



POSTNATAL CARE PRE-DISCHARGE CHECKLIST

Mothers and Newborns should stay in the facility at least 24 hours after delivery.

Complete checklist items below for every mother and newborn, regardless of when they are discharged from the maternity.

Assess Mother for Problems	No	Yes	Recommended Actions
<p>The mother has a danger sign:</p> <ul style="list-style-type: none"> • Heavy bleeding • Severe abdominal pain • Unexplained pain in chest or legs • Disorientation • Visual disturbance • Severe headache • Breathing difficulty • Fever, chills • Vomiting 		→	Assess the cause(s) and initiate care or refer. Delay discharge until all danger signs have been resolved for at least 24 hours and ensure there is a follow-up plan in place at time of discharge.
The mother's bleeding is heavy or has increased since birth (e.g., bleeding soaks a pad in less than 5 minutes).		→	Administer uterotonic and evaluate and manage possible causes of bleeding (e.g., uterine atony [not contracted], retained placenta, or vaginal/cervical tear). Delay discharge.
<p>The mother has an abnormal vital sign:</p> <ul style="list-style-type: none"> • High blood pressure (SBP \geq 140 mmHg or DBP \geq 90 mmHg) or low blood pressure (SBP $<$ 100 mmHg) • Temperature $<$ 36.0°C or \geq 38.0°C • Heart rate \geq 90 beats per minute 		→	Evaluate the cause of abnormal vital sign(s) and treat or refer. Delay discharge until vital signs have been normal for at least 24 hours and no danger signs remain.
The mother is not able to urinate easily or is leaking urine.		→	Delay discharge; continue to monitor and evaluate the cause; treat or refer as needed.
The mother is being treated for a complication, and her condition has not stabilized (e.g., vital signs are not normal or she has a danger sign).		→	Delay discharge until the mother's condition has been stable for at least 24 hours, her vital signs have returned to normal and no danger signs remain. Refer for specialty care necessary.
Assess Baby for Problems	No	Yes	Recommended Actions
<p>The baby has any of these danger signs:</p> <ul style="list-style-type: none"> • Feeding poorly or refusing to eat • Convulsions • Fast breathing (\geq 60 breaths/minute) • Severe chest in-drawing • Fever (temperature $>$ 37.5°C axillary) • Hypothermia (temperature $<$ 36.5°C) • No movement or movement only on stimulation • Any yellowing (jaundice) of the skin or mucous membranes (eyes, mouth) 		→	Assess cause of danger signs and initiate care or refer. Treat illness and delay discharge per protocol; ensure there is a follow-up in place at time of discharge.
The baby is not breastfeeding at least every 2–3 hours (day and night).		→	Delay discharge and evaluate the causes. Treat or refer. Delay discharge until the baby has been breastfeeding well for at least 24 hours.
The baby weighs $<$ 2,500 g.		→	Delay discharge. Initiate appropriate care for small babies or refer for advanced care.
The baby has not passed urine and/or stool.		→	Delay discharge, evaluate the cause, monitor or refer as needed.
The baby's umbilical stump is bleeding or has discharge, a foul odor, or redness around it.		→	Delay discharge. Ensure that appropriate care is started.

Assess Baby for Problems	No	Yes	Recommended Actions
<p>For newborns of mothers with suspected or confirmed Zika virus infection during pregnancy:</p> <ul style="list-style-type: none"> Hypertonia (restricting body movement) Hyperreflexia Limb contractures such as clubfoot Microcephaly Extreme irritability Problems swallowing Tremors Excessive scalp skin <p>Other neurologic findings and eye abnormalities may be present</p>			<p>Assess cause of danger signs and initiate care or refer.</p> <p>Treat illness and delay discharge per protocol; ensure there is a follow-up plan in place at time of discharge.</p>

ESSENTIAL ACTIONS FOR EVERY MOTHER AND BABY BEFORE DISCHARGE

Action	Initial
<p>Examine mother and baby (through physical exam, including head circumference, weight check, evaluation for gross congenital malformations). Verify <u>normal</u> vital signs.</p> <p>Mother:</p> <ul style="list-style-type: none"> Temperature $\geq 36.0^{\circ}\text{C}$ and $< 38.0^{\circ}\text{C}$ SBP ≥ 100 mmHG and < 140 mmHG; DBP < 90 mmHg Heart rate < 90 beats per minute <p>Newborn:</p> <ul style="list-style-type: none"> Respiration < 60 breaths per minute Temperature $36.5\text{--}37.5^{\circ}\text{C}$ axillary 	
<p>Confirm newborn immunizations given and recorded in the immunization register. Confirm receipt of eye care, cord care, and vitamin K, according to national guidelines.</p>	
<p>Assess breastfeeding and provide support if needed (e.g., positioning of baby, nipple care).</p>	
<p>Confirm that mother has been counseled on postpartum family planning, including the benefits of spacing births at least 3 years apart. Confirm that the woman has started her contraceptive method of choice (as available), or that she has a plan to start later and has been referred for family planning follow up.</p> <p><i>Note: Pre-discharge postpartum contraceptive options include the lactational amenorrhea method (LAM), intrauterine device (IUD), progesterone-only pills, implants, condoms (which also protect against sexually transmitted infections, including Zika), and permanent methods. Injectables may be started at 6 weeks postpartum and combined oral pills may be started after 6 months or as of 6 weeks postpartum if the mother has ceased breastfeeding.</i></p>	
<p>Counsel the mother and family on:</p> <ul style="list-style-type: none"> Hand washing, general hygiene, and cord care Keeping the baby warm Danger signs for baby and mother (see above); where to go if any danger signs occur Exclusive breastfeeding for first 6 months; avoid prelacteal feeds How to avoid mosquito bites and Zika infection Healthy eating for the mother and iron supplementation through 3 months Signs of postpartum depression and how to get help Sleeping under long-lasting insecticide-treated nets Follow-up care for the mother for any medical conditions (e.g., high blood pressure) Resuming sexual relations and using condoms for protection from Zika virus, HIV, and other sexually transmitted infections 	
<p>Confirm HIV/syphilis results. If mother is living with HIV, verify antiretrovirals given to mother and baby per protocol, and that follow-up plan is communicated. If mother has or had positive serologic test for syphilis, treat mother and newborn per protocol; refer babies with signs of congenital syphilis for specialty care.</p>	
<p>Confirm history of possible Zika virus infection during pregnancy. If mother had suspected or confirmed Zika infection in pregnancy, or baby has signs of congenital Zika syndrome, counsel family on plan to monitor and care for infant's growth, development, vision, and hearing. Evaluate and refer families for psychosocial support, if indicated.</p>	
<p>Review the follow-up plan for routine care and review the complication readiness plan in case any danger signs occur (mother or baby). Link to community postnatal services, if possible. Remind about:</p> <ul style="list-style-type: none"> Postnatal care visits 48–72 hours, 7–14 days, and 6 weeks after birth or according to national guidelines Baby's immunizations Follow-up family planning 	
<p>If there are no problems and all of the essential actions have been completed, the mother and baby may be discharged. Thank the woman and her family for coming to give birth at the facility. Encourage her to give feedback on her birth experience. Be sure to document all care in the mother's and newborn's records.</p>	

Signature: _____

Date: _____