checkbox"/> Yes      Management plan initiated <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are there any concerns about the following:	<b>No</b>	<b>Yes</b>
<b>A. Temperature, pulse, respirations and blood pressure</b> Infection, fever, chills, headache, visual disturbances	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Breasts and nipples</b> Redness, pain, cracked, sore, bruised nipples	<input type="checkbox"/>	<input type="checkbox"/>
<b>C. Uterus</b> Abdominal tenderness, subinvolution	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Vaginal loss</b> Clots, offensive smell, return to heavy loss	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Legs</b> DVT, redness, swelling, pain, varicose veins, cramps	<input type="checkbox"/>	<input type="checkbox"/>
<b>F. Bladder</b> Pain on passing urine, leakage, urgency	<input type="checkbox"/>	<input type="checkbox"/>
<b>G. Bowels</b> Constipation, haemorrhoids, leakage, urgency	<input type="checkbox"/>	<input type="checkbox"/>
<b>H. Wound</b> Suture removal, healing, infection	<input type="checkbox"/>	<input type="checkbox"/>
<b>I. Perineum</b> Soreness, bruising, swelling, sutures, infection	<input type="checkbox"/>	<input type="checkbox"/>
<b>J. Pain</b> Headache, backache, abdominal	<input type="checkbox"/>	<input type="checkbox"/>
<b>K. Fatigue</b> Unable to sleep, restless sleep, extreme tiredness	<input type="checkbox"/>	<input type="checkbox"/>
<b>L. Emotions</b> Baby blues, excessive anxiety, postnatal depression	<input type="checkbox"/>	<input type="checkbox"/>
<b>M. Postnatal exercises</b> Pelvic floor, abdominal, legs, deep breathing, relaxation	<input type="checkbox"/>	<input type="checkbox"/>
Mother's may also wish to write any other questions or concerns on page 14 to discuss with the midwife.		
<b>Infant feeding method</b>	<input style="width: 60px;" type="text"/>	Signature* <input style="width: 150px;" type="text"/>

**Orientation to ward** Explanation of ward routine and layout (if applicable)

Call system <input type="checkbox"/>	Security system <input type="checkbox"/>	Ward layout <input type="checkbox"/>	Visiting details <input type="checkbox"/>	Daily ward activities <input type="checkbox"/>	Meals/drinks <input type="checkbox"/>	Introductions <input type="checkbox"/>	Telephone system <input type="checkbox"/>	Expected date of discharge <input type="checkbox"/>
Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>	Time <input style="width: 60px;" type="text"/>	Signature* <input style="width: 300px;" type="text"/>						

<b>page 4</b>	Name <input style="width: 250px;" type="text"/>
	Unit No <input style="width: 250px;" type="text"/>

Key to abbreviations: DVT = Deep vein thrombosis

