

RECORD OF POSTPARTUM EXPERIENCE

_____ PAGE #

Student's Name _____

#	Mother's Initials	ALL Visit Dates Attended	Postpartum History (#1)	Postpartum Exam (#2)	Newborn Exam (#3)	Preceptor Signature

	Total # MOTHERS on this page					
		Total # of VISITS this page				
		O - Observed by student	#1 Includes assessment of bleeding and psychological adjustment (hx)			
		A - Student Assisted	#2 Fundus, breastfeeding, perineum, vitals (exam)			
		P - Performed by student	#3 Includes gestational age assessment (newborn exam)			