Strengthening Maternal and Child Health Services in Eastern Visayas

BEmONC ASSESSMENT TOOL FOR POSTPARTUM CARE

Name of Facility

FAMILY RECORD NO.: _____ PHILHEALTH NO.: _____

NAME: _____ AGE: _____ ADDRESS: _____

DELIVERY DATE : _____ DEL. PLACE: _____ TYPE OF DELIVERY: _____

	ASSESS (Instructions: put (✓) if yes, (X) if No)	CLASSIFY			
1	**QUICK CHECK (B2) / RAM (B3 TO B7)**	On Discharge	1st Visit	2rd Visit	3rd Visit
	● ASK, LOOK, LISTEN and FEEL Date:	/ /	/ /	/ /	/ /
	● Is the women being wheeled, carried, or has any of the following? Note down in the column on the right, if any • bleeding vaginally • severe pallor • convulsing • in severe abdominal pain/epigastric pain • looking very ill • blurred vision • unconscious • severe headache • very difficult breathing and/or cent. cyanosis • cold moist skin and/or weak and fast pulse	☐	☐	☐	☐
	● CHECK VITAL SIGNS • Respiratory Rate • Blood Pressure • Pulse Rate • Temperature				
2	**POSTPARTUM EXAMINATION OF THE MOTHER (E2)**				
	● ASK • How are you feeling?(Does she seem to be unhappy?)	☐	☐	☐	☐
	• Do you have pus and/or pain in the perineum? Specify	☐	☐	☐	☐
	• Have you had fever or bleeding since delivery? Specify	☐	☐	☐	☐
	• Do you have any problem with passing urine? (dribbling, burning)	☐	☐	☐	☐
	• Have you decided on any contraception? Specify	☐	☐	☐	☐
	• Do you have any problem with breasts?	☐	☐	☐	☐
	• Do you have any other concerns? (cough, weight loss. etc) Specify if any	☐	☐	☐	☐
	● CHECK RECORD * Any complications during delivery? Specify, if any	☐			
	* Receiving any treatments? Specify:_____	☐	☐	☐	☐
	* HIV status: Positive ?	☐			
	Is HIV Status Unknown?	☐			
	● LOOK, LISTEN, FEEL • Feel Uterus. Is it hard and round?	☐	☐	☐	☐
	• Look at vulva and perineum for: tear/swelling/pus Specify				
	• Look at pad for bleeding and lochia				
	*Does it smell?	☐	☐	☐	☐
	*Is it profuse?	☐	☐	☐	☐
	• Look for pallor, any pallor?	☐	☐	☐	☐
	• Is there any vaginal discharge 4 weeks after discharge?	☐	☐	☐	☐
3	**PLEASE PROCEED IF APPLICABLE, if any**				
	IF ELEVATED DIASTOLIC BLOOD PRESSURE (E3) ● ASK, CHECK RECORD • History of pre-eclampsia/eclampsia in pregnancy/delivery/after delivery	☐	☐	☐	☐
	● LOOK, LISTEN, FEEL • If diastolic blood pressure is >=90mmHg, repeat after a 1 hour rest				
	IF PALLOR, CHECK FOR ANAEMIA (E4) ● ASK, CHECK RECORD • Check record for bleeding in pregnancy, delivery or postpartum	☐	☐	☐	☐
	• Have you had heavy bleeding since delivery?	☐	☐	☐	☐
	• Do you tire easily?	☐	☐	☐	☐
	• Are you breathless (Short of breath) during routine housework?	☐	☐	☐	☐
	● LOOK, LISTEN, FEEL • Measure haemoglobin if history of bleeding				
	• Any conjunctival pallor?	☐	☐	☐	☐
	• Any palmar pallor? Is it severe pallor?/some pallor?, pls specify	☐	☐	☐	☐
	• Is RR more than 30/min?	☐	☐	☐	☐
	IF HEAVY VAGINAL BLEEDING (E6) • More than 1 pad soaked in 5 minutes?	☐	☐	☐	☐
	IF FEVER or FOUL-SMELLING LOCHIA (E6) ● ASK Have you had: *foul-smelling lochia?	☐	☐	☐	☐
	*burning on urination?	☐	☐	☐	☐
	● LOOK, LISTEN, FEEL • Feel lower abdomen and flanks for tenderness. Is it tender?	☐	☐	☐	☐
	• Any abnormal lochia?	☐	☐	☐	☐
	• Any stiff neck?	☐	☐	☐	☐
	• Any lethargy?	☐	☐	☐	☐

