This checklist is a summary of the recommendations for postpartum care based on a review of best evidence and consensus opinion.

Health assessments of the well mother and baby should occur:

- Within 2-4 days of leaving the hospital
- One week later
- One month after birth
- Two months after birth

The 10 Bs

1) BABY

Physical Examination and History:

- Gold standard for assessment and documentation is the Rourke Baby Record for relevant history, developmental milestones, focused physical exam, growth charts, and education topics for parents.

Feeding:

Canadian Paediatric Society recommends:

- Exclusive breastfeeding until six months and continued breastfeeding with complementary foods for up to two years and beyond.
- All breastfed infants in Canada should receive Vit D 400 IU/day. In the North (>55° lat.), breastfed infants should receive 800 IU/day in Oct-Apr; Formula fed infants in the North should receive Vit D 400 IU/day in Oct-Apr. www.cps.ca/en/documents/position/vitamin-d
- Feeding on demand
  - In the first two months, at least every 2-3 hours, or 8-12 times in 24 hours
  - Formula fed babies: may demand to feed slightly less often in 2nd month
- Monitor effective feeding by infant’s behaviour, weight gain, and voiding a minimum of 6-8 wet diapers in 24 hours. http://ow.ly/qPCpL

Growth and Weight Gain:

- Use WHO growth charts for weight, length, and head circumference.
- Use corrected age until 24-36 months for preterm infants (<37 weeks).
- Expect weight loss in the early newborn period until day 4-5.
- Monitor closely (twice weekly minimum) if weight loss is greater than 10% of birth weight.
- Assess supply and improve milk transfer if needed.
- Consider referral to a lactation consultant, public health nursing services, breastfeeding clinic, maternity care provider, or pediatrician.
- Supplementation with expressed breast milk or formula may be required after full assessment of feeding and corrective measures are unsuccessful.
- Expect a minimum of ~20 grams/day weight gain after the first week.
- Expect return to birth weight by 10-14 days of age.

Hyperbilirubinemia (Jaundice):

- Follow recommendations from hospital discharge regarding neonatal hyperbilirubinemia.
- Use BiliTool to interpret serum bilirubin and guide management.
- Ensure parents have an infant stool colour card to detect Biliary Atresia. If stool colour is abnormal, contact Biliary Atresia Home Screening Program.

2) BREASTS

- Assess supply, latch, milk transfer, and lack of pain.
- Treat problems or refer to a lactation consultant or public health nursing services.
- Provide information on collection and storage of breast milk.
- Assess for signs of mastitis: fever, erythema of breasts and flu-like symptoms.
- Treat mastitis or refer urgently for treatment.
- Assessment of breastfeeding and improving milk transfer is the primary treatment. Recommend continuing to breastfeed or pump and give expressed milk.
- Prescribe antibiotics (Cloxacillin, Cefalexin) if symptoms severe or conservative treatment fails. It is safe to breastfeed while treating mastitis.

www.perinatalservicesbc.ca
3) BOWELS
- Prevent or treat constipation to reduce perineal pain.
- Recommend a high fibre diet, increased water intake, and laxatives such as polyethylene glycol, lactulose, or short-term sennosides as necessary.
- Docusate no longer recommended to treat constipation.
- Expect resolution of stool or flatus incontinence by three months.

4) BLADDER
- Recommend Kegel exercises.
- Expect resolution of urinary symptoms by 3 months.
- Refer to a pelvic floor physiotherapist as needed to control symptoms.
- Refer to a urogynecologist if urinary symptoms are significant beyond 3 months.

5) BELLY
- Assess and treat pain: recommend acetaminophen (first line) and ibuprofen (second line) for analgesia. If narcotics are needed, hydromorphone 2-4 mg is effective and safe.
- Codeine is contraindicated for breastfeeding.
- Refer to a maternity care provider if an incision opens, has significant discharge or bleeding, or becomes red or painful.

6) BOTTOM
- Expect perineal pain to resolve by 6 weeks.
- Treat haemorrhoids as per usual care.
- Refer to a maternity provider if perineal wound is gaping, has odorous discharge, or unusual pain or swelling is present.

7) BLEEDING
- Assess lochia. Normal lochia is brown and light after two weeks and finished by 6-8 weeks.
- Refer urgently to a maternity provider if fever is present, pain and cramping are persistent, or lochia is heavy, persistent beyond 6 weeks, frequently bright red or has a foul odour.
- Treat endometritis with a second-generation cephalosporin (Cefoxitin).

8) BABY BLUES / POSTPARTUM DEPRESSION
- Be aware of postpartum depression, which is common, frequently undiagnosed and under treated with serious morbidity for the whole family.
- Expect mild mood changes that may last 1-6 weeks.
- Enquire about mood, social adjustment, and family adjustment at every visit. If 6-8 weeks postpartum, add universal screening for all women using Edinburgh Postnatal Depression Scale (EPDS).
- EPDS form and score interpretation.
- Provide preventive health counseling about the use of tobacco, alcohol, and other substances.

9) BIRTH CONTROL
- Discuss by six weeks.
- Provide information about barrier methods, IUD, progestin-only pill, or depot medroxyprogesterone if desired.
- Avoid or delay the use of combined oral contraceptives as they may reduce lactation in some women.
- Consider referral to a maternity care provider or Options clinic.

10) BLOODWORK
- At 6-8 weeks postpartum, or sooner if indicated, assess whether any of the following labwork is needed:
  - serum TSH if:
    - woman had abnormal TSH in pregnancy
    - low milk supply
    - woman is experiencing significant symptoms of postpartum depression in first six weeks or prolonged mood disturbance beyond six weeks postpartum
  - CBC and Ferritin if:
    - woman has Hx of anemia
    - woman experienced >500 cc blood loss at delivery (postpartum hemorrhage)
  - Oral Glucose Tolerance Test if:
    - woman Dx with glucose intolerance or gestational diabetes, irrespective of whether it was diet controlled or insulin dependent

Resources for Women and Families with a Newborn:
- HealthLinkBC 8-1-1 Telephone support available by dialing 8-1-1
  www.healthlinkbc.ca
- Healthy Families BC www.healthfamiliesbc.ca/parenting
- Canadian Paediatric Society www.caringforkids.cps.ca
- The Hospital for Sick Children–Toronto www.aboutkidshealth.ca
- American Academy of Pediatrics www.healthychildren.org
- BC Reproductive Mental Health Program https://reproductivementalhealth.ca
- Motherisk: www.motherisk.org

Acknowledgment: This resource was developed by the Vancouver Division of Family Practice, and has been adapted into a PSBC resource with their permission and collaboration.