

Assessment of maternal well-being

Accompanied No Yes With Day No. Where seen

Are there any concerns about the following:
Temperature, pulse, respirations and blood pressure
Infection, fever, headache, visual disturbances, fast pulse, severe breathlessness

No Yes

Breasts and nipples
Redness, pain, cracked, sore, bruised nipples

Uterus
Abdominal tenderness, subinvolution

Vaginal loss
Clots, offensive smell, return to heavy loss

Legs
DVT, redness, swelling, pain, varicose veins, cramps

Bladder
Pain on passing urine, leakage, urgency

Bowels
Constipation, haemorrhoids, leakage, urgency

Wound
Suture removal, healing, infection

Perineum
Soreness, bruising, swelling, sutures, infection

Pain
Headache, backache, abdominal, severe chest pain spreading to your jaw, arm or back

Fatigue
Unable to sleep, restless sleep, extreme tiredness

Mental health and wellbeing
Feeling down, low in mood, worried or anxious

Postnatal exercises - discussed
Pelvic floor, abdominal, legs, deep breathing, relaxation

Additional support required:

Specific to individual need, including referrals to social care, mental health, health visitor

Key to risk reviewed Yes

Personalised care plan reviewed/revised Yes

Signature*

Date/Time