

Date: [Date]

TRANSFER OF CARE: MATERNITY AND NEWBORN DISCHARGE LETTER

1. PATIENT INFORMATION

Mother's Name: [Full Name]

Date of Birth: [DOB]

Address: [Residential Address]

Phone: [Phone Number]

Infant's Name: [Full Name / Baby Boy or Girl]

Date of Birth: [DOB] **Time:** [Time of Birth]

Birth Weight: [Weight in grams/kg]

2. DELIVERY SUMMARY

Date of Admission: [Date]

Date of Discharge: [Date]

Type of Delivery: [e.g., Spontaneous Vaginal, Instrumental, C-Section]

Estimated Blood Loss: [Volume]

Complications (Maternal): [None / Specify]

Complications (Neonatal): [None / Specify]

3. MATERNAL DISCHARGE STATUS

Physical Assessment: [Stable / Findings]

Wound/Perineum Care: [Intact / Healing]

Medications Prescribed: [List medications or "None"]

Contraception Plan: [Discussed / Specify Method]

4. NEWBORN DISCHARGE STATUS

Feeding Method: [Breastfeeding / Formula / Mixed]

Weight at Discharge: [Weight]

Newborn Screen Completed: [Yes / No]

Hearing Screen Results: [Pass / Refer]

Immunizations Given: [e.g., Vitamin K, Hepatitis B]

5. FOLLOW-UP CARE PLAN

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

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

Community Services: [e.g., Home Visit Nurse, Lactation Consultant]

6. PROVIDER INFORMATION

Discharging Clinician: [Name and Title]

Facility Name: [Hospital/Clinic Name]

Contact Number: [Phone Number]

Signature: _____