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Discharge Summary: Maternal and Newborn Care

Date of Discharge: [Date]

1. Patient Information

Mother's Name: [Full Name]

Date of Birth: [DOB]

Medical Record Number: [MRN]

Infant's Name: [Full Name]

Infant's Date of Birth: [DOB]

2. Clinical Summary

Admission Date: [Date]

Procedure: Cesarean Section (Surgical Delivery)

Indications: [Reason for C-Section]

Anesthesia: [Spinal / Epidural / General]

Delivery Outcomes: [Weight, Apgar Scores, Sex]

3. Post-Operative Recovery

Maternal Status: Incision is [healing/intact], lochia is [normal/moderate], pain is [controlled].

Newborn Status: [Stable/Feeding well/Jaundice screen clear].

4. Medications

Mother:

- [Medication Name] - [Dosage/Frequency] - [Duration]

- [Medication Name] - [Dosage/Frequency] - [Duration]

Infant:

- [Vitamin K/Hepatitis B/Other]

5. Discharge Instructions

Wound Care: Keep the incision clean and dry. Watch for redness or drainage.

Activity: No heavy lifting (nothing heavier than the baby). No driving until cleared by doctor.

Infant Care: [Breastfeeding/Formula instructions, Umbilical cord care].

6. Follow-up Appointments

Maternal Follow-up: [Date and Time] with [Doctor Name].

Pediatric Follow-up: [Date and Time] with [Doctor Name].

7. Warning Signs (Seek Immediate Care)

- Mother: Fever over 100.4F, heavy vaginal bleeding, severe abdominal pain, or leg swelling.
- Infant: Poor feeding, yellowing of skin, lethargy, or fever.

Attending Physician: [Name and Signature]

Facility Name: [Hospital Name]