Manitoba Public Health Nurse
Postpartum Assessment

Newborn surname *(if different)*: _____

Date of birth *(newborn)* Month/DD/YYYY: _____

Surname: _____

Given Name(s): _____

DOB: _____

PHIN/Nunavut #: _____

MFRN: _____

Family Strengths/Resources/Unique information: *(Note: This is intended as a quick reference section only. Assessment data must be in progress notes.)*

Date (Month/DD/YYYY)					
Time (HH:MM)					
Days Postpartum	0	0	0	0	0
Contact Type	DC	DC	DC	DC	DC

Assessment and Education

1. Physiological Health

Abdominal/Fundus					
Pain					
Abdominal Incision					
Breasts					
Breastfeeding					
L_0___A_0___T_0___C_0___H_0___R_0___ Score_____					
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.

Manitoba