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	**Nursing Priority Score:** Total: Date: Initials:

Date (yy/mm/dd)					
PP hours (hours up to 96 hr then # of days)					
Contact type					

Assessment and Education

1. Physiological					
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					
2. Psychosocial					
Emotional Status: Hx postpartum depression					
Hx other mental illness					
Edinburgh score					
Responds to infant cues and behaviours (bonding, attachment)					
Family function, interactions					
Emotional adjustment					
3. Lifestyle					
Nutrition: Healthy eating					
Activity, rest					
Tobacco: Usage, readiness to quit					
Alcohol use					
Substance use					
Medication (prescription/OTC)					
4. Family Support					
Support system					
Community support					
Health care follow-up					
Family planning, sexuality					
5. Safety, Injury Prevention					
Shaken baby syndrome information					
Relationship safety					
Other needs/concerns (specify)					
Initials					

Legend

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

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Variance Record/Progress Notes

Date / Time	Focus	