MY POSTPARTUM JOURNEY WORKSHEET

Instructions: Use this form to record your postpartum experience and share with your health care provider on your next visit.

How are you feeling?

Experiencing the following physical symptoms are expected postpartum, however, if any are really bothersome, try to describe their location, severity, duration, and frequency, and then share them with your provider.

___ Bleeding ___ Swelling ___ Pain ___ Other:

___ Discharge ___ Breast tenderness ___ Tiredness _____

Using the mood scale below, indicate:

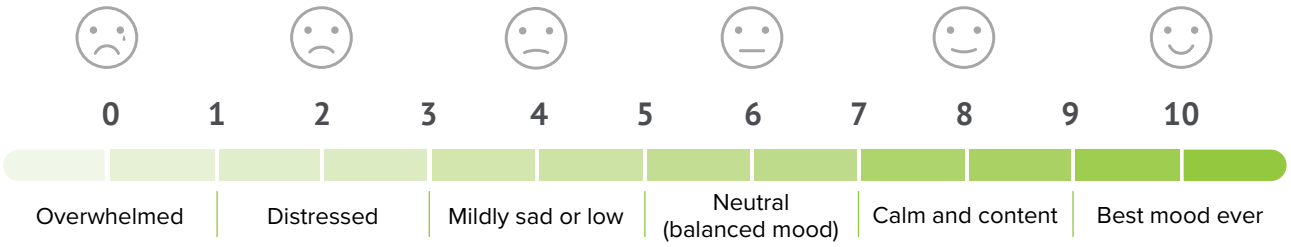
Your primary mood during the last two weeks: _____

Your feelings about yourself and motherhood: _____

Your feelings about your baby: _____

Additional emotions and comments:

_____



My postpartum visits:

3-6 weeks after delivery 2-3 months after delivery

DD/MM/YY HH:MM am/pm DD/MM/YY HH:MM am/pm

Potential topics to discuss during your appointment: (Select your highest priority topics)

___ Lactation and breastfeeding

___ Physical symptoms and changes

___ Complications experienced during the pregnancy; potential longterm health implications

___ Pre-eclampsia screening

___ Diabetes screening

___ Sleep health or challenges

___ Emotional and mental health

___ Reproductive life plan (future pregnancies, contraception)

___ Intercourse and sexual health

___ Safety concerns or challenges

Postpartum Care Team

Name	Specialty	Contact Info	Last Visit

Notes: