

**Home Visit for Postnatal Assessment and Follow-Up Care**

Health Department: \_\_\_\_\_

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

Reviewers: \_\_\_\_\_

**Patient's Name or Number**

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**1. Identifying information**

	1	2	3	4	5	6	7	8	9	10
Mother's name										
Date of birth										
Marital status										
Education										
Employment										
Newborn's name										
Newborn's birth date										
Outcome										
Record Compliant?										

**Comments** \*enter date of miscarriage, abortion or stillbirth

**2. Postpartum Home Visit(not a funding condition, but an encouraged practice)**

	1	2	3	4	5	6	7	8	9	10
Within two weeks										

**Comments**

### 3. Prenatal History

	1	2	3	4	5	6	7	8	9	10
Prenatal record available										
Source of prenatal care										
Weeks gestation at 1st PNC visit										
Drug use: tobacco										
Drug use: alcohol										
Drug use: illicit drugs										
Drug use: rx and/or OTC										
STD/HIV										
Hepatitis										
Prenatal complications										
Record Compliant?										

### Comments

### 4. Labor and delivery

	1	2	3	4	5	6	7	8	9	10
Parity/Gravida										
Date and place of delivery										
Type of delivery										
Problems during/after delivery										
Record Compliant?										

### Comments

<p><u>CODE</u></p> <p>✓ = Present</p> <p>0 = Absent</p> <p>NA = Not Applicable</p>
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**5. Interim**

	1	2	3	4	5	6	7	8	9	10
General well being										
Physical activities/fatigue										
Emotional status										
"Blues"/depression										
Record Compliant?										

**Comments** \* Current emotional status related to:

1. Labor and delivery experiences
2. Feelings regarding motherhood
3. Mothers perception about how well her needs are being met
4. Support persons
5. Symptoms of depression (rejection/hostility to infant, decreased sleep, suicidal ideation, audio or visual hallucinations)
6. Fatigue that prevents mother from caring for baby or self.

**6. Breastfeeding**

	1	2	3	4	5	6	7	8	9	10
Yes/No										
Complications/concerns/support/resources										
Record Compliant?										

**Comments**

<p><u>CODE</u>          ✓ = Present          0 = Absent          NA = Not Applicable</p>
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**7. Home Environment**

	1	2	3	4	5	6	7	8	9	10
Type of dwelling/condition *										
# adults & children in household										
Cleanliness										
Water supply										
Stove										
Refrigerator										
Plumbing										
Environment/safety hazard(s)										
Electricity										
Record Compliant?										

**Comments** \* Document type of dwelling and dwelling condition

**8. Nutrition Status**

	1	2	3	4	5	6	7	8	9	10
Appetite										
Vitamin/mineral supplements										
Adequate food supply										
Fluid intake										
Record Compliant?										
<b>Comments</b>										

**9. Elimination**

	1	2	3	4	5	6	7	8	9	10
Voiding/bowel function										
Hemorrhoids										
Record Compliant?										
<b>Comments</b>										

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<b>10. Postpartum physical assessment</b>	1	2	3	4	5	6	7	8	9	10
General appearance										
TPR (if indicated), B/P										
Breast/nipples										
Abdomen/incisions										
Uterus										
Lochia										
Episiotomy/perineum										
Legs/ Homan Sign										
Other										
Record Compliant?										

**Comments**

<b>11. Family Relationships</b>	1	2	3	4	5	6	7	8	9	10
Support person										
Maternal-infant bonding										
Sexual issues										
Domestic Violence										
Record Compliant?										

**Comments**

<b>12. Contraception</b>	1	2	3	4	5	6	7	8	9	10
Current method										
Planned method										
Next pregnancy. Desired when?										
Record Compliant?										

**Comments**

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**13. Referrals**

	1	2	3	4	5	6	7	8	9	10
WIC										
Medicaid										
Postpartum/family planning										
Child Service Coordination										
Breastfeeding support										
Parenting classes										
Transportation										
Medicaid Waiver for FP Services										
Other										
Record Compliant?										

**Comments**

**14. Appropriate counseling and referral for identified problems**

(other than those covered in #12)

	1	2	3	4	5	6	7	8	9	10
Record Compliant?										

**Comments**

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