

Maternity and Newborn Care Discharge Summary

Patient Information

Mother's Name: [Mother Full Name]

Date of Birth: [Mother DOB]

Patient ID: [ID Number]

Newborn's Name: [Newborn Full Name]

Newborn Sex: [Male/Female]

Delivery Details

Date of Admission: [Date]

Date of Discharge: [Date]

Date/Time of Birth: [Date and Time]

Type of Delivery: [Vaginal / C-Section / Instrumental]

Gestational Age: [Weeks/Days]

Birth Weight: [Weight in Grams/KG]

Maternal Health Summary

Pregnancy Complications: [None / Specify]

Delivery Complications: [None / Specify]

Postpartum Progress: [Stable / Observations]

Medications Prescribed: [List medications and dosages]

Newborn Health Summary

Apgar Score: [1 min] / [5 min]

Feeding Method: [Breastfeeding / Formula / Mixed]

Screening Tests Completed: [Hearing / Metabolic / Jaundice]

Newborn Medications/Vaccinations: [Vitamin K / Hepatitis B / etc.]

Follow-up Care & Instructions

Maternal Follow-up Appointment: [Date and Location]

Pediatrician Follow-up Appointment: [Date and Location]

Special Instructions: [Wound care, activity restrictions, or warning signs]

Discharging Physician: [Doctor Name]

Clinic Name: [Medical Clinic Name]

Contact Number: [Phone Number]

Date: [Current Date]

Signature: _____