



Mom's Name: _____

Date of Delivery: _____ Vaginal Birth C-Section Birth

Complications in pregnancy: Asthma Diabetes
Depression/Anxiety Hypertension Thyroid Disease

Other: _____

Medications at discharge: _____

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____

What happens at a Postpartum Check?

<https://www.marchofdimes.org/pregnancy/your-postpartum-checkups>

Baby's Name: _____

Term Preterm _____ weeks

Birth Weight: _____ **Birth Length:** _____

Infant Feeding: Breast Milk Formula Both

Upcoming Appointments:

Date: _____ **Time:** _____ **With:** _____

Date: _____ **Time:** _____ **With:** _____