Combined Postpartum Assessment and Individualized Care Plan

Refer to previous assessments, note any changes and update the patient's individualized care plan.

Psychosocial

Patient Identifier

Baby

1. Baby's DOB: _____
2. Name: _____ ❑ Male ❑ Female
3. Weight at birth: _____ lbs./oz. or _____ grams
4. Length at birth: _____ inches or _____ cm
5. Weeks gestation: _____

Risks/Concerns	No	Yes	Psychosocial Individualized Care Plan
6. Multiple births? ***If yes, give information on other babies:*** (STT HE Multiple Births)	N	Y	❑ Referred to:
7. Problems with delivery? ***If yes, describe:*** (STT PS Perinatal Loss; Emotional or Mental Health Concerns)	N	Y	❑ Provided emotional support ❑ Referred to:
8. Patient has current medical problems? ***if yes, describe:*** (STT PS Birth Defects; Emotional or Mental Health Concerns)	N	Y	❑ Coordinate care with ob provider ❑ Provided emotional support
9. Baby has current medical problems? ***if yes, describe:***	N	Y	❑ Provided emotional support ❑ Referred to:
10. Patient coping with demands of baby? ***if no, describe:*** (STT PS Parenting Stress; Emotional or Mental Health Concerns)	N	Y	❑ Provided emotional support ❑ Discussed coping strategies ❑ Referred to:
11. Family members adjusting to baby? ***if no, describe:***	N	Y	❑ Provided emotional support ❑ Referred to:
12. Patient experiencing postpartum emotional problems? ***if yes, describe:*** (STT PS Depression)	N	Y	❑ Referred to ob provider ❑ Gave information on postpartum depression ❑ Reviewed *Are You Feeling Sad…?* ❑ Referred to: ❑ Scheduled a return visit
13. Current family problems/poor emotional/social support? ***if yes, describe:***	N	Y	❑ Provided emotional support ❑ Referred to:
14. Needs help in finding childcare?	N	Y	❑ Referred to: ❑ Advised to call 211
15. Needs essential baby supplies (diapers, clothing, other supplies)? (STT PS Financial Concerns)	N	Y	❑ Referred to: ❑ Advised to call 211
16. Has health insurance for her own health care in the future?	N	Y	❑ Referred to financial eligibility worker ❑ Referred to call the Orange County Health Referral Line at (800) 564-8448 or call 211
17. Has primary care provider for her regular medical check ups?	N	Y	❑ Referred to: ❑ Advised pt. to call Orange County Health Referral Line at (800) 564-8448 or call 211
18. Any health problems that need follow up? (diabetes, hypertension, obesity, etc.)	N	Y	❑ Encouraged patient to make appointment with her primary care provider ❑ Referred to :

Psychosocial minutes spent: ____

Health Education

Patient interests/needs:	No	Yes	Health Education Individualized Care Plan
19. Questions about body changes after pregnancy?	N	Y	❑ Discussed: ❑ Referred to ob provider
20. Plans for future children? Number of children planned: _____ Spacing of children planned: Contraceptive method(s) selected	all patients		❑ Has family planning appointment ❑ Referred to family planning provider ❑ Emergency contraception discussed
21. Has appointment for pediatric medical visit?	N	Y	❑ Referred to pediatric provider:
22. How is the baby being fed? ***describe:*** (STT N Breastfeeding, Newborn Baby's Two Week Visit and 6-wk. postpartum visit)	all patients		Reviewed STT N ❑ *The First Time You Breastfeed* ❑ *Making Plenty of Milk* ❑ *How to Know your Baby is Getting Plenty of Milk* ❑ *Going Back to Work or School* ❑ *You Can Pump and Store* ❑ Discussed local breastfeeding resources
23. Questions about newborn care?	N	Y	Discussed ❑ Bathing ❑ Diapering ❑ Soothing ❑ other:
24. Infant safety (STT HE Infant Safety and Health)	all patients		Reviewed STT HE ❑ *Keep New Baby Safe* ❑ Infant sleeping arrangement Reviewed ❑ *Babies Sleep Safest on their Backs* ❑ Has infant car seat ❑ Referred to:
25. Questions about newborn immunizations, health? (STT HE Infant Safety and Health; Oral Health During Infancy)	N	Y	Reviewed STT HE ❑ *Baby Needs Immunization* ❑ *When Newborn is Ill* ❑ *Protect Your Baby From Tooth Decay* ❑ Advised patient to make a list of questions for the baby's pediatric provider.
Other interest or need?	N	Y	

Health Education minutes spent: _____

Nutrition

26. ❑ Completed the Perinatal Dietary Assessment with patient's *My Healthy Eating Plan*

Risks/Dietary Issues	No	Yes	Nutrition Individualized Care Plan
27. Total weight gain:_____ lbs. Weight at this visit: ____ lbs.	all patients		❑ Reviewed patient's *My Healthy Weight Loss*
28. Eats less than 3 times a day? ***if yes, describe:***	N	Y	❑ Discussed reason for infrequent eating ❑ Advised to eat every 3-4 hours
29. Vitamins	all patients		Encouraged pt. to ❑ continue prenatal vitamins until gone. ❑ continue taking vitamins w/ at least 400 micrograms folic acid
Other risk or dietary issue?	N	Y	

Nutrition minutes spent: _____

Total Minutes Spent: Psychosocial _____ Health Education _____ Nutrition _____

Completed by: _____

Signature Title Date

Combined Postpartum Orange County CPSP Assessments Adapted by the County of Orange Health Care Agency, July 2014, based on: Alameda County Department of Public Health, 2010

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