Winnipeg Regional Health Authority / Office régional de la santé de Winnipeg
Caring for Health / *À l'écoute de notre santé*

WRHA PUBLIC HEALTH NURSING POSTPARTUM CARE MAP

Approved Initiative of the Winnipeg Regional Health Authority

Mother Surname **KEMATCH** MHSC [redacted] MHSC Number _____

Infant Surname _ _____

Contact #1

Date of Interaction (YY/MM/DD)	04 Dec 2				
Time of Interaction (24 HOUR CLOCK)	1038/1045				
Days Since Birth	2				
Contact Type/Mode (see key)	D PC				
Name of Contact Person	Samantha				
CONTACT THE POSTPARTUM FAMILY THE DAY AFTER DISCHARGE					
EXPLAIN THE PUBLIC HEALTH NURSE ROLE					
CONDUCT THE INITIAL POSTPARTUM ASSESSMENT:					
• **INFANT PHYSICAL STATUS**					
• **INFANT HYDRATION INDICATORS**					
• **BREAST FEEDING STATUS**					
• **MATERNAL PHYSICAL STATUS**					
SUPPORT SYSTEMS/PATERNAL EMOTIONAL WELL BEING					
GENERAL "RED FLAGS"					
OFFER HOME VISIT BASED ON CONTACT #1					
BABY FIRST SCREEN STARTED					
Anticipatory Guidance (see pages 6 & 7)					
Postpartum Family contacted the day after discharge					
Mother received information about the role of the Public Health Nurse					
Initial Postpartum Assessment received					
No immediate identified issues in:					
• Infant physical status					
• Infant hydration indicators	V				
• Breast feeding status					
• Maternal physical status					
• Support systems/paternal emotional well being					
• General "red flags"					
Home visit accepted: YES / NO	Yes				
If yes, schedule as per contact 1 and 2b and write date and time of HV	Date/Time of HV: 04 Dec 2 1100 H.	Date/Time of HV:	Date/Time of HV:	Date/Time of HV:	Date/Time of HV:
If no, write in Progress Notes as to next steps					
Date of Documentation (YY/MM/DD)	04 Dec 2				

Contact Type and Mode Key:

Type	D - Direct					I - Indirect	M - Message		
Mode	PC - Phone Call	DSV - Door Step Visit	FV - Facility Visit	L - Letter		Note required in Progress Notes	TAS - Telephone Answering System	IHM - In Person Household Member	
	HV - Home Visit	OV - Office Visit	F - Fax	E - E-Mail			PHM - Phone Household Member	LLH - Letter Left at Home	

Documentation Guidelines:

1. Documentation required for text in bold and capitalized as per Healthy Beginning Standards and core Clinical Practice Guidelines.
2. Intervention done or outcome normal - initial in appropriate column. Bracketing and initialling a section can also be done.
3. Intervention NOT done or outcome not achieved. - document with a "V" and requires a DARP note on the Progress Notes. Bracketing and initialling a section can also be done.
4. No blanks to be left. Use N/A (not applicable) as appropriate.
5. Anticipatory Guidance list has separate documentation guidelines.

Maternal Assessment and Follow-up

Date of Interaction (YY/MM/DD)	04 Dec 2				
Time of Interaction (24 HOUR CLOCK)	1000H				
Days Since Birth	2				
Contact Type/Mode (see key)	D / HV				
Name of Contact Person	[illegible]				
CONDUCT MATERNAL PHYSICAL ASSESSMENT					
Assessment: **BREAST**	H				
ABDOMEN	R				
UTERUS	R				
LOCHIA	R				
PERINEUM	R				
Bladder	N/A				
Extremities					
Bowel					
Nutrition					
Rest/Activity					
Comfort					
Document: **BLOOD PRESSURE**	118/60				
TEMPERATURE	36.78(O)				
Pulse	N/A				
Respiration					
Anticipatory Guidance (see pages 6 & 7)	[illegible]				
Maternal assessment within acceptable parameters as per Healthy Beginnings CPGs:					
Breasts	✓				
Abdomen	[illegible]				
Uterus	✓				
Lochia	[illegible]				
Perineum	[illegible]				
Bladder	N/A				
Bowel					
Extremities					
Nutrition					
Rest/Activity					
Comfort					
Blood Pressure	[illegible]				
Temperature	[illegible]				
Pulse	N/A				
Respiration					
Date of Documentation (YY/MM/DD)	04 Dec 2				

R - Reported
H - Hands-On

Initial Infant Assessment Checklist

(To be used during the initial home visit only)

Date of Interaction (YY/MM/DD) 04 Dec 2 Time of Interaction 1200H Age (IN DAYS) 2 Contact Type / Mode D/RU

