

**PATIENT TEACHING FLOW RECORD
PRENATAL, POSTPARTUM AND FAMILY PLANNING**

PRENATAL	DATE, INITIAL AND INDICATE "Y" OR "N"				
Reproductive Cycle					
Patient's Attitude Towards Pregnancy					
Nutrition <i>(include wt. gain)</i>					
Personal Hygiene <i>(include perineal)</i>					
Medications <i>(iron, vitamins and other)</i>					
Alcohol, Drugs, Smoking					
Discomforts of Pregnancy, Relief Measures					
Danger Signs					
Explain Clinic Procedures <i>(PE, lab., etc.)</i>					
Exercise/Rest					
Progress of Pregnancy <i>(include fetal growth and development)</i>					
Infant Feeding/Breast Feeding					
Family Planning					
Partner/Family Participation					
Intercourse					
Emotional Changes					
Breathing/Exercise for Labor					
Signs of Labor <i>(include PROM and Bleeding)</i>					
Labor and Delivery Process					
Preparation for Admission <i>(what to bring, etc.)</i>					
Fetal Monitoring <i>(labor, OCT, non-stress)</i>					

IDENTIFICATION

Code: Y = Patient demonstrates understanding
N = Patient requires further teaching

This record is to be utilized for prenatal, postpartum and family planning for both Ambulatory and inpatient status.

INPATIENT POSTPARTUM (write date & initials)

TOPIC	INITIAL TEACHING	RETURN DEMON.	TOPIC	INITIAL TEACHING	RETURN DEMON.	TOPIC	INITIAL TEACHING	RETURN DEMON.
Handwashing			Breast and Nipple Care			Signs of Illness		
Personal Hygiene			Bathing Infant			Well Baby Clinic		
Nutrition			Skin Care Infant			Immunizations		
PP Exercises			Cord Care			Parent Held Child Health Record		
Breast Feeding			How to Take Temperature			Intercourse		
Medications			Formula Preparation			Maternal Infant Bonding		
Treatments (Sitz)			Safety Factors			Discharge Instructions		

FAMILY PLANNING COMPONENTS	INITIAL, DATE AND INDICATE "Y" OR "N"					
Alternative F.P. Methods						
How to Use F.P. Method						
Effectiveness of Method						
Possible Side Effects						
Medical Follow-Up Desired						
Preventive Health <i>(annual PE, pap, self breast exam., imm.)</i>						
Infertility Counseling						

POSTPARTUM (6 wk. exam.)	DATE INITIAL	SIGNATURE	INITIAL
Physical Status (involution, breast, etc.)			
Nutrition			
SIGNATURE	INITIAL		