



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

## Maternal Post-Natal Checklist

For average-risk, routine, female  
health assessments



Addressograph

Name:		Gravidity:		Para:	
Band #:		Delivery Type:			
DOB:		Duration:			
HC #:		Blood Loss:			
File #:		Complications:			
ALLERGIES:		Rubella Status:			
Significant Medical Hx:					

### 2-Week Post-Natal Check

Date:					
Social (Attitude towards baby):					
Physical Exam:					
T:	P:	R:	B/P:	Hgb:	
Breast/Nipples:			Lochia (colour, amt):		
Fundas:	Episiotomy:		Tear:		
Perineum:	Bowels:				
Hemorrhoids:					
GU (incl urinalysis):	Pain:		Varicose Veins:		
Legs: Edema:					
Medications:					
Teaching Check:	Feeding:	Nutrition:	Alcohol/Drugs:	Rest:	
	Sex:	Exercise:	Hygiene:		
Contraception:					
Concerns/Problems:					
Followup:	Signed:		CHN		

### 6 Week Postnatal Check

Date:					
Social (Attitude towards baby):					
Physical Exam:					
T:	P:	R:	B/P:	Hgb:	
Breast/Nipples:			Lochia (colour, amt)		
Fundas:	Episiotomy:		Tear:		
Perineum:	Bowels:				
Hemorrhoids:					
GU (incl urinalysis):	Pain:		Varicose Veins:		
Legs: Edema:					
Medications:					
Teaching Check:	Feeding:	Nutrition:	Alcohol/Drugs:	Rest:	
	Sex:	Exercise:	Hygiene:		
Contraception:					
Concerns/Problems:					
Followup:	Signed:		CHN		

# Postnatal Visit

No of weeks postpartum	Date (yyyy/mm/dd)
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## History

Review of birth

Baby's health / concerns

Breastfeeding

☐ Yes

☐ No

Breastfeeding concerns

Bladder function

Lochia / Menses

Bowel function

Perineal discomfort

Contraception

Rubella immune

☐ Yes

☐ No

☐ Vaccinated

Smoking history

Pap smear status

## Physical Examination

Weight

lb / kg

B.P.

mm Hg

Affect

Thyroid

Breast exam

Abdomen

Perineum

Pelvic exam

## Discussion 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 for future pregnancies)

Signature of physician or midwife