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POSTPARTUM / INFANT CARE TEACHING FLOW SHEET

PATIENT IDENTIFICATION

MATERNAL CARE

TOPIC	Date Taught	Return Demo/ Verbalizes Understanding	Initial	TOPIC	Date Taught	Return Demo/ Verbalizes Understanding	Initial
Room Orientation				Breastfeeding			
Self Care				• Initiation			
• Peri Care				• Positioning			
• Hygiene				• Breaking Suction			
• Breasts / Nipples				• Massage / Expression			
• Exercises				• Use of Pump(s)			
• Rest / Activity				• Frequency / Duration			
• Nutrition				• Breast Care			
• Elimination				Complications / S&S			
Postpartum Changes				• Fever			
• Involution				• Increased Bleeding			
• Lochia				• Vaginal Discharge Odor			
• Return of Menses				• Burning with Urination			
• PP Adjustments				• Red / Draining Incision			
				Follow-Up Care			
				Fertility Awareness			

INFANT CARE

TOPIC	Date Taught	Return Demo/ Verbalizes Understanding	Initial	TOPIC	Date Taught	Return Demo/ Verbalizes Understanding	Initial
Use of Bulb Syringe				Elimination			
Feedings				• Urination			
• Breast (Per Protocol)				• Stools / Patterns			
• Bottle (Per Protocol)				S&S of Illness			
Infant Care				Safety Measures			
• Bath				• Positioning			
• Cord Care				• Car Seats			
• Use of Thermometer				• Immunizations			
• Diapering & Dressing				Follow-Up Testing			
• Circumcision Care				• Bili			
Newborn Characteristics				• PKU			
• Physical Characteristics				Physician Follow-Up			
• Newborn Behaviors				Classes: Discharge _____			
Newborn Needs				Feeding _____			
• Infant Stimulation				Baby Care _____			
• Cuddling / Close Contact							
• Sucking Needs							

Initial:	Signature / Title:	Initial:	Signature / Title:
Initial:	Signature / Title:	Initial:	Signature / Title:
Initial:	Signature / Title:	Initial:	Signature / Title:
DISCHARGE NURSE Signature / Title:		DATE:	PATIENT Signature:
			DATE:

PART OF THE MEDICAL RECORD