



**Queensland  
Government**

## Maternal Birth Clinical Pathway Community Extension

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex:  M  F  I

Tick to indicate care attended to. Rule out if not applicable. Record and sign all variances in progress notes. **Key** **▲ Midwife / Nursing**

<b>Category</b>	<b>8</b>	<b>Date of birth:</b> ..... / ..... / ..... <b>Birth method:</b> <input type="checkbox"/> Vaginal <input type="checkbox"/> Assisted birth <input type="checkbox"/> LSCS <b>Visit type:</b> <input type="checkbox"/> Home <input type="checkbox"/> Phone <input type="checkbox"/> Other
<b>Review</b>	<b>▲</b>	<ul style="list-style-type: none"> <li>• Today's date: ..... / ..... / .....</li> <li>• Proceeding according to discharge plan</li> </ul>
<b>Mother Observations</b>	<b>▲</b>	<ul style="list-style-type: none"> <li>• (R) Breast: <input type="checkbox"/> Soft <input type="checkbox"/> Comfortable <input type="checkbox"/> Filling <input type="checkbox"/> Full <input type="checkbox"/> Engorged <input type="checkbox"/> Lumpy <input type="checkbox"/> Red areas <input type="checkbox"/> Pain <input type="checkbox"/> Mastitis <input type="checkbox"/> Signs of infection Comments: .....</li> <li>• (R) Nipple: <input type="checkbox"/> Intact <input type="checkbox"/> Grazed <input type="checkbox"/> Cracked <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection Comments: .....</li> <li>• (L) Breast: <input type="checkbox"/> Soft <input type="checkbox"/> Comfortable <input type="checkbox"/> Filling <input type="checkbox"/> Full <input type="checkbox"/> Engorged <input type="checkbox"/> Lumpy <input type="checkbox"/> Red areas <input type="checkbox"/> Pain <input type="checkbox"/> Mastitis <input type="checkbox"/> Signs of infection Comments: .....</li> <li>• (L) Nipple: <input type="checkbox"/> Intact <input type="checkbox"/> Grazed <input type="checkbox"/> Cracked <input type="checkbox"/> Bleeding <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection Comments: .....</li> <li>• <input type="checkbox"/> Breastfeed observed: <input type="radio"/> Full assist <input type="radio"/> Partial assist <input type="radio"/> Optimal positioning and attachment <input type="radio"/> Education <input type="radio"/> Suppressing lactation</li> <li>• Perineum: <input type="checkbox"/> Intact <input type="checkbox"/> Sutured <input type="checkbox"/> Healing <input type="checkbox"/> Not healing <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infection</li> <li>• LUSCS wound: <input type="checkbox"/> N/A <input type="checkbox"/> Intact dressing <input type="checkbox"/> Clean <input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Bruised <input type="checkbox"/> Reddened <input type="checkbox"/> Oozing <input type="checkbox"/> Poor skin union <input type="checkbox"/> Pain <input type="checkbox"/> Signs of infective process Comments: .....</li> <li>• Vaginal loss: <input type="checkbox"/> "Completed" <input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing Colour / Comments: .....</li> <li>• Uterine fundus: <input type="checkbox"/> Palpated <input type="checkbox"/> Not palpated Comments: .....</li> <li>• <input type="checkbox"/> VTE prophylaxis <input type="checkbox"/> TED stockings</li> </ul>
<b>Pelvic Floor</b>	<b>▲</b>	<ul style="list-style-type: none"> <li>• Urine: <input type="checkbox"/> Normal postnatal <input type="checkbox"/> Incontinence <input type="checkbox"/> Urgency <input type="checkbox"/> Dysuria <input type="checkbox"/> Difficulty in voiding <input type="checkbox"/> Stress leakage</li> <li>• Bowel habits: <input type="checkbox"/> Normal <input type="checkbox"/> Constipation <input type="checkbox"/> Incontinent</li> <li>• <input type="checkbox"/> Pelvic Floor exercises discussed / demonstrated / observed</li> </ul>
<b>Emotional Health</b>	<b>▲</b>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Usual, no concerns <input type="checkbox"/> Identified issues</li> <li>• <input type="checkbox"/> EPDS repeat required, referral to (if necessary): .....</li> </ul>
<b>Nutrition</b>	<b>▲</b>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> Eating healthy diet key information given</li> <li>• <input type="checkbox"/> Physical activity</li> </ul>
<b>Education</b>	<b>▲</b>	<ul style="list-style-type: none"> <li>• <input type="checkbox"/> SIDS / SUDI 3 key recommendations safe settling, wrapping and settling reinforced</li> <li>• <input type="checkbox"/> Smoking cessation discussed (if applicable) referral to Quitline and NRT if required</li> <li>• Referred to: .....</li> </ul>

**Midwife Comments:**

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Print name:	Designation:	Signature:	Date:
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DO NOT WRITE IN THIS BINDING MARGIN

MATERNAL BIRTH CLINICAL PATHWAY COMMUNITY EXTENSION





**Maternal Birth Clinical Pathway  
Community Extension**

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Given name(s):

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