N.C. Department of Health and Human Services
Division of Public Health
Women's and Children's Health Section

Home Visit for Postnatal Assessment/Follow-Up Care Audit Tool

Local Health Department: ______________________________ Date ______________

Patient Record Auditors — Name and Title:

______________________________ ______________________________

______________________________ ______________________________

______________________________ ______________________________

Patient Records Audit

No.	Patient ID	Patient Initials	Record Compliant		Comments
			Yes	No	
1					
2					
3					
4					
5					
6					
7					
Notes:					

I. Postpartum Home Visit

(not a funding condition, but an encouraged practice)	1	2	3	4	5	6	7
A. Within two weeks							
B. If patient is not seen within two weeks, how many weeks PP time frame?							
Comments:							

II. Interim

	1	2	3	4	5	6	7
A. General Wellbeing (subjective)							
B. Physical Activities/Fatigue							
C. Emotional Status							
D. Depression Screening Tool Completed							

	Yes	No
Record compliant?		
Comments:		

CODE: √ = Present; 0 = Absent; NA = Not Applicable

III. Prenatal History

Prenatal Record Available, skip to Section II - Intrapartum Care	1	2	3	4	5	6	7
A. Source of Prenatal Care							
B. When Prenatal Care Began (# of weeks completed)							
C. Drug Use:							
D. Depression Screening Tool Completed							
1. Tobacco							
2. Electronic Nicotine Devices							
3. Alcohol							
4. Illegal Drugs							
5. Prescription/Over-the-Counter/Herbal/Remedies							
D. STI/HIV (coded as Y/N)							
E. GBS (coded as Y/N)							
F. Hepatitis (coded as Y/N)							
G. Prenatal complications (coded as Y/N)							

	Yes	No
Record compliant?		

Comments:

IV. Intrapartum

	1	2	3	4	5	6	7
A. Gravida/Parity							
B. Place of Delivery							
C. Type of Delivery (box checked appropriately)							
D. Problems During/After Delivery							
E. Received Immunization(s) as indicated post/delivery (box checked appropriately)							

	Yes	No
Record compliant?		

Comments:

V. Family Relationships

	1	2	3	4	5	6	7
A. Support Person							
B. Maternal-Infant Bonding							
C. Sexual Issues							
D. Interpersonal Violence							

	Yes	No
Record compliant?		

Comments:

CODE: √ = Present; 0 = Absent; NA = Not Applicable

VI. Breastfeeding

	1	2	3	4	5	6	7
A. Yes/No							
B. Complications/Concerns							
C. Support Systems/Resources Available							

	Yes	No
Record compliant?		

Comments:

VII. Home & Social Environment

	1	2	3	4	5	6	7
A. Type/Condition of Dwelling (described)							
B. Number in Household (# of adults, # of children)							
C. Water Supply/Plumbing (box checked appropriately)							
D. Basic Family Need of Food & Clothing							
E. Stove and Refrigerator (coded Y/N)							
F. Electricity (coded Y/N)							
G. Environment/Safety Hazard							
H. Smoking—Home and/or Car (coded Y/N)							
I. Smoke/Carbon Monoxide Detectors (coded Y/N)							
J. Other							

	Yes	No
Record compliant?		

Comments:

VIII. Nutrition Status

	1	2	3	4	5	6	7
A. Appetite							
B. Vitamin/Mineral Supplement							
C. Adequate Food Supply							
D. Fluid Intake (64 fluid ounces daily)							

	Yes	No
Record compliant?		

Comments:

CODE: √ = Present; 0 = Absent; NA = Not Applicable

IX. Contraception

	1	2	3	4	5	6	7
A. Current Method							
B. Planned Method							
C. Plans for Spacing Children (box checked appropriately)							

	Yes	No
Record compliant?		

Comments:

X. Elimination

	1	2	3	4	5	6	7
A. Voiding/Bowel Function							
B. Hemorrhoids							

	Yes	No
Record compliant?		

Comments:

XI. Postpartum Physical Assessment

	1	2	3	4	5	6	7
A. General Appearance (objective)—box checked appropriately							
B. T/P/R/BP (specifics of each completed)							
C. Pain Assessment Using VRNS (Patient reported #)							
D. Breast/Nipples							
E Abdomen—Incision(s) box checked appropriately							
F. Uterus (box checked appropriately)							
G. Lochia (box checked appropriately)							
H. Episiotomy/Perineum (box checked appropriately)							
I. Legs/Homan Sign (box checked appropriately)							
J. Other							

	Yes	No
Record compliant?		

Comments:

CODE: √ = Present; 0 = Absent; NA = Not Applicable

XII. Referrals (coded Y/N or N/A)

	1	2	3	4	5	6	7
A. WIC							
B. Medicaid							
C. Postpartum Exam/Family Planning (elements completed)							
D. Care Coordination for Children (CC4C)							
E. Breastfeeding Support							
F. Parenting Classes							
G. Transportation							
H. *Be Smart* Medicaid for FP Services							
I. Newborn Assessment Completed (box checked appropriately)							
J. Other							

	Yes	No
Record compliant?		
Comments:		

XIII. Coordination of Services

	1	2	3	4	5	6	7
A. Collaboration with OBCM (as indicated, box checked appropriately with element completed)							
B. Collaboration with CC4C (box checked appropriately, with element completed)							
C. Other							

	Yes	No
Record compliant?		
Comments:		

CODE: √ = Present; 0 = Absent; NA = Not Applicable