

# POSTNATAL CARE HANDOVER SHEET

PATIENT LABEL
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LMC \_\_\_\_\_

G/P \_\_\_\_\_ GEST \_\_\_\_\_

BLD GRP \_\_\_\_\_ ANTI D \_\_\_\_\_

**COOMBS +VE** Yes / No    **KLEIHAUER** Yes

Date: \_\_\_\_\_ Call Taken By: \_\_\_\_\_ Hospital Midwife Giving Handover: \_\_\_\_\_

Approx time of Discharge: \_\_\_\_\_

<p>IOL reason: _____</p> <p>IOL Method: _____</p> <p><b>Birth date/Time:</b> _____</p> <p><b>Birth Type:</b>                  NVB    VBAC</p> <p>Forceps    Ventouse    Risk: Low    High</p> <p>Elective / Emergency LSCS</p> <p>LSCS reason: _____</p> <p><b>Pain Relief:</b>                  Entonox            Pethidine/Morphine                  Spinal    General                  Epidural: last top up _____</p> <p><b>Perineum:</b>                  Intact            Episiotomy                  1st                Grazes                  2nd                3rd                  Sutured: Yes/No</p>	<p><b>Placenta:</b> Complete/Incomplete</p> <p><b>Membranes:</b> Intact/Ragged</p> <p><b>Third Stage:</b> Physiological/Active                     Syntometrine/Syntocinon</p> <p><b>Blood Loss</b> _____ mls    <b>PPH</b> Yes/No</p> <p><b>Synto Infusion</b> Yes/No</p> <p><b>IV Leur</b> in/removed</p> <p><b>Passed urine</b> Yes/No</p> <p><b>IDC</b> insitu/removed</p> <p><b>Discharge BP:</b>                      <b>FBC:</b></p>	<p><b>DRUG ALLERGIES</b> _____</p> <p><b>Medications and time last given:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Paracetamol</td> <td style="width: 50%;">Ibuprofen</td> </tr> <tr> <td>Diclofenac</td> <td>Tramadol</td> </tr> <tr> <td>Sevredol</td> <td>Antibiotics</td> </tr> </table> <p><b>Clexane:</b> Yes/No                  Other: _____</p> <p><b>WWBC Midwives Handover/Medications Chart for ALL woman.</b></p> <p><b>If coming from Maternity also need a copy of Primary Maternity Unit Medication Sheet</b></p>	Paracetamol	Ibuprofen	Diclofenac	Tramadol	Sevredol	Antibiotics
Paracetamol	Ibuprofen							
Diclofenac	Tramadol							
Sevredol	Antibiotics							

**Previous Breastfeeding History:** \_\_\_\_\_

**Significant Social/Medical History:** \_\_\_\_\_

## BABY SUMMARY

<b>Sex:</b> Male/Female	<b>Weight:</b> _____
<b>Apgars:</b> _____	<b>Centile:</b> _____
<b>Resus:</b> Yes/No	<b>Vit K:</b> Oral/IM/Declined
<b>Resus Method:</b> _____	
<b>Passed Mec:</b> Yes/No	<b>Passed Urine:</b> Yes/No
<b>Hearing Screening:</b> Yes/No	<b>Guthrie Done:</b> Yes/No
<b>Temp at discharge:</b> _____	<b>SBR Done:</b> Yes/No

<b>AC Temp/Resps</b> Yes/No	<b>Reason:</b> _____
<b>Blood Sugars:</b> Yes/No	<b>Reason:</b> _____
<b>Completed:</b> Yes/No	<b>Date/Time:</b> _____
<b>NEWS Complete</b> Yes/No	<b>O2 Sats Screening</b> Yes/No
<b>Breastfeeding:</b>	
<b>Exclusive</b>	<b>Partial</b>
<b>Artificial</b>	
Been to breast	Latching/Feeding Well
Shields	Needs Assist Top Ups

**Before transfer in an Instrument Birth: Low Risk 4 hours normal observation. High Risk 12 hours normal observation.**

Further Information:
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