

# My Postpartum Visit Checklist

Your name:

Your date of birth:

Date of delivery:

What do you want to talk about today?

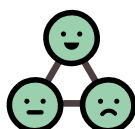
What do you feel is going well?

Check all that apply



## My Recovery

- I am concerned about bleeding-amount, color, or odor
- Has my incision or tear been healing?
- I am having bladder problems or urination problems
- I am having pain or pressure
- I am having problems with bowel movements or hemorrhoids



## My Mood

In the past 7 days, I have:

- felt anxious or worried for no reason
- been sad, scared or panicky
- been so unhappy I can't sleep
- been crying a lot
- felt confused

# My Postpartum Visit *Checklist*



## My Health & Lifestyle

- I would like to learn more about any possible chronic health conditions such as high blood pressure or diabetes
- I would like to learn more about exercising after pregnancy
- I would like to learn more about healthy eating
- I would like to stop smoking
- I would like to talk about my sex drive
- I would like to talk about keeping myself or my baby safe
- I would like to talk about my breast or breastfeeding
- I would like advice on getting more rest
- I would like advice on returning to work
- I am concerned with having enough food
- I need a primary care doctor
- I would like information on pelvic floor exercises



## Infant Care

- I would like to talk about feeding my newborn
- I would like to talk about diapers for my newborn- including access to diapers
- I would like to talk about milestones to look for with my newborn
- I have questions about caring for my newborn
- I would like to talk about keeping my baby safe from secondhand smoke



## Family Planning

- I want to talk about future pregnancies
- I want to talk about birth control



## I have more questions