

COMPREHENSIVE PERINATAL SERVICES PROGRAM COMBINED POSTPARTUM ASSESSMENT

Name: _____ DOB: _____ Date: _____ I.D. No. _____

Health Plan: _____ Provider: _____ Delivery Facility: _____

Anthropometric:

1. Height _____ 2. Desirable Body Wt. _____ 3. Total Pregnancy Wt. Gain _____ 4. Wt. this visit _____
 5. Prepregnant wt. _____ 6. Postpartum Wt. Goal _____ 7. Weeks Postpartum this Visit _____

Biochemical:

Blood: Date Collected: _____
 8. Hemoglobin: _____ (<10.5) 9. Hematocrit: _____ (<32) Other: _____
 Urine: Date Collected: _____
 10. Glucose: + - 11. Ketones: + - 12. Protein: + - Other: _____
 13. Blood Pressure: _____ / _____ Comments: _____

Clinical - Outcome of Pregnancy:

14. Date of Birth: _____ 15. Gestational Age: _____ 16. Pregnancy/Delivery Complications: _____
 17. Birth Weight:(gms) _____ 18. Birth Length (cm): _____
 19. Current Weight: (gms) _____ 20. Current Length(cm): _____ Apgar Scores: 1 min: _____ 5 min: _____
 21. Type of Delivery: (circle) NSVD VBAC Vacuum Forceps C-Section (Primary or Repeat) (LTCS or Classical)

Maternal:

22. Have you had your postpartum check up? Yes Date: _____ If No, when scheduled? _____
 23. Any health problems since delivery? Yes No
 If YES, please explain: _____

Infant:

24. Has infant had a newborn check-up? If No, when scheduled? _____
 If Yes, any Problems? _____
 25. Number of NICU Days: _____
 26. Infant exposure to: (circle all that apply)
 Tobacco Alcohol Drugs

Nutrition:

27. **Maternal Dietary Assessment:** For _____ Day(s)

Food Group	Servs./ Points	Suggested Change
Protein	_____	+ - _____
Milk Products	_____	+ - _____
Breads/Cereals/Grains	_____	+ - _____
Vit. C-rich fruit/veg	_____	+ - _____
Vit. A-rich fruit/veg	_____	+ - _____
Other fruit/veg	_____	+ - _____
Fats/Sweets	_____	+ - _____

 Diet adequate as assessed: Yes No Excessive: Caffeine

Dietary Goals:
 Client agrees to: _____

REFERRALS: WIC Date Enrolled: _____
 Food Stamps Emergency Food AFDC

28. **Infant**

Method of Feeding: Breast Bottle Breast & Bottle # Wet diapers/day? _____
 Type of Formula: _____ With Iron? Yes No _____ oz.. _____ times/day