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Contact: QldMaternityandNeonatalNetwork@health.qld.gov.au

Queensland Government

Maternal Postnatal Clinical Pathway Community Extension

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

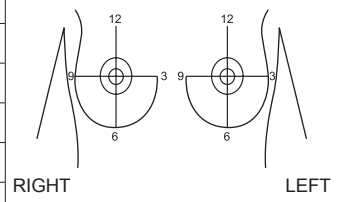
Date of birth: Sex: ☐ M ☐ F ☐ I

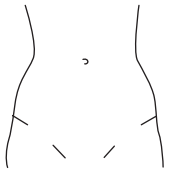
- **This pathway is intended for women up to 6 weeks post-partum.**
- **Tick** (✓) to indicate care attended to. **Cross out** if not applicable. **Record** and **sign** all variances in *Progress Notes*.

Date:	**Time** (24hr):	**Visit type:** ☐ Home ☐ Phone ☐ Other *(specify)*:

Birth details	Baby's DOB:	Discharge date:	Birth method: ☐ Vaginal ☐ Assisted birth ☐ Caesarean

Mother observations	Right breast	☐ Soft ☐ Filling ☐ Full ☐ Red areas ☐ Tender ☐ Painful
		Comments:
	Right nipple	☐ Intact ☐ Grazed ☐ Cracked ☐ Bleeding ☐ Signs of infection
		Comments:
	Left breast	☐ Soft ☐ Filling ☐ Full ☐ Red areas ☐ Tender ☐ Painful
		Comments:
	Left nipple	☐ Intact ☐ Grazed ☐ Cracked ☐ Bleeding ☐ Signs of infection
		Comments:
	Perineum	☐ Reported ☐ Observed ☐ Intact ☐ Sutured ☐ Skin well opposed ☐ Healing ☐ Pain improving ☐ Signs of infection
		Comments:
	Uterine fundus	☐ Not palpated ☐ Palpated ☐ Firm and central
		Comments:
	Pain management	
	Vaginal loss	☐ Nil ☐ Scant ☐ Minimal ☐ Moderate ☐ Heavy
		Colour:
		Comments:
	Wound	☐ Intact dressing ☐ Clean ☐ Moist ☐ Oozing ☐ Bruised ☐ Poor skin union ☐ Reddened ☐ Pain improving ☐ VAC dressing Comments:





Breast-feeding	☐ Breastfeed observed ☐ Not observed ☐ Not breastfeeding	
	☐ Full assist ☐ Partial assist ☐ Independent ☐ Suppressing lactation ☐ Lactation aid used	
	Comments:	
VTE	☐ TED stockings ☐ Low-Molecular Weight Heparin (LMWH)	
Elimination	Bladder function	☐ Normal postnatal ☐ Incontinence ☐ Urgency ☐ Dysuria ☐ Difficulty in voiding
		Comments:
	Bowel habits	☐ Normal ☐ Constipated ☐ Incontinent
		Comments:
Emotional health and wellbeing	☐ Nil concerns or issues identified ☐ Identified concerns or issues *(document below)* ☐ Edinburgh Postnatal Depression Scale (EPDS) or Kimberley Mum's Mood Score (KMMS) completed *Refer to/provide information for additional support services as required.*	
	Comments:	
Nutrition	☐ Nutritional intake adequate ☐ Oral fluid intake adequate	
Education	☐ Smoking/vaping cessation discussed (if applicable), referral to Quitline and NRT (if required) ☐ Pelvic floor exercises ☐ Self-care	

Clinician (print name):	Designation:	Signature:	Date:

DO NOT WRITE IN THIS BINDING MARGIN

MATERNAL POSTNATAL CLINICAL PATHWAY COMMUNITY EXTENSION

v7.00 - 03/2026
WINC Code: 1NY32420
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