Ontario

Ministry of Health and Long-Term Care

Ontario Perinatal Record
Postnatal Visit

Last Name	First Name

Date of visit YYYY/MM/DD	Date of Delivery YYYY/MM/DD	Number of weeks postpartum	GA at Birth	Primary Care Provider

History

Review of birth — Vaginal: ☐ Spontaneous ☐ Vacuum ☐ Forceps ☐ VBAC ☐ Episiotomy / Lacerations ☐ OASIS

Caesarean: ☐ Planned ☐ Unplanned

Details	Birth Attendant

Pregnancy/birth issues requiring follow-up (e.g. diabetes, hypertension, thyroid)

Baby's Name	Baby's Care Provider

Birth Weight (g)	Baby's Health/Concerns

Infant feeding ☐ Breast milk only ☐ Combination of breast milk and breast milk substitute ☐ Breast milk substitute only

Feeding concerns

Current Medications

Bladder function	Emotional wellbeing
Bowel function	Relationship
Sexual function	Postpartum Depression Screen (EPDS or other)
Lochia / Menses	Family Support / Community Resources
Perineum / Incision	
Smoking ☐ No ☐ Yes_____ cig/day	Alcohol ☐ No ☐ Yes If yes: Drinks/wk _____ and If yes: T-ACE score _____

Non-prescribed substances / drugs (e.g. opioids, cocaine, marijuana, party drugs, other) ☐ No ☐ Yes

Rubella Immune ☐ Yes ☐ No ☐ Discussed ☐ Declined ☐ Received

Influenza ☐ Discussed ☐ Declined ☐ Received YYYY/MM/DD

Pertussis (TdAP) Up-to-date ☐ Yes ☐ No ☐ Discussed ☐ Declined ☐ Received

Other Immunizations

Last Pap YYYY/MM/DD Result

Physical Exam As Indicated

Weight Today kg	Pre-Delivery Weight kg	Pre-Pregnancy Weight kg	BP mm Hg

Affect	N/Abn	Abdomen	N/Abn
Thyroid	N/Abn	Perineum	N/Abn
Breasts	N/Abn	Pelvic	N/Abn

Comments

Discussion Topics	Comments
☐ Transition to parenthood/partner's adjustment	
☐ Family violence and safety	
☐ Nutrition/physical activity/healthy weight	
☐ Plan for management of alcohol / tobacco / substance use	
☐ Contraception	
☐ Pelvic floor exercises	
☐ Community resources (e.g. Healthy Babies Healthy Children)	
☐ Advice regarding future pregnancies and risks	
☐ Preconception planning (e.g. folic acid,medications)	
☐ If CS, future mode of birth and pregnancy spacing	
☐ Other comments / concerns	

Signature of healthcare provider

  User Guide available at www.pcmch.on.ca