

Patient Label Here



Postpartum Mother Encounter

Was this patient admitted to this organization for Postpartum Care only (the birth did not occur at the admitting hospital)? Yes No

If yes, complete all sections. If no, proceed to Section: Postpartum Complication

Admission Date: dd/mmm/yyyy

Admission Time: hours

Admission By Healthcare Provider: Obstetrician Family Physician Midwife Nurse Practitioner (CNS/APN) Other

Maternal Transfer From: Hospital and Name of Hospital: _____ Birth Centre and Name: _____

Home Birth/MW Care and Name: _____ Home Nursing Station Other Unit Same Hospital Other

Reason for Maternal Transfer: Lack of nursing coverage Lack of physician coverage Maternal medical/obstetrical problem No beds available Organization evacuation Birth outside of hospital prior to admission Keeping baby and mother together Care closer to home Condition improved Other Unknown

Date of Delivery/Newborn DOB: dd/mmm/yyyy **Time of Birth:** hours

Type of Birth: Spontaneous vaginal birth Assisted Vaginal Birth Induced or spontaneous labour Caesarean Section No Labour Caesarean Section

Birth Location: Hospital and Name of Hospital: _____ Birth Centre and Name of Birth Centre: _____

Home Nursing Station Other Ontario Location Outside of Ontario

Postpartum Complication: None Late Postpartum Hemorrhage Uterine atony Fever Perineal hematoma Hysterectomy Perineal infection Abdominal incision infection Urinary Tract Infection Amniotic Fluid Embolus Pulmonary embolism Thrombophlebitis Mastitis Postpartum depression MRSA Positive Postpartum Hemorrhage requiring Transfusion Postpartum depression Other Unknown

Postpartum Breastfeeding Support: Provided assistance with breastfeeding within 6 hours of delivery after initial feeding Consult with a lactation consultant Frequent skin to skin Hand expression/pumping Latch achieved prior to discharge Referred mother to breastfeeding clinic, community health or peer support Declined Not provided [includes stillbirth, adoption] Unknown

Healthy Baby Healthy Children (HBHC) Screen: One Completed Completed and not sent to H.U. Not completed Unknown

If not completed Reason: Consent signed, but left hospital before completing Language barrier Midwifery care Mother refused Transferred to other hospital Unknown Other

Maternal Outcome: One Discharged home Transfer to other hospital Transfer to ICU/CCU Transfer to other non-obstetrical unit same hospital Maternal death-not related to pregnancy or birth Maternal death-related to pregnancy or birth

If Maternal Death: Maternal death date: dd/mmm/yyyy Maternal death time: hours

If Transferred to ICU/CCU: Transfer date: dd/mmm/yyyy Transfer time: hours

Reason for transfer (if applicable): One Lack of nursing coverage Lack of physician coverage Maternal medical/OBS problem No beds available Organization evacuation Birth outside of hospital prior to admission Keeping baby and mother together Care Closer to Home Condition Improved Other Unknown

If transferred to other hospital: Maternal Transfer Date: dd/mmm/yyyy Maternal Transfer Time: hours

If Discharged home: Maternal Discharge Date: dd/mmm/yyyy Maternal Discharge Time: hours

Maternal Transfer Back/Readmission Date: dd/mmm/yyyy Maternal Transfer Back/Readmission Time: hours

Maternal Outcome: One Discharged home Transfer to other hospital Transfer to ICU/CCU Transfer to other non-obstetrical unit same hospital Maternal death-not related to pregnancy or birth Maternal death-related to pregnancy or birth

If Maternal Death: Maternal death date: dd/mmm/yyyy Maternal death time: hours

If Transferred to ICU/CCU: Transfer date: dd/mmm/yyyy Transfer time: hours

If transferred to other hospital: Maternal transfer to (hospital name): _____

Reason: One Lack of nursing coverage Lack of physician coverage Maternal medical/OBS problem No beds available Organization evacuation Birth outside of hospital prior to admission Keeping baby and mother together Care Closer to Home Condition Improved Other Unknown