

<input type="checkbox"/> Interpretation req'd Language: _____ <b>Complete Grey sections for ALL Discharges</b>	INITIALS	N/A	COMMENTS
<b>By 6 hrs</b>			
1. Breast, nipple care			
2. Knows how to hand express milk			
3. Recognizes and responds to infant feeding cues, behaviours			
4. Pain management/options			
5. Regular Hand Hygiene (washing or hand sanitizer)			
<b>By 24 hrs:</b>			
5. Recognizes effective feeding and milk transfer			
6. For infants fed breastmilk substitute: Appropriate formula, preparation and storage			
7. Voiding pattern, hygiene care, pericare			
8. Normal physiological changes/care, fundus & flow, incision			
9. Signs and symptoms for follow-up (e.g. fever, infection, overly drowsy)			
10. Postpartum blues/depression			
11. Support systems in place			
12. Access to Baby's Best Chance Parents' Handbook			
<b>By Discharge</b>			
13. Knows who primary health care provider (PHCP) is, how to access & when to contact			
14. Aware of PHN contact/role/community resource			
15. Ready for hospital discharge, discharge order			
16. Discharge Medication Summary – if taking medication (Parent and Infant)			
<b>By Public Health Nurse (post discharge)</b>			
16. Management of engorgement			
17. Bowel patterns			
18. Activity and rest			
19. Healthy eating			
20. Family planning / sexuality			
21. Community and Admission medications reviewed. Discharge prescription given to patient			
22. Test and procedures <ul style="list-style-type: none"> <li>▪ Rubella status : immune _____ non-immune _____</li> <li>▪ MMR given: Date _____ Initial _____ NA <input type="checkbox"/></li> <li>▪ Rh immune globulin given: Date _____ Time _____ Initial _____ NA <input type="checkbox"/></li> <li>▪ Other:</li> </ul>			
23. Tobacco cessation/exposure to second-hand smoke			
24. Review of communicable diseases			
245. Patient teaching complete			
Variances – Plan(s) including referrals			
<b>Discharge</b> Postpartum hours/days at discharge: _____ <input type="checkbox"/> Home with Baby <input type="checkbox"/> Liaison completed			
Hospital discharge: Date _____ Time _____ RN Signature _____			

### Version History

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
23-Jul-2019	C-06-06-60333 Maternal Education Guideline	Approved at: Perinatal Best Practice Committee
27-Mar-2020	"	Updated to reflect order sets; Approved by Maternal Newborn Interim Senior Medical Director
14-Oct-2021	"	Approved at: Maternal Newborn Best Practice Committee

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