

## Assessment of maternal well-being

Accompanied No  Yes  With  Day No.  Where seen

VTE assessment required No  Yes  VTE pathway initiated No  Yes

### 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

### Prescribed thromboprophylaxis (anti-clotting medication)

Taking correct dose, side effects, safe sharps disposal,  
importance of completing prescribed course

### 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