NHS No. | Maternity Unit

Post Natal Admission

First Name | Surname

Address

Postcode | ☎

Date of birth (D D M M Y Y) | Unit No.

Date (D D M M Y Y) | Time (H H M M) | Where seen | Days post natal

Delivery summary

Place of birth

	Baby 1	Baby 2
Name		
Unit no.		
NHS no.		
DOB		
Time		
Sex		
Gestation		
Birth weight		
Birth weight centile		
Mode of delivery		
Outcome		
Apgars		

Duration of labour: h m

Referral made by

Community Midwife ☐ GP ☐ Self ☐ Other

Maternal

Observations

Pulse (bpm)

Blood pressure /

Temp

Resps

MEOWS score

Urine

Last Hb

	No	Yes
Currently receiving anti coagulation therapy	☐	☐
VTE assessment performed	☐	☐
VTE pathway initiated	☐	☐
Tissue viability assessment	☐	☐
Manual handling assessment	☐	☐
Oedema	☐	☐
Sepsis pathway initiated	☐	☐

Date (D D M M Y Y)

EBL | 3rd stage | Perineum | Wound

Presenting History

	No	Yes
Pain	☐	☐
Symptomatic of infection/sepsis	☐	☐
PV bleeding	☐	☐
Mastitis	☐	☐
Dysuria/ retention	☐	☐
Raised BP	☐	☐
Mental health & wellbeing discussed	☐	☐

Special features (medical history, medication, allergies etc)

	No	Yes
Transferred to ward	☐	☐
Baby admitted with mother	☐	☐

Transfer of care tool completed ☐ | Discharged home ☐ | Prescription issued ☐ | Follow up required ☐

Signature* | **Date/Time** (D D M M Y Y) (H H M M)

perinatal institute
for maternal and child health

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