



**Immediate Postpartum Phase (4<sup>th</sup> Stage)**

**Vital Signs and Assessments (q15 minutes x 4, q30 minutes x2)**

<b>D/M/Y</b>													
<b>Time</b>													
<b>Temperature</b>													
<b>Pulse</b>													
<b>Respirations</b>													
<b>Blood Pressure</b>													
<b>Fundus: Height, Position, Tone</b>													
<b>Lochia: Amount, Color</b>													
<b>Bladder</b>													
<b>Perineum</b>													
<b>Motor Block (q1h) (if epidural)</b>	R	L	R	L	R	L	R	L	R	L	R	L	L
<b>Comments</b>													
<b>Initial</b>													

<b>Fundus Height &amp; Position</b> U/U - Umbilicus Rt - Rt Lt - Left M - Midline	<b>Fundus Tone</b> F - Firm B - Boggy FM - Firm with Massage	<b>Lochia Amount</b> Sc - Scant Sm - Small Mod - Moderate L - Large	<b>Lochia Color</b> R - Rubra S - Serosa	<b>Bladder</b> P - Palpable NP - Non Palpable F - Foley	<b>Perineum</b> SW - Swollen BR - Bruised N - Normal	<b>Motor Block</b> 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
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**Note: Use Maternal Frequent Monitoring Record (CLI.5810.FORM.036) if required.**

Maternal Frequent Monitoring Record used?  No  Yes

Transferred to \_\_\_\_\_  
Date/Time: \_\_\_\_\_

With Newborn  Without Newborn

<b>Treatment</b>	<b>Date D/M/Y</b>	<b>Time</b>		<b>Initial</b>
Epidural Catheter Removal			<input type="checkbox"/> intact <input type="checkbox"/> not intact	
Intravenous Established			Site:	
Intravenous Discontinued			<input type="checkbox"/> intact <input type="checkbox"/> not intact	
Foley Catheter Established				
Foley Catheter Removed				

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

Delivery Date / Time:

**Vital Signs and Assessments (q8h x 48h then BID)**

D/M/Y						
Time						
Temperature						
Pulse						
Respirations						
Blood Pressure						
Initial						

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

ASSESSMENTS/CONSULTS

**Consults:**

• Social work as necessary						
<input type="checkbox"/> Other Consults						
• <b>Vital signs stable</b>						
• <b>Breasts: 3 - 24 hours: soft, nipples comfortable to slightly tender</b>						
• <b>25 - 48 hours: soft to filling, nipples comfortable to slightly tender</b>						
• <b>Fundus: 3 - 24 hours: firm, midline at level of umbilicus or slightly below</b>						
• <b>25 - 48 hours: firm, midline at U1 - U2 or lower</b>						
• <b>Lochia: 3 - 24 hours: small to moderate rubra, with or without small clots</b>						
• <b>25 - 48 hours: small to moderate rubra or serosa, with or without small clots</b>						
• <b>Perineum: slight to moderate swelling/bruising, no discharge, sutured edges well approximated</b>						
• <b>Bladder: voids within 6 hours of delivery, first void greater than or equal to 250 mLs</b>						
• <b>6 - 48 hours: bladder not palpable, voiding QS</b>						
• <b>Bowels: 3 - 24 hours: No BM expected</b>						
• <b>25 - 48 hours: No BM expected or may have 1<sup>st</sup> BM</b>						
• <b>Lower Extremities: less than +2 edema, no calf tenderness on ambulation</b>						
• <b>States comfortable, pain at less than 2 on pain scale (scale 0 - 10)</b>						

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)						
<input type="checkbox"/>						

NUTRITION

▪ Diet as tolerated						
<input type="checkbox"/>						
• <b>Tolerates diet</b>						

ACTIVITY/  
SAFETY

• Call bell/forms explained						
• Encourage walking in hallway						
• Shower						
• <b>Tolerates mobilization</b>						

PSYCHO-  
SOCIAL

• Assess emotional status, energy level						
• Assess parental-infant interaction						
• <b>Positive affect</b>						
• <b>Cares for own physical needs or requires minimal assistance</b>						
• <b>Demonstrates positive parent-infant interaction</b>						

\* = Integrated Progress Note (IPN)

# Record of Postpartum Patient Learning

(To be completed in conjunction with Patient  
Teaching Booklets)

Key: WRHA = Caring for Yourself and Baby After Giving Birth  
BBC = Baby's Best Chance 4<sup>th</sup> Revision, 6<sup>th</sup> Edition

	Booklet WRHA Page #	Booklet BBC Page #	Review Date	Nurse's Initials	* See IPN
<b>0 - 1 Hour Postpartum (suggested time frame only)</b>					
Infant Care: Eye ointment & Vitamin K risks & benefits	Nurse	Nurse			
<b>0 - 4 Hours Postpartum (suggested time frame only)</b>					
Mom Self Care: Pericare/ Ice packs	15	83-84			
Involution/After pains	15	83-84			
Normal vaginal flow	15	83-84			
Infant Care: Skin to skin /Feeding initiation	22	Handout			
Mucousy baby/ Choking	Nurse	Nurse			
Infant safety	Nurse	128/ Nurse			
<b>5 - 12 Hours Postpartum (suggested time frame only)</b>					
Mom Self Care: Pain control/Medications	16	83, 103			
Sitz bath/Episiotomy care	16	83			
Breast care/Breast changes	18, 31	104			
<b>13 - 24 Hours Postpartum (suggested time frame only)</b>					
Mom Self Care: Diet//Rest/Exercise	37-40	36, 47, 103			
Breastfeeding: Latch/Position	25-27	99-100			
Refer to Manitoba Health Handout – "Breastfeeding...Your Baby's First Food"	Frequency/Duration	23	101		
	Signs of adequate intake at breast	27	102		
	Hand expression	28-29	106-107		
	Milk expression/Collection/Storage	30	106-107		
	Production/Breast engorgement	31	104		
Vitamin D administration	35	109			
Formula Feeding: Frequency/Amounts	Nurse	Nurse			
Signs of adequate intake					
Preparation/Storage					
Non-propping					
Infant Care:	Infant feeding cues	23	98.108		
	Burping	35	103		
	Bath/Cord care/Swaddling	52-55, 59	115-116		
	Normal stools/voids	28	102.118		
	Safe Sleep/Tummy Time	57-60	111,122		
	Second night	25	Handout		
	Smoke free setting	58	13-14		
	Circumcision	56	126		
<b>25 - 48 Hours Postpartum (suggested time frame only)</b>					
Mom Self Care: Emotional care: PP blues/depression	44	85-86			
Resuming intercourse/Family planning methods	46-48	92-96			
Menstrual period	18	83			
<b>Prior to discharge</b>					
• Follow up appointment for mother and baby with health care provider	3	Nurse			
• Aware of when to call for help	7,9	84,102			
• Aware of where to call for help	67	Handout			
• Safe Travel/Aware of need for car seat	56	131			
• Jaundice and risk for hyperbilirubinemia	51	116			
<b>If follow-up required document on the Postpartum Referral Form</b>					

\* = Integrated Progress Notes