POSTPARTUM: ASSESSMENT GUIDE

IDENTIFYING DATA
Date__________ PP Day__________ Marital Status__________ Weeks Gest.__________
Name_____________________________ Age__________ Ethnic Group__________
Address__________________________ Religion______________
Education/Occupation: Wife_____________________ Husband_____________________
Gravida_____ Para____ Abortions____ Living Children & Ages_____________________

PRENATAL:
Preparation________ Meds.________________________________________
Blood Type________ Rhesus____ Serology__________________________
Significant Family, Personal, OB History, Complications____________________________
__________________________________________________________________________

LABOR:
Membranes Ruptured: Artificially_____ Spontaneously_____ Time_____ Appearance_______
Stimulation (type)___________ Meds.___________ Anesth.___________
Length of Labor: Stage I__________ Stage II__________ Stage III__________
Fetal Distress____________________ Complications___________________________

DELIVERY:
Date/Time__________ Type__________ Presentation__________
Episiotomy/Incision__________ Adm. Hct.__________ PP Hct.__________
Infant:
Apgar (1)__________ (5)__________ Complications____________________
Wt.__________ Sex__________ Method of Feeding__________________________
Newborn Nursery__________ Neonatal Intensive Care Unit______________
**IDENTIFYING DATA**  (Continued)

**POST PARTUM**: 

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<th><strong>Meds.</strong></th>
<th><strong>Allergies</strong></th>
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**Note any abnormalities.**

**OXYGENATION: V/S - B/P, PULSE, RESPIRATION**

Faintness or "Lightheadedness" since Delivery  
Breathing Problems since Delivery  
Smoking (amount/day) 

**NUTRITION**

Typical Diet at Home:  
Breakfast  
Lunch  
Dinner  
Snacks  
Appetite in Hospital  
Fluid Intake Per Day (cc's) 

**ELIMINATION**

Urinary:  
Time and Amount of 1st PP Voiding  
Subsequent Frequency and Amount of Voidings  
Bowel Movement Since Delivery  

POSTPARTUM: ASSESSMENT GUIDE (continued)

**ACTIVITY**

Ability to Ambulate

Sleep and Rest Patterns

**SAFETY AND SECURITY**

Appearance on First Sight

Feelings about Labor and Delivery

Main Focus of Attention

Discomfort Experienced since Delivery (episiotomy, headache, afterpain)

Degree of Dependency/Independency in Caring for Self

Knowledge of Self Care (breasts, episiotomy)

**SEXUALITY**

Pregnancy Planned

Contraception Plans

**LOVE AND BELONGING**

Thoughts About How Baby is Progressing

Mother's Knowledge of Baby Care (safety, feeding, bathing)

Concerns About Taking Baby Home

Help at Home

Family Reaction to Birth (siblings, father, grandparents)

**SELF-ESTEEM**

Reactions to and Communication with Infant (body contact, security)

Infant's Reaction to Mother

Role Fulfillment Vs. Conflict

**SELF-ACTUALIZATION**

Future Plans for Self

Include Erikson's Stage of Growth and Development
# NEWBORN PHYSICAL ASSESSMENT GUIDE

**Date of birth__________________**  **Time** am

**Mother's blood type__________**  **Coombs__________**

**Infant's blood type__________**  **Coombs__________**

**Delivered by_________________**  **Type of del.__________**  **Apgar___1 min. ___5 min.**

**Weight___________ gm.**  **Length___________ cm.**  **Head circum. _____ cm.**

**_______ lbs.**  **___________ in.**  **Chest circum. _____ cm.**

## OXYGENATION

**Temperature___________**  **Heart rate________**  **Respirations________**

**Rhythm________**  **Rhythm________**

**Neck Motion________**  **Tenderness or Nodes________**

**Breast Engorgement________**  **Nipple size________**  **Breast tissue________**

**Chest Resp. Movem.________**  **Breath sounds________**  **Rales________**

**Rhonchi________**  **Wheezes________**  **Ribs________**

**Clavicles________**  **Patent airway________**  **Retractions________**

**Apnea________**  **Chin lag________**  **See-saw pat.________**

**Signs of RDS:**
- **Flaring________**
- **Grunting________**

**Secretions:**
- **Viscus________**
- **Amount________**
- **Color________**

## NUTRITION

**Formula/Breast________**

**General Appearance:**
- **Nutrition________**
- **Musc. flexion________**
- **Movement________**

**Abdomen Visibility of Vessels________**
- **Bowel sounds________**
- **Hernias________**

**Umbilicus: Staining________**
- **# vessels________**
- **Whartons jelly________**
NEWBORN PHYSICAL ASSESSMENT GUIDE (continued)

ELIMINATION
Genitalia  Engorgement _________ Immaturity _________ Voiding _________
          Meconium _________
Females:  Labia _________ Clitoris _________ Vagina _________ Urethra _________
Males:    Testes _________ Scrotum/Rugae _________ Ext. Meatus _________
Rectum    Patency _________ Dimples _________ Sinuses _________

MOBILITY
Extremities ROM of all joints:
  Neck _________ Shoulder _________ Elbow _________ Wrist _________
  Hips _________ Knee _________ Ankle _________
Spontaneous motor activity ____________________________
Extremities  Polydactyly _________ Syndactyly _________ Fractures _________
Reflexes     Moro _________ Babinski _________ Sucking _________
Stepping     _________ Rooting _________
Grasping:
  Palmar _________
  Plantar _________
pHisoderm bath @ ________________  Temp. after bath _________  Color _________

LOVE AND BELONGING
Interaction with parents
_______________________________________________________________________________________
_______________________________________________________________________________________
SAFETY AND SECURITY

Skin          Milia                  Cyanosis                Pallor                
              Jaundice                Vernix                 Lanugo                
Mec. stain    Erythema T.          Mongolian spots        
Simian creases Telangiectatic nevi 
Hemm. sites:  a. petechiae         b. ecchymosis 

Head          Sutures                Fontanels               Molding               
              Caput. Suc.            Cephalhem.              Hair                 

Face          Symmetry               

Eyes          Movement               Iris                    Pupil                
              Lid                    Conj.                   Sclera               

Ears          Position               Cartilage              Recoil               
              Canal                  Ear tags               

Nose          Patency                Discharge             

Mouth         Lips                   Teeth                   Gums                 
              Palate                 Lesions                Tongue               

6/09

postpartum & newborn assessment guide