

Postpartum Checklist

Your health care team is working for your best care.

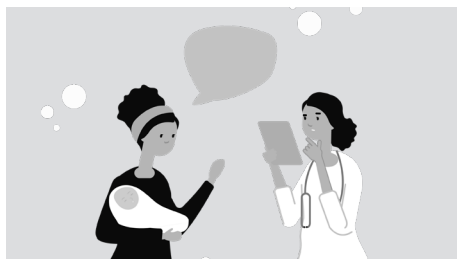
This checklist is a tool to connect around what might be most helpful.

Patient name [Birthing parent]: _____

Your date of birth: _____ Date of delivery: _____

What do you want to talk about today?

What do you feel is going well?



Please review the checklist below and write where you have concerns, questions and/or would like information. You do NOT need to be experiencing a problem to learn about resources.

I have a concern or question

I would like more
information / a referral

Physical recovery

Bleeding, including amount, color, odor	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Cramping	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Pelvic floor, such as pressure or pain	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Incontinence (leaking pee or poop)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Hemorrhoids (pain, itching, or swelling after pooping)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Cesarean section birth recovery	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Vaginal birth recovery	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Signs of infection	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Exercise / activities	<input type="checkbox"/> _____	<input type="checkbox"/> _____

♥ [NewMomHealth.com/self_care_topics/healing-recovery](https://www.newmomhealth.com/self_care_topics/healing-recovery)

Self-care

Breast/chest health	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Sleep and fatigue	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Mental health/ strategies for coping with stress	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Sex / sex drive	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Partner/ companion emotions	<input type="checkbox"/> _____	<input type="checkbox"/> _____

	I have a concern or question	I would like more information / a referral
Nutrition	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Weight / body appearance	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Medications and other substances	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Support from family / friends	<input type="checkbox"/> _____	<input type="checkbox"/> _____

👉 [NewMomHealth.com/self-care](https://www.NewMomHealth.com/self-care)

Infant feeding and care		
Breastfeeding/ expressing	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Formula feeding	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Diapering, including access to enough diapers	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Child care	<input type="checkbox"/> _____	<input type="checkbox"/> _____

👉 [NewMomHealth.com/self_care_topics/baby-feeding/](https://www.NewMomHealth.com/self_care_topics/baby-feeding/)

Family planning		
If/ when I would like to be pregnant again	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Birth control options	<input type="checkbox"/> _____	<input type="checkbox"/> _____

📅 [NewMomHealth.com/selfcare/contraception](https://www.NewMomHealth.com/selfcare/contraception)

Staying well		
Smoking or exposure to smoke	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Alcohol	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Safety: relationships, home, or neighborhood	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Having enough food	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Feeling connected with others	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Care for other family members	<input type="checkbox"/> _____	<input type="checkbox"/> _____
COVID-19 protections	<input type="checkbox"/> _____	<input type="checkbox"/> _____

★ [NewMomHealth.com/self_care_topics/staying-well/](https://www.NewMomHealth.com/self_care_topics/staying-well/)

Other (specify)		
_____	_____	_____

Your health care team is available as an ongoing resource to you.

As your needs change, please let us know. We can assess your health together and consider ways to help you be safe, happy, and well. You Matter.



4th trimester
PROJECT™



For more information, go to
NewMomHealth.com
and **SaludMadre.com**

Developed by the 4th Trimester Project at UNC-Chapel Hill. This publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$10,216,885 with 0% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.