## POSTPARTUM RECORD

### NAME OF FACILITY: ____________________________  PHILHEALTH NO.: ____________________________  ADVISE AND COUNSEL (D26)  

#### MOTHER

- Postpartum care & hygiene
- Nutrition
- Birth spacing & family planning
- Breast feeding/care for breast/nipples
- Danger signs
- Follow-up visits  

#### BABY

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

#### PREVENTIVE MEASURES (D25)

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

<table>
<thead>
<tr>
<th>MOTHER</th>
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<tbody>
<tr>
<td>NEWBORN</td>
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<tr>
<td>IF REFERRED (MOTHER OR NEWBORN), RECORD TIME AND EXPLAIN:</td>
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<tr>
<td>IF DEATH (MOTHER OR NEWBORN), RECORD DATE, TIME AND CAUSE:</td>
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*Record relevant findings/Management to Mother and Child Book*