

head>

Maternity and Newborn Discharge Summary

Date: [Insert Date]

1. Patient Information

Mother's Name: [Insert Full Name]

Date of Birth: [Insert DOB]

Newborn's Name: [Insert Name/Gender]

Newborn's Date of Birth: [Insert DOB and Time]

2. Delivery Details

Admission Date: [Insert Date]

Discharge Date: [Insert Date]

Type of Delivery: [Spontaneous Vaginal Delivery / Assisted Vaginal Delivery]

Estimated Blood Loss: [Insert Amount]

Perineal Status: [Intact / Tear Type / Episiotomy]

3. Newborn Assessment

Birth Weight: [Insert Weight]

Discharge Weight: [Insert Weight]

Apgar Scores: [1 min score] / [5 min score]

Feeding Method: [Breastfeeding / Bottle Feeding]

Screening Status: [Newborn Hearing / Metabolic Screen Completed]

4. Postpartum Care and Medications

Prescribed Medications: [List medications, e.g., Vitamin D for baby, Ibuprofen for mother]

Wound Care: [Instructions for perineal or incision care]

5. Follow-Up Appointments

Mother's Follow-up: [Insert Date and Clinic Name]

Newborn's Follow-up: [Insert Date and Pediatrician Name]

6. Warning Signs (Seek Medical Attention If:)

For Mother: Heavy bleeding, fever, severe headache, or leg swelling.

For Newborn: Poor feeding, lethargy, yellowing of skin/eyes (jaundice), or fever.

Provider Name: [Insert Name]

Provider Signature: _____