

# British Columbia Community Postpartum Assessment

Surname		Given name(s)		Date of birth (maternal) yy/mm/dd	
Address			City		Postal code
Telephone			Cell		
Newborn surname (if different)				Date of birth (newborn) yy/mm/dd	
				<b>Nursing Priority Score: Total:</b>	
				Date:	Initials:
Date (yy/mm/dd)					
PP hours (hours up to 96 hr then # of days)					
Contact type					

## Assessment and Education

<b>1. Physiological</b>					
Breasts					
Breastfeeding					
Hand expression, pumping					
Benefits of skin-to-skin					
Fundus / c/s incision					
Lochia					
Perineum					
Elimination: Urinary function					
Bowel function					
Vital signs prn					
Communicable disease / CD risk factors					
<b>2. Psychosocial</b>					
Emotional Status: Hx postpartum depression					
Hx other mental illness					
Edinburgh score					
Responds to infant cues and behaviours (bonding, attachment)					
Family function, interactions					
Emotional adjustment					
<b>3. Lifestyle</b>					
Nutrition: Healthy eating					
Activity, rest					
Tobacco: Usage, readiness to quit					
Alcohol use					
Substance use					
Medication (prescription/OTC)					
<b>4. Family Support</b>					
Support system					
Community support					
Health care follow-up					
Family planning, sexuality					
<b>5. Safety, Injury Prevention</b>					
Shaken baby syndrome information					
Relationship safety					
<b>Other needs/concerns (specify)</b>					
<b>Initials</b>					

### Legend

<b>Assessment:</b> ✓/NAP = Normal/no apparent problems NA = Not applicable X = Not assessed	V/O = Variance/observation R = Referral UCC = Under continuing care	<b>Contact type:</b> HV = Home visit TC = Telephone CV = Clinic visit	BfC = PH breastfeeding clinic O = Other
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