

Maternity and Obstetrics Patient Discharge Summary

Date of Discharge: [Date]

1. Patient Information

Patient Name: [Full Name]

Date of Birth: [DOB]

Patient ID/MRN: [ID Number]

Admission Date: [Date]

Address: [Address]

2. Delivery Details

Date and Time of Delivery: [Date/Time]

Type of Delivery: [Vaginal / Instrumental / Cesarean Section]

Anesthesia: [Epidural / General / Local / None]

Complications (if any): [List or "None"]

3. Infant Information

Infant Gender: [Male / Female]

Birth Weight: [Weight]

Apgar Scores: [1 min: X, 5 min: X]

Feeding Method: [Breastfeeding / Formula / Mixed]

4. Clinical Summary

Maternal Status: [Summary of postpartum recovery, vitals, and wound healing].

Medications Prescribed: [List medications, dosage, and frequency].

Procedures Performed: [E.g., Episiotomy repair, Tubal Ligation, etc.].

5. Discharge Instructions

Activity Level: [Details on rest and physical restrictions].

Wound Care: [Instructions for incision or perineal care].

Warning Signs: Seek immediate medical attention if you experience heavy bleeding, fever, severe headache, or chest pain.

6. Follow-up Appointments

Maternal Follow-up: [Date/Time] with [Provider Name]
Infant Follow-up: [Date/Time] with [Pediatrician Name]

Discharging Physician: [Doctor Name]

Signature: _____

Facility Contact: [Phone Number]