

Date: [Date of Discharge]

Patient Name: [Mother's Full Name]

Date of Birth: [Mother's DOB]

Patient ID: [Medical Record Number]

Infant Name: [Infant Full Name/Baby Boy/Girl]

Infant DOB: [Date and Time of Birth]

Birth Weight: [Weight]

Delivery Summary

Date of Delivery: [Date]

Type of Delivery: [Vaginal / Cesarean Section]

Complications: [None / Specify]

Blood Loss: [Estimated Volume]

Maternal Status at Discharge

General Condition: Stable

Vitals: BP: [Blood Pressure], Temp: [Temperature], Pulse: [Heart Rate]

Physical Findings: [Fundus firm, lochia normal, wound healing well]

Newborn Status at Discharge

General Condition: Stable

Discharge Weight: [Weight]

Feeding: [Breastfeeding / Formula / Mixed]

Screenings Completed: [Hearing, Newborn Blood Spot, CCHD]

Medications and Prescriptions

- [Medication Name] - [Dosage] - [Frequency]
- [Medication Name] - [Dosage] - [Frequency]

Follow-up Appointments

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

Newborn Follow-up: [Date/Time] with [Pediatrician Name]

Discharge Instructions & Warning Signs

Seek immediate medical attention for any of the following:

- **Mother:** Excessive bleeding, fever, severe headache, vision changes, or leg pain/swelling.
- **Newborn:** Poor feeding, lethargy, yellowing of skin (jaundice), fever, or difficulty breathing.

Discharging Physician: [Name and Title]

Facility Name: [Hospital/Clinic Name]