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 - **O**bserved by student	#1 Includes assessment of bleeding and psychological adjustment (hx)
A - Student **A**ssisted	#2 Fundus, breastfeeding, perineum, vitals (exam)
P - **P**erformed by student	#3 Includes gestational age assessment (newborn exam)