

MATERNAL CLIENT RECORD for Postpartum and Neonatal Care

NAME OF CLIENT: _____
Last NAME GIVEN NAME M.I DATE OF BIRTHNAME OF SPOUSE: _____
LAST NAME GIVEN NAME M.I DATE OF BIRTH

NO. OF LIVING CHILDREN: _____

Date of visit: _____

Physical Examination

Date of Delivery: _____

Outcome: Livebirths Still birth abortion

Sex: Male Female

Type of Delivery: NSD CS Others

Place of Delivery: Home

Health Facility

Government Hospital

Private Hospital

Private Clinic/Birthing

Main Health Center

BHS/Birthing Home

Others:

Attendant: Doctor

Nurse

Midwife

TBA/Hilot

Others

AMTSL Steps:

1. Oxytocin injected w/in 1 minute
of delivery Yes No2. Controlled cord contraction
done Yes No

3. Uterine massage done Yes No

Therefore, AMTSL provided: Yes No

Danger Signs (Baby)	Postnatal Visits		
	w/in 24 hrs	w/in 3-5 days	Other visits
If breathing is >60/min or <30/min			
Severe chest indrawing			
Grunting			
Convulsions			
Floppy or stiff extremities			
Temp. >37.5 or <35.5			
Bleeding from umbilical stump or cut			
Umbilicus draining pus or umbilical redness extending to skin			
More than 10 skin pustules or swelling, redness, or hardness of skin			
Immediate Essential Newborn Care (ENC)	Yes	No	
1. Immediate & thorough drying			
2. Early skin to skin contact			
3. Timely cord clamping			
4. Early initiation of breast-feeding w/in 90 minutes			
Early ENC given (check yes if all 4 components were provided)			
Breastfeeding: After 90 minutes but w/in twenty-four (24) hrs			
Other ENC Given	Postnatal Visits		
	w/in 24 hrs	w/in 3-5 days	Other visits
1. Vit. K injection			
2. Eye prophylaxis			
3. Referred for Newborn Screening			
Others			

Danger Signs (Mother)	Postpartum Visits		
	w/in 24 hrs	w/in 5-10 days	Other visits
Unconscious			
Vaginal Bleeding No. of pads per day			
Severe abdominal Pain			
Looks very ill			
Severe headache with visual disturbance			
Severe difficulties of breathing			
Post partum depression			
Pelvic Exam Findings	Postpartum Visits		
	w/in 24 hrs	w/in 5-10 days	Other visits
Uterus Contracted Relaxed			
Vaginal Bleeding : Profuse Moderate Scanty			
Vaginal Discharge: Color Odor			
Vaginal Laceration 1 st Degree 2 nd Degree 3 rd Degree If with laceration, Sutured? Yes or No			

