

# Manitoba Public Health Nurse Postpartum Assessment

Surname: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

DOB: \_\_\_\_\_

PHIN/Nunavut #: \_\_\_\_\_

MFRN: \_\_\_\_\_

Newborn surname (if different): \_\_\_\_\_

Date of birth (newborn) Month/DD/YYYY: \_\_\_\_\_

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					
Days Postpartum					
Contact Type					

## Assessment and Education

### 1. Physiological Health

Abdominal/Fundus					
Pain					
Abdominal Incision					
Breasts					
Breastfeeding					
L____A____T____C____H____R____ 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.

Surname

Given name(s)

Date of birth (*maternal*) Month/DD/YYYY

## Variance Record / Progress Notes

Date / Time	Focus	

**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 Signature

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PHN Name and Signature