



POSTPARTUM RECORD

NAME OF FACILITY: _____ PHILHEALTH NO.: _____

Name: _____ Address: _____ Time of delivery: _____ Type of Delivery: _____

MONITORING AFTER BIRTH	EVERY 15 MIN FOR 1ST HOUR	2 HR	3 HR	4 HR	8 HR	12 HR	16 HR	20 HR	24 HR
DATE									
TIME									
MATERNAL: (N: Normal range)									
RAPID ASSESSMENT (Consciousness: Yes/No)									
BLEEDING (a pad soaked in <5mins)									
UTERUS HARD/ROUND? (Yes/No)									
BLOOD PRESSURE									
• Severe headache, blurred vision, etc (Yes/No)									
PULSE (N: (60-100/min) (note if weak or bounding)									
RESPIRATORY RATE (N: 12-20/min)									
TEMPERATURE									
URINE VOIDED (Yes/No)									
PERINEIUM (bleeding, swollen, pain)									
NEWBORN:									
RESPIRATORY RATE (N: 30-60/min)									
• Sign of difficult breathing (grunting, chest in-drawing)									
HEART RATE (N: 100-120/min)									
WARMTH (Axillary Temperature: 36.5°C - 37.4°C)									
NEW BORN ABNORMAL SIGNS (if any, note)									
FEEDING OBSERVED (well, difficult)									

PROBLEM - ASSESSMENT/MANAGEMENT	TIME	TREATMENT GIVEN
MOTHER		
NEWBORN		

IF REFERRED (MOTHER OR NEWBORN), RECORD TIME AND EXPLAIN:

IF DEATH (MOTHER OR NEWBORN), RECORD DATE, TIME AND CAUSE:

ADVISE AND COUNSEL (D26)

MOTHER

- Postpartum care & hygiene
- Nutrition
- Birth spacing & family planning

- Breast feeding/care for breast/nipples
- Danger signs
- Follow-up visits / /

(Advise to come with the baby)

BABY

- Feeding
- Hygiene, cord care & warmth
- Special advice if low birth weight
- Danger signs
- Follow-up visits

PREVENTIVE MEASURES (D25)

FOR MOTHER

- Iron/folate _____ tabs
- Vitamin A
- Mebendazole
- Sulphadoxine-pyrimethamine
- Tetanus toxoid immunization
- RPR test results and treatment (C5/L5)
- ARV (G6)

FOR BABY

- Risk of bacterial infection & treatment
- BCG
- Hep-B
- Vit.K injection
- Tetracycline/Erythromycin eye ointment
- ARV (if applicable) (G6)

*Record relevant findings /Management to Mother and Child Book