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MCHIP Maternal and Child Health Integrated Program

Maternal and Child Survival Program

POSTNATAL CARE PRE-DISCHARGE CHECKLIST

Do not discharge until at least 24 hours after a normal vaginal birth.

Complete checklist items for every mother and newborn, regardless of when they are discharged.

Assess Mother for Problems	No	Yes	Recommended Actions
The mother has a danger sign: • Heavy bleeding • Severe abdominal pain • Unexplained pain in chest or legs • Visual disturbance or severe headache • Breathing difficulty • Fever, chills • Vomiting		➔	Assess the cause(s) and initiate care or refer. Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.
The mother's bleeding is heavy or has increased since birth (e.g., bleeding soaks a pad in less than 5 minutes).		➔	Delay discharge. Evaluate and treat possible causes of bleeding (e.g., uterine atony [not contracted], retained placenta, or vaginal/cervical tear).
The mother has an abnormal vital sign: • High blood pressure (SBP > 140 mmHg or DBP > 90 mmHg) • Temperature > 38.0°C • Heart rate > 100 beats per minute		➔	Evaluate the cause of abnormal vital sign(s) and treat or refer. Defer discharge until vital signs have been normal for at least 24 hours and no danger signs remain.
The mother is not able to urinate easily or is leaking urine.		➔	Defer discharge; continue to monitor and evaluate the cause; treat or refer as needed.
The mother is being treated for a complication, and her condition has not stabilized (e.g., vital signs are not normal or she has a danger sign).		➔	Delay discharge until the mother's condition has been stable for at least 24 hours, with normal vital signs and no danger signs remain. Refer if necessary.
Assess Baby for Problems	**No**	**Yes**	**Recommended Actions**
The baby has any of these danger signs: • Fast breathing (> 60 breaths/minute) • Severe chest in-drawing • Fever (temperature ≥ 37.5°C axillary) • Hypothermia (temperature < 35.5°C) • Yellow palms (hands) or soles (feet) • Convulsions • No movement or movement only on stimulation • Feeding poorly or not feeding at all		➔	Assess cause of danger signs and initiate care or refer. Delay discharge until all danger signs have been resolved for at least 24 hours and there is a follow-up plan in place.
The baby is not breastfeeding at least every 2–3 hours (day and night).		➔	Delay discharge and evaluate the causes. Treat or refer. Delay discharge until the baby has been breastfeeding well for at least 24 hours.

Assess Mother for Problems	No	Yes	Recommended Actions
The baby weighs < 2,500 g.		➔	Delay discharge. Initiate appropriate care for small babies or refer for advanced care.
The baby has not passed urine and/or stool.		➔	Delay discharge and monitor; refer as needed.
The baby's umbilical stump is bleeding or has discharge, a foul odor, or redness around it.		➔	Delay discharge. Ensure that appropriate care is started.

ESSENTIAL ACTIONS FOR EVERY MOTHER AND BABY BEFORE DISCHARGE

Action	Initial
Examine mother and baby Verify normal vital signs Mother: • Temperature < 38.0°C • SBP < 140 mmHg; DBP < 90 mmHg • Heart rate < 100 beats per minute Newborn: • Respiration < 60 beats per minute • Temperature 36.5–37.5°C axillary	
Confirm newborn immunizations have been given and linked to immunization register.	
Assess breastfeeding and provide support if needed (e.g., positioning of baby, nipple care).	
Confirm that mother has been counseled on postpartum family planning, including the benefits of spacing births at least 2 years apart. Confirm that the woman's contraceptive method of choice has been started (as available) and refer her for family planning follow-up. *Note: Pre-discharge postpartum contraceptive options include the lactational amenorrhea method, intrauterine device, progesterone only pills, implants, condoms, and permanent methods. In breastfeeding women, progestogen only injectables may be started at 6 weeks postpartum and combined oral contraceptive pills (COPs) may be started at 6 months postpartum. In non-breastfeeding women, COPs may be started at 6 weeks postpartum.*	
Counsel the mother and family on: • Hand washing, general hygiene, and cord care • Keeping the baby warm • Danger signs for baby and mother (see above); where to go if any danger signs occur • Exclusive breastfeeding for first 6 months; avoid prelacteal feeds • Healthy eating for the mother and iron supplementation through 3 months • Signs of postpartum depression and how to get help • Sleeping under a long-lasting insecticide-treated net • Follow-up care for the mother for any medical conditions (e.g., high blood pressure) • Resuming sexual relations and ensuring safe sex	
Confirm syphilis and HIV testing.	
If the mother is living with HIV, verify that the mother and newborn have received antiretrovirals per protocol and that a follow-up plan is clearly communicated.	
Review the follow-up plan for routine care and review the complication readiness plan in case any danger signs occur (mother or baby). Link to community postnatal services, if possible. Remind about: • 3 postnatal care visits in the first 6 weeks: at 3 days, 7–14 days, and 6 weeks • Baby's immunizations • Follow-up family planning	

If there are no problems and all of the essential actions have been completed, the mother and baby may be discharged.

Thank the woman and her family for coming to give birth at the facility.

Encourage her to give feedback on her birth experience.

Be sure to document all care in the mother's and newborn's records.

Signature: _____ Date: _____

This job aid is made possible by USAID, the Maternal and Child Survival Program, and the Maternal and Child Health Integrated Program, and does not reflect the views of USAID or the United States Government.

Illustration by: Kimberly Battista