Vital Signs: Heart Rate 132 Capillary Refill _____ Respiratory Rate 40 Temperature 37.4 (A)

Assessment Type (R - Reported H - Hands On) If "R" name of reporting person _____

GENERAL APPEARANCE H ☑ Normal
☐ Asymmetrical ☐ Hypotonic
☐ Extremities not flexed

SKIN H ☑ Normal
☐ Acrocyanosis ☐ Central cyanosis ☐ Dusky
☐ Pale ☐ Plethoric ☐ Mottled
☐ Meconium stained
☐ Dry ☐ Peeling ☐ Vernix
☐ Petechiae ☐ Pustules ☐ Vesicles
☐ Milia ☐ Café-au-lait
☐ Abrasions: _____
☑ Birthmarks: ¼" x ½" over ® buttock
☐ Ecchymosis: _____
☐ Lacerations: _____
☑ Mongolian spots: ® buttock
☐ Rash: _____
☐ Skin tags: _____
☑ Jaundice: mild head
☐ Other: _____

HEAD H ☑ Normal
☐ Molding ☐ Caput
☐ Cephalhematoma ☐ Rt. ☐ Lt.
☐ Forcep marks: _____
☐ Asymmetrical face
☐ Fontanelles: sunken / not swollen

NOSE H ☑ Normal
☐ Discharge
☐ Nares not patent ☐ Rt. ☐ Lt.

MOUTH/CHIN H ☑ Normal
☐ Cyanosis ☐ Cleft lip
☐ Cleft Palate ☐ Hard ☐ Soft
☐ Ankyloglossia (tongue-tie)
☐ Other _____

EYES H ☑ Normal
☐ Subconjunctival hemorrhage ☐ Discharge

EARS H ☑ Normal
☐ Low set
☐ Sinus ☐ Rt. ☐ Lt.
☐ Skin tags ☐ Rt. ☐ Lt.

NECK H ☑ Normal
☐ Other _____

CLAVICLES ____ ☐ Normal
☐ Crepitus ☐ Rt. ☐ Lt.

CHEST H ☑ Normal
☐ Asymmetrical ☐ Barrel chest
☐ Breast engorgement
☐ Breast discharge
☐ Other _____

Respirations H ☑ Normal
☐ Laboured ☐ Shallow
☐ Grunting ☐ Retractions
☐ Nasal flaring

Breath Sounds ☑ Equal & Clear
☐ Crackles ☐ Wheezes
☐ Unequal: _____

Heart H ☑ Normal
☐ Irregular rate ☐ Murmur _____

ABDOMEN H ☑ Normal
☐ Asymmetrical ☐ Masses ☐ Flat
☐ Scaphoid ☐ Distended ☐ Hard
☐ Absent bowel sounds
☐ Other _____

CORD H ☑ Normal
☐ Clamped ☐ Oozing

BACK H ☑ Normal
☐ Asymmetry ☐ Mass
☐ Dimple ☐ Tuft of Hair

EXTREMITIES H ☑ Normal
☐ Asymmetrical ☐ Limited ROM
☐ Non-palpable femoral pulses ☐ Rt. ☐ Lt.
☐ Hip clicks ☐ Rt. ☐ Lt.
☐ Polydactylism ☐ Syndactylism
☐ Abnormal foot position ☐ Rt. ☐ Lt.

ANUS H ☑ Normal
☐ Imperforate anus ☐ Fistula

GENITALIA H
Female ☐ Normal
Male ☑ Normal uncircumcised
☐ Epispadias ☐ Hypospadias
☐ Undescended testicle ☐ Rt. ☐ Lt.
☐ Ambiguous

REFLEXES H ☑ Present
Not present: ☐ Moro ☐ Suck ☐ Babinski ☐ Grasp ☐ Root ☐ Blink

CRY H ☑ Normal
☐ Weak ☐ Shrill ☐ Hoarse
☐ Prolonged duration

SLEEP & AWAKE STATUS H ☑ Normal
☐ Extremely lethargic, will not rouse

Newborn Metabolic Screening Required ☑ No ☐ Yes If yes: ☐ Done by PHN during visit
☐ To be done by _____ PROVIDER

Comments:

	Initial
Infant assessment completed at initial home visit	
Assessment within acceptable parameters for infant as per HBcpg Manual	
Date of Documentation: (YY/MM/DD)	04 Dec 2

