

Health Canada First Nations & Inuit Health Ontario Region Sioux Lookout Zone

Maternal Post-Natal Checklist

Addressograph

For average-risk, routine, female , health assessments

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Followup:					Signed	ı. İ					CHN

Postnatal Visit

No of weeks postpartum	Date (yyyy/mm/dd)
	History
Daview & high	History
Review of birth	
Baby's health / concerns	
Breastfeeding Breastfe	eeding concerns
Bladder function	Lochia / Menses
Bowel function	Perineal discomfort
Contraception	
Rubella immune No Vaccinated	Smoking history
Pap smear status	
Physic	cal Examination
Weight lb / kg	B.P. mm Hg
Affect	Thyroid
Breast exam	
Abdomen	
Perineum	
Pelvic exam	
Discus	sion Topics
Emotional problems / depression	
Contraception	
Sexual / relationship concerns	
Social support	
Family violence	
Follow-up and advice re: future pregnancies (e.g. folic acid, and risk fo	or future pregnancies)
Signature of physician or midwife	

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