	POSTPARTUM CARE ASSESS	CLASSIFY			
3	**IF PROBLEM WITH PASSING URINE** ・Dribbling or leaking urine? (E7) ・Burning sensation (C8)				
	IF PUS OR PERINEAL PAIN (E7) ・Excessive swelling of vulva or perineum? ・Pus in perineum? ・Pain and swelling in perineum?				
	IF HIV STATUS IS POSITIVE (E5) ・Advise on additional care during postpartum ・Counsel on testing of the partner, use of condom and family planning ・Counsel on Infant feeding (G7,G8)				
	Guide for assessing some other postnatal problems (Write down classification in the box)				
	IF FEELING UNHAPPY OR CRYING EASILY (E7) ● ASK, CHECK RECORD ・How have you been feeling recently? ・Have you been able to enjoy the things you usually enjoy? ・Have you had your usual level of energy, or have you been feeling tired? ・Have you been able to concentrate (e.g., on newspaper articles or your favourite radio programmes)? ・Have you been in low spirits? ・How has your sleep been? Have you been sleeping well?				
	IF VAGINAL DISCHARGE 4 WEEKS AFTER DELIVERY (E8) ● ASK, CHECK RECORD ・Do you have itching at the vulva? ・Has your partner had a urinary problem? If partner is present in the clinic, ask the woman if she feels comfortable if you ask him similar questions. If YES, ask him if he has: ・Urethral discharge or pus ・Burning on passing urine ● LOOK, LISTEN, FEEL ・Separate the labia and look for abnormal vaginal discharge: *amount/colour/odour/smell ・If no discharge is seen, examine with a gloved finger and look at the discharge on the glove ・If partner could not be approached, explain importance of partner assessment and treatment to avoid reinfection.				
	IF COUGH OR BREATHING DIFFICULTY (E9) ● ASK, CHECK RECORD ・How long have you been coughing? ・How long have you had difficulty in breathing? ・Do you have chest pain? ・Do you have any blood in sputum? ・Do you smoke? ● LOOK, LISTEN, FEEL ・Any breathlessness? ・Any wheezing? ・Measure temperature (refer to RAM)				
	IF TAKING ANTI-TUBERCULOSIS DRUGS (E9) ・Are you taking anti-tuberculosis drugs? If YES, since when?_____ ・Adivice (E9)				
	IF HIV STATUS UNKNOWN (E5) ● ASK, CHECK RECORD ・Have you ever been tested for HIV? ・If yes, do you know the result? (Explain to the woman that she has the right not to disclose the result) ・Has her partner been tested?				
	IF SIGNS SUGGESTING HIV INFECTION (E10) ● ASK, CHECK RECORD ・Have you lost weight? ・Do you have fever? How long (>1month)? ・Have you got diarrhoea (continuous or intermittent)? Assess if in a high risk group: (Occupational exposure/history of blood transfusion/ a commercial sex worker/Intravenous drug user?) ● LOOK, LISTEN, FEEL Visible wasting? Ulcers and white patches in the mouth (thrush)? Look at the skin: * Is there a rash? * Are there blisters along the ribs on one side of the body?				
4	**COUNSEL ON BREASTFEEDING (K2-K8)** **CHECK IF MOTHER HAS ANY PROBLEM WITH BREASTS (J9)** ・Examine the breasts * Are nipples red and sore? * Are nipples cracked? (fissure) * Are the breasts engorged or swollen with pains? * Have fever? (Refer for the temperature in RAM)				

	OVERALL ASSESSMENT	Management (Treatment/Advice)
On Dis.		
1st		
2nd		
3rd		

NEXT CHECK-UP (1st visit- within 1 week; 2nd 2-3 wks; 3rd 4-6 weeks)	/ /	/ /	/ /	/ /
ASSESSMENT DONE BY: (write your name)				

*Record relevant findings /Management to Mother and Child Book