POST PARTUM OBSERVATIONS **NAME**_____

ANC CODE __ __ __ - __ __ __ __ __

EVERY 15 mins for 1 HOUR after birth, THEN at 2,3 and 4 hours

Date of birth __ __ / __ __ / __ __ and time of birth __ __hr: __ __ min

MOTHER												
Time		Fundus			Bladder	Pass urine	Bleeding	Temp	BP	PR	RR	Action
		H or S	C or NC	fundal height	F or NF	Y or N	S or amount					
time after delivery	actual time	hard (H) or soft (S)	central (C) or not central (NC)	fingers above (1-3↑) or below (1-3↓) umbilicus	feel (F) or not feel (NF)	yes (Y) or no (N), when Y write amount (in cc, small or large)	if more than slight (S) weight sarong and write amount in cc	o Celsius	mmHg	beats /min	breaths /min	like rub uterus, start PPH-sheet, catheter in-out
15 mins												
30 mins												
45 mins												
1 hour												
2 hours												
3 hours												
4 hours												

NEWBORN						
	Breathing	Colour	Temp	Heart rate	Breast feed	Action
time after delivery	breaths / min	pink / blue / white / red	o celsius	beats / min	yes (Y) or no (N), must feed < 1 hour	like give hot water bottle, show to medic, help mother breast feeding
15 mins						
30 mins						
45 mins						
1 hour						
2 hours						
3 hours						
4 hours						

First urine: date _ _/_ _/_ _ _ _ time _ _:_ _
First stools: date _ _/_ _/_ _ _ _ time _ _:_ _

Comments:_____
_____
_____

Name midwife:_____