



**Queensland
Government**

**Maternal Birth Clinical Pathway
Community Extension**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Tick to indicate care attended to. Rule out if not applicable. Record and sign all variances in progress notes. **Key ▲ Midwife / Nursing**

Category	Date of birth: / / Birth method: <input type="checkbox"/> Vaginal <input type="checkbox"/> Assisted birth <input type="checkbox"/> LSCS Visit type: <input type="checkbox"/> Home <input type="checkbox"/> Phone <input type="checkbox"/> Other
Review	• Today's date: / / • Proceeding according to discharge plan
Mother Observations	• (R) Breast: <input type="checkbox"/> Soft <input type="checkbox"/> Comfortable <input type="checkbox"/> Filling <input type="checkbox"/> Full <input type="checkbox"/> Engorged <input type="checkbox"/> Lumpy <input type="checkbox"/> Red areas <input type="checkbox"/> Pain <input type="checkbox"/> Mastitis <input type="checkbox"/> Signs of infection Comments: • (R) Nipple: <input type="checkbox"/> Intact <input type="checkbox"/> Grazed <input type="checkbox"/> Cracked <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection Comments: • (L) Breast: <input type="checkbox"/> Soft <input type="checkbox"/> Comfortable <input type="checkbox"/> Filling <input type="checkbox"/> Full <input type="checkbox"/> Engorged <input type="checkbox"/> Lumpy <input type="checkbox"/> Red areas <input type="checkbox"/> Pain <input type="checkbox"/> Mastitis <input type="checkbox"/> Signs of infection Comments: • (L) Nipple: <input type="checkbox"/> Intact <input type="checkbox"/> Grazed <input type="checkbox"/> Cracked <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection Comments: • <input type="checkbox"/> Breastfeed observed: <input type="radio"/> Full assist <input type="radio"/> Partial assist <input type="radio"/> Optimal positioning and attachment <input type="radio"/> Education <input type="radio"/> Suppressing lactation • Perineum: <input type="checkbox"/> Intact <input type="checkbox"/> Sutured <input type="checkbox"/> Healing <input type="checkbox"/> Not healing <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection • LUSCS wound: <input type="checkbox"/> N/A <input type="checkbox"/> Intact dressing <input type="checkbox"/> Clean <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Bruised <input type="checkbox"/> Reddened <input type="checkbox"/> Oozing <input type="checkbox"/> Poor skin union <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infective process Comments: • Vaginal loss: <input type="checkbox"/> "Completed" <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing Colour / Comments: • Uterine fundus: <input type="checkbox"/> Palpated <input type="checkbox"/> Not palpated Comments: • <input type="checkbox"/> VTE prophylaxis <input type="checkbox"/> TED stockings
Pelvic Floor	• Urine: <input type="checkbox"/> Normal postnatal <input type="checkbox"/> Incontinence <input type="checkbox"/> Urgency <input type="checkbox"/> Dysuria <input type="checkbox"/> Difficulty in voiding <input type="checkbox"/> Stress leakage • Bowel habits: <input type="checkbox"/> Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Incontinent • <input type="checkbox"/> Pelvic Floor exercises discussed / demonstrated / observed
Emotional Health	• <input type="checkbox"/> Usual, no concerns <input type="checkbox"/> Identified issues • <input type="checkbox"/> EPDS repeat required, referral to (if necessary):
Nutrition	• <input type="checkbox"/> Eating healthy diet key information given • <input type="checkbox"/> Physical activity
Education	• <input type="checkbox"/> SIDS / SUDI 3 key recommendations safe settling, wrapping and settling reinforced • <input type="checkbox"/> Smoking cessation discussed (if applicable) referral to Quitline and NRT if required • Referred to:

Midwife Comments:

Print name:	Designation:	Signature:	Date:
-------------	--------------	------------	-------

DO NOT WRITE IN THIS BINDING MARGIN

MATERNAL BIRTH CLINICAL PATHWAY COMMUNITY EXTENSION





**Maternal Birth Clinical Pathway
Community Extension**

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Tick to indicate care attended to. Rule out if not applicable. Record and sign all variances in progress notes. **Key ▲ Midwife / Nursing**

