

Postpartum Recovery

Mom's Name: _____ Area # _____ Date: _____

RESULTS OF HEALTH DEPARTMENT VISIT

Date of health staff visit: ___/___/___

Mother's report of result of health staff visit (well-being of child, referral needed, etc.):

Mother's report of result of health staff visit (well-being of mom, referral needed, etc.):

When infant is 6-8 weeks old, give and explain handouts on Postpartum Depression and have mom complete Edinburgh Postnatal Depression Scale. This is to be done even if health dept. did on two-week visit. (Score and send copy to C.O.)

Date completed ___/___/___

Postnatal Depression Scale Score _____ If referral is needed, complete referral form.

Other Post-Partum Recovery Activities/Discussions
