Postpartum Perinatal Loss Care Map greater than or equal to 20 weeks

Preparation for Transfer of Care to the Community **Discharge when all outcomes are met**		**Initial**
1. Stillbirth Registration Form completed	☐ Yes ☐ No ☐ N/A	
2. Birth Registration Form completed	☐ Yes ☐ No ☐ N/A	
3. Death Registration Form completed	☐ Yes ☐ No ☐ N/A	
4. Loss of Your Baby Release Form - Bilingual completed	☐ Yes ☐ No ☐ N/A	
5. Stillborn Assessment Form completed	☐ Yes ☐ No ☐ N/A	
6. Shared Health Necropsy Clinical Data	☐ Yes ☐ No ☐ N/A	
7. Consent for Autopsy - Bilingual	☐ Yes ☐ No ☐ N/A	
8. Pathology Services Requisition	☐ Yes ☐ No ☐ N/A	
9. Request for Placenta Examination	☐ Yes ☐ No ☐ N/A	
10. Notification of Death	☐ Yes ☐ No ☐ N/A	
11. Record of Postpartum Learning completed	☐ Yes	
12. Discussed Public Health Postpartum Referral and contact • Verify address and phone # for **immediate postpartum** period on Postpartum Referral Form • Verify permanent address and phone # on Postpartum Referral Form	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	
13. Complete the Postpartum Referral form and fax to the Public Health Office. Include: • Social Work Summary • Ensured PH is aware of the stillbirth/neonatal death	 ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No	
14. Patient aware of Postpartum Follow-Up appointment	☐ Yes ☐ No	
15. Discharge prescription given	☐ Yes ☐ No ☐ N/A	
16. WinRho administered	☐ Yes ☐ No ☐ N/A	
17. MMR vaccine administered	☐ Yes ☐ No ☐ N/A	
18. Bereavement Package and keepsakes given	☐ Yes ☐ No* (IPN)	
19. STBBI investigation completed	☐ Yes ☐ No* (IPN)	
20. Discharged at _____ hours of _____D/M/Y		

Immediate Postpartum Phase (4th Stage)

Vital Signs and Assessments (q15 minutes x 4, q30 minutes x2)												
D/M/Y												
Time												
Temperature												
Pulse												
Respirations												
Blood Pressure												
Fundus: Height, Position, Tone												
Lochia: Amount, Color												
Bladder												
Perineum												
Motor Block (q1h) (if epidural)	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**	**R**	**L**
Comments												
Initial												

Fundus Height & Position
U/U - Umbilicus
Rt - Rt
Lt - Left
M - Midline

Fundus Tone
F - Firm
B - Boggy
FM - Firm with Massage

Lochia Amount
Sc - Scant
Sm - Small
Mod - Moderate
L - Large

Lochia Color
R - Rubra
S - Serosa

Bladder
P - Palpable
NP - Non Palpable
F - Foley

Perineum
SW - Swollen
BR - Bruised
N - Normal

Motor Block
0 - No block or patient has full flexion of foot and knee
1 - Partial or just able to move knee
2 - Almost complete or able to move foot only
3 - Complete or unable to move foot or knee

Note: Use Maternal Frequent Monitoring Record if required.
Maternal Frequent Monitoring Record used? ☐ No ☐ Yes

Transferred to _____
Date/Time: _____

Treatment	Date D/M/Y	Time		Initial
Epidural Catheter Removal			☐ intact ☐ not intact	
Intravenous Established			Site:	
Intravenous Discontinued			☐ intact ☐ not intact	
Foley Catheter Established				
Foley Catheter Removed				

Tests	D/M/Y/Time	Tests	D/M/Y/Time
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Delivery Date / Time:							
ASSESSMENTS/CONSULTS	Vital Signs and Assessments (q8h x 48h then BID)						
	D/M/Y						
	Time						
	Temperature						
	Pulse						
	Respirations						
	Blood Pressure						
	Initial						

	Date:						
	Time:						
	Consults:						
	• Social work as necessary						
	nsults						
	• **Vital signs stable**						
	• **Breasts: 3 - 24 hours: soft**						
	25 - 48 hours: soft to filling						
	• **Fundus: 3 - 24 hours: firm, midline at level of umbilicus or slightly below**						
	25 - 48 hours: firm, midline at U1 - U2 or lower						
	• **Lochia: 3 - 24 hours: small to moderate rubra, with or without small clots**						
	• **25 - 48 hours: small to moderate rubra or serosa, with or without small clots**						
	• **Perineum: slight to moderate swelling/bruising, no discharge, sutured edges well approximated**						
	• **Bladder: voids within 6 hours of delivery, first void greater than or equal to 250 mLs**						
	6 - 48 hours: bladder not palpable, voiding QS						
	• **Bowels: 3 - 24 hours: No BM expected**						
	25 - 48 hours: No BM expected or may have 1st BM						
	• **Lower Extremities: less than +2 edema**						
	• **States comfortable, pain at less than 2 on pain scale (scale 0 - 10)**						
	• **Negative Homan's sign, no calf tenderness on ambulation or palpation**						
TREATMENT	■ Straight catheterization prn						
	■ Foley catheter prn						
	■ Perineal care, ice packs, sitz baths prn						
	■ Discontinue IV when patient drinking well, voiding adequately and afebrile (Document date, time and initials on page 2)						
	☐ _____						
NUTRITION	■ Diet as tolerated						
	• Amount eaten %						
	• **Tolerates diet**						
ACTIVITY/ SAFETY	• Call bell/forms explained						
	• Encourage walking in hallway						
	• Shower/Sponge						
	• **Tolerates mobilization**						
Psycho social	• **Grieving process/emotional status appropriate**						
	• **Cares for own physical needs or requires minimal assistance**						

*** = Integrated Progress Note (IPN)**

Infant Loss Checklist

Baby's name: DOB: Date of Death/Loss:

History of previous loss: Other children:

Parental Response:	Patient		Partner		
Viewed Baby	☐ Yes	☐ Declined	☐ Yes	☐ Declined	☐ N/A
Touched Baby	☐ Yes	☐ Declined	☐ Yes	☐ Declined	☐ N/A
Held Baby	☐ Yes	☐ Declined	☐ Yes	☐ Declined	☐ N/A

Names of support people present:

Keepsakes: ☐ Infant Nameband ☐ Cribcard ☐ Foot/Handprints ☐ Castings ☐ Lock of hair ☐ Tape measure ☐ Blanket/Clothing ☐ Comb ☐ Photographs: ☐ Given ☐ On file

Supportive Care: ☐ Yes ☐ No Describe: _____

Record of Postpartum Patient Learning		Review Date	Nurse's Initials	* See IPN
Self Care:	Pericare/Ice packs			
	Involution/After pains			
	Normal vaginal flow			
5 - 12 Hours Postpartum (suggested time frame only)				
Self Care:	Pain control/Medications			
	Sitz bath/Episiotomy care			
	Breast care/Breast changes			
13 - 24 Hours Postpartum (suggested time frame only)				
Self Care:	Diet//Rest/Exercise			
	Breast engorgement			
	Milk Supression			
25 - 48 Hours Postpartum (suggested time frame only)				
Self Care:	Emotional care: PP blues/depression			
	Resuming intercourse/Family planning methods			
	Menstrual period			