Queensland	(Affix identification label here)				
Government	URN:				
Maternal Birth Clinical Pathway	Family name:				
Community Extension	Given name(s):				
Community Extension	Address:				
Facility:	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.  8— Key   Midwife / Nursin					
Category 18-x1	18-7				

TION to indicate c	aic	attended to. Naic out if not a		· ·		A mawne / italising
Category	<u>8</u> —∗	Date of birth: / / Birth method: Vaginal Assisted birth LSCS  Visit type: Home Phone Other				
Review	<b>A</b>	• Today's date://				
		Proceeding according to				
Mother Observations	<b>A</b>	• (R) Breast: Soft Lumpy	Comfortable Filli	• =	☐ Engorged ☐ Signs of infection	
		Comments:		IIIVIGOLIIO	Olgrid of infection	
		• (R) Nipple: Intact Comments:	Grazed Cra	acked Bleeding	Pain Signs of infec	tion
		• (L) Breast: Soft Lumpy Comments:	Comfortable Filli Red areas Pai	• =	☐ Engorged ☐ Signs of infection	
		(L) Nipple:	Grazed Cra	acked Bleeding	Pain Signs of infec	tion
		Breastfeed observed:	○ Full assist ○ Part ○ Education ○ Sup		nal positioning and attachme	nt
		Perineum:    Intact	Sutured Healing	☐ Not healing ☐	Pain Signs of infection	
		• LUSCS wound: N/A Bruis		Oozing	Dry Moist Poor skin union	
		Comments:				
		Vaginal loss:	oleted" Increasing	Decreasing		
			pated Not palpated			
		VTE prophylaxis	TED stockings			N. C.
Pelvic Floor	<b>A</b>	Urine: Normal postn			Dysuria	MATERNAL
		Difficulty in vo		· ·		<u> </u>
		Bowel habits: Norm     Pelvic Floor exercises	s discussed / demonstrat			<u></u>
Emotional	<b>A</b>	• Usual, no concerns	Identified issues	ica / obscived		
Health			d, referral to (if necessary	y):		
Nutrition	<b>A</b>	• Eating healthy diet ke	y information given			I
		Physical activity				$\Box$
Education	<b>A</b>	• SIDS / SUDI 3 key re	commendations safe set	tling, wrapping and	settling reinforced	Z
		Physical activity  Image: Physical activity				
Middle O						
Midwife Comm	ents	5: 				
						I     ≤
						B
						ò
						9
						PATHWAY COMMUNITY
						X
						m Z
Print name:			Designation:	Signature:		Date:

<b>Queensland</b> Government
Government

## Maternal Birth Clinical Pathway Community Extension

	(Affix identification lal	bel here	)		
URN:					
Family name:					
Given name(s):					
Address:					
Date of birth:		Sex:	$\square$ M	F	

		-	Addres	S:		
			Date of	birth:	Sex: M F I	
Tick to indicate of	are	attended to. Rule out if not applicab	le. Record and sig	n all variances in progress notes.	8—x Key ▲ Midwife / Nursing	
Category	9 <del></del>	Date of birth:/ Birth method:VaginalAssisted birthLSCS Visit type:HomePhoneOther				
Review	<b>A</b>	Today's date:///				
		Proceeding according to dischar	rge plan			
Mother Observations		Lumpy Red Comments:  (R) Nipple: Intact Grad Comments:		Mastitis Signs of inf	fection ligns of infection	
		Lumpy Red Comments:  (L) Nipple: Intact Gra. Comments:	zed Cra	Mastitis Signs of inf	igns of infection	
		Perineum: Intact Sutur  LUSCS wound: N/A Bruised Pain Comments:  Vaginal loss: "Completed" Colour / Comments:  Uterine fundus: Palpated	ducation Suppled Healing Intact dressing Reddened Signs of infection Increasing  Not palpated	Not healing	s of infection Moist on	
Pelvic Floor	<b>A</b>	Urine: Normal postnatal	Incontinence	Urgency Dysuria		
		Difficulty in voiding	Stress leaka			
		Bowel habits:   Normal   O	Constipation	Incontinent		
		Pelvic Floor exercises discus	ssed / demonstrate	ed / observed		
Emotional Health			entified issues			
		• EPDS repeat required, referr	al to (if necessary	):		
Nutrition		Eating healthy diet key inforn	nation given			
		Physical activity				
Education		-		ling, wrapping and settling reinforce		
		• Smoking cessation discussed (if applicable) referral to Quitline and NRT if required				
Michael Communication		Referred to:				
Midwife Comm	ent	5 <b>:</b> 				
Print name:		Design	nation:	Signature:	Date:	
. mit name.		Desigi	IGUOII.	oigiliataro.	Date.	