

Post Natal Care Checklist

Health Facility Name:..... Supervisor name:

Date: / / Supervisee name:.....

MP 10	The following items represent standard practices for post natal care according to protocols/ guidelines	Observation		
1.	History and records check: Health provider checks the woman's record or asks for relevant history about the baby's birth (date, mode, complication occurred)	<input type="checkbox"/> Y	<input type="checkbox"/> N	
2.	Complaints: The health provider asks the woman how she feels during the current postpartum period and if any complaints exist	<input type="checkbox"/> Y	<input type="checkbox"/> N	
3.	Bleeding / lochia: the health provider asks about puerperal discharge, bleeding pattern, and type and amount of discharge	<input type="checkbox"/> Y	<input type="checkbox"/> N	
4.	Physical exam: the health provider examines; vital signs; breast; palpates uterus for size firmness and tenderness and examines perineum for amount/color and smell of lochia and the conditions of tears or episiotomy.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
5.	Danger signs: the health provider provides counseling about complications, danger signs, and about readiness in case danger signs happen	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
6.	Breast feeding: After getting the mother's permission, the health provider observes her (the mother) while breastfeeding and counsels her about the techniques for active breastfeeding	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA
7.	General counseling: the health provider provides counseling about; rest and sleep, needed exercise, bowel function and hygiene.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
8.	Weight and nutrition: the health provider provides counseling about: weight, nutrition, including iron and Folate and supplementation, and provides it if needed.	<input type="checkbox"/> Y	<input type="checkbox"/> N	
9.	Family planning: the health provider provides counseling about family planning, family planning for lactating woman and about methods of choice	<input type="checkbox"/> Y	<input type="checkbox"/> N	
10.	Follow up: the health provider advises the woman when to return to the clinic on the next visit or if complication happened.	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> NA

*** 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**