



Midwifery Program

**Out of Hospital Postpartum Record**

NAME: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 PHIN: \_\_\_\_\_ MHSC: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 PCP: \_\_\_\_\_

**Assessments and Vital Signs**

(Community practice is to assess the birthing person every 15 minutes for 1 hour, followed by 30 minutes for 1 hour.)

Date (D/M/Y):							
Time:							
Temperature:							
Pulse:							
Blood Pressure:							
Fundus: Height, Position, Tone							
Lochia: Amount, Colour							
Bladder:							
Perineum:							
General wellbeing:							
Initials:							

<b>Routine Teaching</b> PPH <input type="checkbox"/> Peri-care/Stitches <input type="checkbox"/> Voiding/Bowel motions <input type="checkbox"/> Nutrition/Hydration <input type="checkbox"/> Exercise/Movement <input type="checkbox"/> Reasons to page <input type="checkbox"/> Midwifery visits <input type="checkbox"/>
<b>Fundal height and position</b> U/U - At umbilicus R - Right L - Left M - Midline <b>Fundal Tone</b> F - Firm B - Boggy
<b>Lochia Amount</b> Sc - Scant Sm - Small Mod - Moderate L - Large <b>Lochia Colour</b> R - Rubra/Red
<b>Bladder</b> NP - Non Palpable P - Palpable <b>Perineum</b> Sw - Swollen Br - Bruised

**Medications/IV:**

Date/Time	Type	Dose	Route	Initials

Client moved to hospital for further follow-up

**Date and Time Midwife Left Home:** \_\_\_\_\_

**Midwife:** \_\_\_\_\_

Printed Name

Signature

Designation