Category	<p>Date of birth: / / Birth method: <input type="checkbox"/> Vaginal <input type="checkbox"/> Assisted birth <input type="checkbox"/> LSCS</p> <p>Visit type: <input type="checkbox"/> Home <input type="checkbox"/> Phone <input type="checkbox"/> Other</p>
Review	<p>• Today's date: / /</p> <p>• Proceeding according to discharge plan</p>
Mother Observations	<p>• (R) Breast: <input type="checkbox"/> Soft <input type="checkbox"/> Comfortable <input type="checkbox"/> Filling <input type="checkbox"/> Full <input type="checkbox"/> Engorged <input type="checkbox"/> Lumpy <input type="checkbox"/> Red areas <input type="checkbox"/> Pain <input type="checkbox"/> Mastitis <input type="checkbox"/> Signs of infection</p> <p>Comments:</p> <p>• (R) Nipple: <input type="checkbox"/> Intact <input type="checkbox"/> Grazed <input type="checkbox"/> Cracked <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection</p> <p>Comments:</p> <p>• (L) Breast: <input type="checkbox"/> Soft <input type="checkbox"/> Comfortable <input type="checkbox"/> Filling <input type="checkbox"/> Full <input type="checkbox"/> Engorged <input type="checkbox"/> Lumpy <input type="checkbox"/> Red areas <input type="checkbox"/> Pain <input type="checkbox"/> Mastitis <input type="checkbox"/> Signs of infection</p> <p>Comments:</p> <p>• (L) Nipple: <input type="checkbox"/> Intact <input type="checkbox"/> Grazed <input type="checkbox"/> Cracked <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection</p> <p>Comments:</p> <p>• <input type="checkbox"/> Breastfeed observed: <input type="radio"/> Full assist <input type="radio"/> Partial assist <input type="radio"/> Optimal positioning and attachment <input type="radio"/> Education <input type="radio"/> Suppressing lactation</p> <p>• Perineum: <input type="checkbox"/> Intact <input type="checkbox"/> Sutured <input type="checkbox"/> Healing <input type="checkbox"/> Not healing <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection</p> <p>• LUSCS wound: <input type="checkbox"/> N/A <input type="checkbox"/> Intact dressing <input type="checkbox"/> Clean <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Bruised <input type="checkbox"/> Reddened <input type="checkbox"/> Oozing <input type="checkbox"/> Poor skin union <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infective process</p> <p>Comments:</p> <p>• Vaginal loss: <input type="checkbox"/> "Completed" <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing Colour / Comments:</p> <p>• Uterine fundus: <input type="checkbox"/> Palpated <input type="checkbox"/> Not palpated</p> <p>Comments:</p> <p>• <input type="checkbox"/> VTE prophylaxis <input type="checkbox"/> TED stockings</p>
Pelvic Floor	<p>• Urine: <input type="checkbox"/> Normal postnatal <input type="checkbox"/> Incontinence <input type="checkbox"/> Urgency <input type="checkbox"/> Dysuria <input type="checkbox"/> Difficulty in voiding <input type="checkbox"/> Stress leakage</p> <p>• Bowel habits: <input type="checkbox"/> Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Incontinent</p> <p>• <input type="checkbox"/> Pelvic Floor exercises discussed / demonstrated / observed</p>
Emotional Health	<p>• <input type="checkbox"/> Usual, no concerns <input type="checkbox"/> Identified issues</p> <p>• <input type="checkbox"/> EPDS repeat required, referral to (if necessary):</p>
Nutrition	<p>• <input type="checkbox"/> Eating healthy diet key information given</p> <p>• <input type="checkbox"/> Physical activity</p>
Education	<p>• <input type="checkbox"/> SIDS / SUDI 3 key recommendations safe settling, wrapping and settling reinforced</p> <p>• <input type="checkbox"/> Smoking cessation discussed (if applicable) referral to Quitline and NRT if required</p> <p>• Referred to:</p>

Midwife Comments:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Print name:	Designation:	Signature:	Date:
-------------	--------------	------------	-------

DO NOT WRITE IN THIS BINDING MARGIN