

POSTPARTUM FAMILY CENTERED CARE
OUTPATIENT SERVICES CLINICAL PATHWAY

Clinical Pathways are not considered a substitute for professional judgement.

Phase:	Postpartum Telephone Call	Postpartum Clinic Visit	Breastfeeding Clinic Visit
Date:	/ / Time: hrs	/ / Time: hrs	/ / Time: hrs
Signature/Initial:	/	/	/
Assessment Maternal	Perineum / Incision Lochia Rest / Sleep Nutrition Pain Management Voiding Bowel Function Within Normal Limits: ___ Yes ___ No (Initial)	Breast, Nipples Lochia, Perineum, C/S Incision Nutrition, Sleep / Rest, Pain Management, Voiding, Bowel Function, Hemorrhoids, Support, Coping Skills Previous breastfeeding experience Within Normal Limits: ___ Yes ___ No (Initial)	Engorgement, sore nipples/breasts Support, coping skills Nutrition Sleep / Rest Medication use Previous breast surgery Use of nipple shields Within Normal Limits: ___ Yes ___ No (Initial)
Assessment Newborn	Feeding - breast or bottle Frequency ___ Duration ___ # of Wet Diapers ___ # of stools ___ Activity / Crying / Setting Circ healing Signs/Symptoms of jaundice Within Normal Limits: ___ Yes ___ No (Initial)	Birth History: T ___ HR ___ RR ___ Weight: Birth ___ D/C ___ Today ___ Signs/Symptoms of jaundice Within Normal Limits: ___ Yes ___ No (Initial) # of Wet Diapers ___ Stools ___ Consistency ___ Colour ___ Cord site, circumcision Bottlefeeding: Frequency ___ Amount ___ Breastfeeding: Position, latch, suck, swallow Duration ___ Frequency ___	Birth History: Weight: Birth ___ D/C ___ Today ___ # of Wet Diapers ___ Stools ___ Consistency ___ Colour ___ Breastfeeding: Position, latch, suck, swallow Duration ___ Frequency ___ Signs/Symptoms of jaundice Within Normal Limits: ___ Yes ___ No (Initial)
Problem/ Intervention		Bloodwork: PKU NBili Other	Bloodwork: PKU NBili Other
Teaching Reviewed	According to PPSP for: General Care - Mother & Baby Newborn Nutrition Signs/Symptoms of jaundice Other:	According to PPSP for: General Care - Mother & Baby Newborn Nutrition Car Seat Safety Signs/Symptoms of jaundice Other:	According to Breastfeeding Guidelines: Position, latch, suck, swallow, frequency, duration, expression, storing, supplementation, nipple care & engorgement Signs/Symptoms of jaundice Other:
Consults/ Referrals	Postpartum Clinic Date: ___ Time ___ Breastfeeding Clinic Date: ___ Time ___ MRP notified: ___ Yes ___ No Community Health ___ Yes ___ No Breastfeeding Helpline ___ Yes ___ No	Breastfeeding Clinic Date: ___ Time ___ MRP notified: ___ Yes ___ No Community Health ___ Yes ___ No Breastfeeding Helpline ___ Yes ___ No	Breastfeeding Clinic Date: ___ Time ___ MRP notified: ___ Yes ___ No Community Health ___ Yes ___ No Breastfeeding Helpline ___ Yes ___ No

