## POST-PARTUM FILE: ADMISSION and FOLLOW-UP

Name		Number						
Delivery	Date / /	h	h					
NVD 🗆 Vacuum 🗆 Forceps 🗆 C	Caesarean section $\Box$ Indica	tion:					MEDECIN	IS NTIERES
Perineum Intact   Episiotomy	] Tear 🗆	Newborn	Live born $\Box$	Stillborn			SANS FROM	NTIERES
Date of examination								
Time of examination								
Mother	• • • • •						<u> </u>	
Uterine involution (Yes/No)								
Bleeding (0 - +++)								
BP								
Pulse								
T°								
RR								
Breasts, normal (Yes/No)								
Urine (Yes/No)								
Pain (0 - +++)								
Drugs Dose Route		1	<b>,</b> ,					
Newborn			4 4			• • • • •	· · ·	
T°								
Cord, normal (Yes/No)								
Urine (Yes/No)								
Stool (Yes/No)								
Breasfeeding (Yes/No)								

If "NO", explain on the reverse page.

## POST-PARTUM: ADMISSION and FOLLOW-UP

Date	Comments	Signature

Acronyms: BP blood pressure, HR heart rate, NVD normal vaginal delivery, RR respiratory rate, T° temperature.