Infant Hydration/Nutrition Assessment

Date of Interaction (YY/MM/DD)		04 Dec 2	04 Dec 2	04 Dec 3	04 Dec 6
Time of Interaction (24 HOUR CLOCK)		1030H	1100H	1125	1100
Days Since Birth		2	2	3	6
Contact Type/Mode (see key)		D / PC	D / HV	D / HV	D / PC
BIRTH WEIGHT 3837 g / **NAKED WEIGHT**		— g	3510 g	3550 g	g
DIFFERENCE FROM LAST WEIGHT IN GRAMS 3613 D/C wt		~~3517~~	3510 3(-)	+40	N/A
% WEIGHT LOSS FROM BIRTH (DIFFERENCE ÷ BIRTH WEIGHT) X 100 = %		~~8.5%~~	8.5%	7.5%	
SCALE NUMBER		—	4 Meme	4 Meme	
TYPE OF FEEDING (BF, F, EBM)		BF	BF / F	BF	F
TYPE OF FORMULA		N/A	—	Y	—
AMOUNT (DURATION OR ML/FEED)		cluster feeding	F = sips BF – cluster feed	F = 1oz x 1 20min BF [illegible]	≤ 4oz
FREQUENCY			PRN.	q 1-2h.	q 3h.
METHOD OTHER THAN BREASTFEEDING (C, SNS, FF, B)		N/A	B	N/A	N/A
SCORE	L		2		
	A		2		
	T		2		
	C		Ø		
	H		1		
	R		~~Ø~~ 2		
TOTAL LATCH-R SCORE			9		
# VOIDS/24 HOURS	Color (PNO, CON, U)	2 since D/C · PNO	N/A	6-7 · PNO	q s
# STOOLS/24 HOURS	Color (Mec, Y, Grn, T)	2 since D/C · Grn		2 · Grn.	q s
Comments		✓	✓		✓
Infant weighed at initial visit			04 Dec 3		
Date of Documentation (YY/MM/DD)		04 Dec 2	04 Dec 2	04 Dec 3.	04 Dec 6.

	0	1	2
LATCH	• too sleepy or reluctant • no latch achieved	• repeated attempts • hold nipple in mouth • stimulate to suck	• grasps breast • tongue down • lips flanged • rhythmical sucking
AUDIBLE SWALLOWING	• none	• a few with stimulation	• spontaneous and intermittent < 24h • spontaneous and frequent > 24h
TYPE OF NIPPLE	• inverted	• flat	• everted after stimulation
COMFORT (Breast / Nipple)	• engorged • cracked, bleeding, large blisters or bruises • severe discomfort	• filling • reddened, small blisters or bruises • mild / moderate discomfort	• soft • non-tender
HOLD (Positioning)	• full assist	• minimal assist • teach one side, mother does other • staff holds, mother takes over	• no assist from staff • mother able to position and hold baby
MOTHER'S RESPONSIVENESS TO INFANT CUES, CONFIDENCE TO BREASTFEED	• mother does not respond to infant feeding cues • mother does not feel confident about her ability to breastfeed	• mother requires help to interpret infant feeding cues • mother requires confidence building	• mother responds appropriately to infant feeding cues • mother feels confident about her ability to breastfeed

Infant Assessment and Follow-Up After Initial Ho... Visit

Date of Interaction (YY/MM/DD)		04 Dec 7	04 Dec 7	04 Dec 9		
Time of Interaction (24 HOUR CLOCK)		~~1445~~ 1400	1430	1525		
Days Since Birth		7	7	9		
Contact Type/Mode (see key)		M TAS	M TAS	M TAS		
Name of Contact Person		Samantha	Samantha	Samantha		
Vital Signs	Heart Rate / Capillary Filling Time					
	Respiratory Rate					
	Temperature					
	Vital signs within normal limits					
Measurements	Head Circumference prn Birth _____ cm					
	Crown - Rump prn (for preterm infants)					
	Length prn					
Assessment Parameters	General Appearance					
	Skin					
	Head					
	Nose					
	Mouth/Chin				✓	
	Eyes	✓				
	Ears			✓		
	Neck					
	Clavicles					
	Chest					
	Abdomen					
	Back					
	Extremities					
	Anal/Genito-Urinary					
	Reflexes					
	Newborn metabolic screening required YES / NO If yes, write in Progress Notes					
	Infant assessment completed					
	Assessment within acceptable parameters for infant as per HBcpg Manual		✓			
	Date of Documentation (YY/MM/DD)	04 Dec 7	04 Dec 7	04 Dec 7		

