Ianitoba Public Health Nurse	Surname:
Postpartum Assessment	Given Name(s):
	DOB:
wborn surname (if different):	PHIN/Nunavut #:
te of birth (newborn) Month/DD/YYYY:	MFRN:

Newborn surname (if different):			PHIN/Nunavut #:			
Date of birth (newborn) Month/DD/YYYY:			MFRN:			
Family Strengths/Resources/Unique information: (Note: This is intended as a	a quick reference	section only. As	sessment data m	nust be in progre	ss notes.)	
Date (Month/DD/YYYY)						
Time (HH:MM)						
Days Postpartum						
Contact Type						
Assessment and Education				l	I	
1. Physiological Health						
Abdominal/Fundus						
Pain						
Abdominal Incision						
Breasts						
Breastfeeding						
LATCHRScore						
Hand expression, pumping						
Informed decision-making						
Skin-to-skin						
Elimination: Bowel function						
Elimination: Bladder function						
Lochia						
Perineum						
Communicable diseases/CD risk factors/Rh factor						
Vital signs prn						
2. Psychosocial Health						
Bonding and Attachment						
Emotional Status						
Mental Health/History Postpartum Depression						
Support System/Resources						
3. Family Strengths and Challenges						
Family Function/Dynamic						
Health Follow-up in Community						
4. Lifestyle						
Activity/Rest						
Family Planning/Sexuality						
Healthy Eating						
Commercial Tobacco/Drug/Substance Use						
Safe Home Environment						

Initials

Note: This form must be used in conjunction with Postpartum Care Pathway.

PAGE 1 OF 2



Variance Record / Progre	2SS T	votes
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Date / Time	Foo	:us				
Documentation Guidelines  Spaces are not left blank.  PHN initials = assessment is consistent with care pathway  V (Variance) = key assessment finding with explanation in the progress note  / (Not Assessed) = PHN has not assessed that area						
PHN Name and Signa	ture			PHN Name and Signat	turo	