

Postpartum Assessment Form-Primary Caregiver

Take this assessment 8 weeks after birth of baby.

Date: _____ Staff: _____

Case Number (mother): _____

Case Number (baby): _____

Did the pregnancy end in a live birth?

- Yes No

If no, assessment is complete.

If yes, please answer the following:

Preterm Birth

Number of weeks pregnant at birth: _____

Child's DOB: _____

Child's Weight: ____ lbs., ____ oz.

Postpartum Care

Have you received a postpartum visit from a health care provider?

- Yes No

Breastfeeding

Did you, at any time after the baby's birth, attempt breastfeeding?

- Yes No

Safe Sleep

Do you always place child to sleep on their back?

- Yes No

Do you always place child to sleep without bed sharing or soft bedding?

- Yes No