R - Reported
H - Hands-On

Anticipatory Guidance List

Date of Interaction (YY/MM/DD)		04/10/2											
Time of Interaction (24 HOUR CLOCK)		1100 H											
Contact Type/Mode (see key)		D / Hm											
Family Member		m	F										
Health Counselling — Postpartum Recovery	Maternal assessment details reviewed and normal PP recovery discussed												
	Signs and symptoms of infection												
	Nipple/breast care												
	Postpartum Hemorrhage												
	Pericare/comfort measures for perineum												
	Normal bladder/bowel functioning												
	Pelvic floor exercises (Kegels)												
	DVT/pulmonary embolus												
	Canada Food Guide												
	Postpartum exercises												
	Comfort measures/self care												
	Maternal Stress/postpartum depression												
	Routine primary care follow-up	V											
Health Counseling — Infant — **Infant Care**	Newborn assessment details reviewed with parent												
	Newborn illness												
	Jaundice												
	Skin care												
	Positional pagiocephaly												
	Eye care												
	Cord care												
	Normal voiding/stooling pattern												
	Signs and symptoms of dehydration												
Growth & Development	Sleep/wake patterns												
	Newborn behaviour/cues												
	Handling baby												
	Infant attachment												
	Consoling techniques												
	Infant stimulation												
	Normal parameters of infant growth and development												
Safety	Safe environment	V	V										
	Crib safety												
	Car seat safety												
	Personal safety												
	SIDS												
	Co-sleeping												
	Shaken baby syndrome												
	Effect of smoking on infant												
Primary Care Follow-Up	Routine primary care follow-up												
	Routine childhood immunizations												
	Immunization other (specify)												
	Metabolic screening												
	Date of Documentation (YY/MM/DD)	04/10/2											

Documentation Guidelines:

1. Initial if topic discussed. 2. Leave blank if topic not discussed. 3. Document with a "V" if further charting needed and write a note in Progress Notes.

Anticipatory Guidance List

Date of Interaction (YY/MM/DD)				04Dec2		04Dec2		04Dec3					
Time of Interaction (24 HOUR CLOCK)				1030		1100		1125					
Contact Type/Mode (see key)				D	PC	D	HV	D	HV				
Family Member				m		m	F	m					
Health Counselling — Infant Nutrition	Breastfeeding	Basics	LATCH-R score reviewed with parent										
			Normal breast changes										
			Signs of effective feeding										
			Feeding cues/patterns										
			Latching/positioning	[illegible]		[illegible]	[illegible]						
			Breast compression										
			Supply/demand	[illegible]									
			Marmet technique for hand expression			[illegible]	[illegible]						
			Breast pump use										
			Storage of EBM										
			Vitamin D			[illegible]	[illegible]						
			Alcohol and BF										
			Drugs and BF										
			Burping										
		Issues	Engorgement										
			Sore nipples			[illegible]	[illegible]						
			Plugged milk ducts										
			Mastitis										
			Thrush										
		Resources	BFHL contact numbers provided			}	}						
			Breast pump resources			[illegible]	[illegible]						
			BF Community Resources (specify) Bfdg info pkg received			}	}						
	Formula		Formula preparation/storage										
			Formula requirements										
			Bottle propping										
			Burping										
			Informed decision re: formula feeding										
	Solids		Introducing complementary foods										
Health Counseling — Family			Pregnancy and birthing experience										
			Familial/other supports										
			Adjusting to parenthood										
			Promotion of healthy lifestyle										
			Rest										
			Family planning										
			Comfort measures during sexual activity										
			Effect of BF on sexual response										
			Strategies for stress/conflict management										
			Financial adjustment										
			Returning to work/school										
			Sibling adjustment			[illegible]	[illegible]						
			Referral to community resources (list)										
			Safety 1st discussed					[illegible]					
			Date of Documentation (YY/MM/DD)	04Dec2		04Dec2		04Dec3					

Documentation Guidelines:

1. Initial if topic discussed. 2. Leave blank if topic not discussed. 3. Document with a "V" if further charting needed and write a note in Progress Notes.

Family Assessment & Follow-up

Date of Interaction (YY/MM/DD)	04 Dec 2	04 Dec 3	04 Dec 3		
Time of Interaction (24 HOUR CLOCK)	1100	1620	1622		
Contact Type/Mode (see key)	D / HV	I / PC	I / PC	/	/
CONDUCT PRELIMINARY FAMILY ASSESSMENT ON INITIAL HV					
Lifestyle					
• Nutrition					
• Exercise					
• Rest					
• Alcohol					
• Drugs					
• Smoking					
• Regular Medical Assessment					
• Sexuality					
Mental Health					
Coping Behaviours					
Finances					
Safety					
Expectations Re: Parenting					
Family received preliminary family assessment on initial HV					
No issues identified		✓	✓		
Baby First Screen Score < 3 risk factor	✓				
No significant Baby First Screening risk factors that require follow-up	✓				
Parent Survey Score < 25 with no significant risk factor	✓				
Additional strengths and resources (specify i.e. education, literacy, other family members, community)					
• Wy McKay [illegible],	✓				
• Paternal extended family lives in apt block	[illegible]				
•					
•					
•					
•					
•					
•					
Date of Documentation (YY/MM/DD)	04 Dec 2	04 Dec 3	04 Dec 3		