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| **Mother Information:**  Date of Delivery     \_\_\_/\_\_\_/\_\_\_   G \_\_\_ P \_\_\_  Date of Discharge \_\_\_/\_\_\_/\_\_\_  Phone Number  Mother’s Provider  Primary Language  Interpreter used in Hospital    Yes  No  Interpreter Needed                 Yes  No  Public Health RN                   Yes  No  **Delivery:**  Vaginal:    laceration     episiotomy                          Type:  2nd     3rd     4th  C/S:          Primary     Repeat                  Reason:    **Post Partum Follow-Up Date:**                         **L.M.**  **MOTHER:**  Temp WNL                     Yes    No  Vaginal Bleeding WNL    Yes    No    Incision/lac/epis assessment:  WNL clean/dry/intact      Comfort and Pain control at home:    BM and Constipation:    Breast comfort:      Reminders:   C/S: steri strips off in 7 days   PP Teaching Booklet in Packet   F/U appt made with PCP?       Yes         Will Call HCP   May receive phone survey re: pt satisfaction  Questions/Comments:              **RN Signature:                                               Date/time:** | **Baby Information**:  Baby(ies):    Boy    Girl    Twins  Baby Provider:   Breast     Formula    Pumping    SNS   Supplementing  Baby home with Mom?  Yes  No  Baby in NICU?               Yes  No  Baby on Peds Unit?        Yes  No   Fetal Demise/Miscarriage   Boy   Girl    Gestation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Callback #2 Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **BABY:**  Feeding Well?         Yes   No      How many Wet and Dirty diapers in 24 hours?      Lactation Referral:  Yes   No    Phone # given        Reminders:   Baby back to sleep   Period of Purple Crying   Repeat Metabolic Screening   F/U appt made with PCP?    Yes Date:  Questions/Comments:                  **RN Signature:                                                 Date/time:** |

**POST PARTUM TELEPHONE FOLLOW-UP**

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| 0-VMED logo hortz p (Converte POST PARTUM TELEPHONE FOLLOW-UP \*878404\*  Form 87-8404                   Rev. 2                           4/1/11 | - Patient Label - |