

Early Postnatal Care and Discharge Checklist

Health Facility Name:.....

Supervisor name:

Date: / /

Supervisee name:.....

MD 6	The following items represent standard practices for the care of the women during the early postnatal period and at discharge according to protocols/ guidelines	Observation
1.	BP and pulse are checked every 30 minutes in the first hour and then hourly for 3 hours and temperature is checked hourly	<input type="checkbox"/> Y <input type="checkbox"/> N
2.	Uterine massage is performed and amount of bleeding (lochia) is assessed every 15 minutes for the first 2 hours and then every one hour for 3 hours	<input type="checkbox"/> Y <input type="checkbox"/> N
3.	Woman is encouraged to empty the bladder regularly (every 2 hours)	<input type="checkbox"/> Y <input type="checkbox"/> N
4.	Breast feeding is initiated within one hour of delivery	<input type="checkbox"/> Y <input type="checkbox"/> N
5.	The baby is kept with the mother	<input type="checkbox"/> Y <input type="checkbox"/> N
6.	Vital signs are checked before discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
7.	Breastfeeding is assessed and counseling is provided before discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
8.	Bleeding, lochia and fundal height are assessed before discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
9.	Episiotomy and/or laceration is checked for bleeding, swelling and tenderness before discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
10.	Bowel and bladder functions are assessed before discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
11.	Iron tablets are given or prescribed before discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
12.	Counseling about compliance with iron provided	<input type="checkbox"/> Y <input type="checkbox"/> N
13.	Vitamin A is provided if needed and if applicable before discharge	<input type="checkbox"/> Y <input type="checkbox"/> N
	<i>Woman counseled about</i>	
14.	14.1 Self care and hygiene	<input type="checkbox"/> Y <input type="checkbox"/> N
	14.2 Proper diet, exercise	<input type="checkbox"/> Y <input type="checkbox"/> N
	14.3 Danger signs for mother	<input type="checkbox"/> Y <input type="checkbox"/> N
	14.4 Danger signs for the newborn	<input type="checkbox"/> Y <input type="checkbox"/> N
	14.5 Newborn care	<input type="checkbox"/> Y <input type="checkbox"/> N
	14.6 Breast feeding	<input type="checkbox"/> Y <input type="checkbox"/> N
	14.7 Follow up care for mother and baby	<input type="checkbox"/> Y <input type="checkbox"/> N
15.	Throughout assessment, audio and visual privacy is provided and prior to each exam/procedure woman is explained why and how it is performed and she is asked for permission	<input type="checkbox"/> Y <input type="checkbox"/> N
16.	Woman is given an appointment for PNC visit	<input type="checkbox"/> Y <input type="checkbox"/> N
17.	All activities are properly, completely and accurately documented and signed	<input type="checkbox"/> Y <input type="checkbox"/> N

*** Please document the key observations on practices in the supervisory report form with in depth analysis whenever needed and suggestions for solutions and next steps**