

**N.C. Department of Health and Human Services  
Division of Public Health  
Women's and Children's Health Section**

## Home Visit for Postnatal Assessment/Follow-Up Care Audit Tool

Local Health Department: \_\_\_\_\_ Date \_\_\_\_\_

Patient Record Auditors—Name and Title: \_\_\_\_\_ County \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Patient Records Audit

No.	Patient ID	Patient Initials	Record Compliant		Comments
			Yes	No	
1					
2					
3					
4					
5					

### Postpartum Home Visit

(not a funding condition, but an encouraged practice)

	1	2	3	4	5
A. Within two weeks					
B. If patient is not seen within two weeks, how many weeks PP time frame?					

### I. Prenatal History

	1	2	3	4	5
A. Source of Prenatal Care					
B. When Prenatal Care Began (weeks/days gestation at initiation of prenatal care)					
C. Drug Use:					
1. Tobacco (code as Y/N)					
2. Electronic Nicotine Devices (code as Y/N)					
3. Alcohol (code as Y/N)					
4. Illegal Drugs (code as Y/N)					
5. Prescription/Over-the-Counter/Herbal/Remedies (code as Y/N)					
D. STI/HIV (code as Y/N)					
E. GBS (code as Y/N)					
F. Hepatitis (code as Y/N)					
G. Prenatal complications (code as Y/N)					
<b>Total:</b>					

**Comments:**

## II. Intrapartum

	1	2	3	4	5
A. Gravida/Parity (GTPAL)					
B. Place of Delivery					
C. Type of Delivery					
D. Problems During/After Delivery					
E. Received Immunization(s) as indicated post/delivery					
<b>Total:</b>					

**Comments:**

## III. Interim

	1	2	3	4	5
A. General Wellbeing (subjective)					
B. Physical Activities/Fatigue					
C. Emotional Status					
D. Depression Screening Tool Completed, Scored, and Referral if indicated (PHQ9 or EDPS)					
<b>Total:</b>					

**Comments:**

## IV. Infant Feeding

	1	2	3	4	5
A. Breastfeeding (code as Y/N)					
B. Other Infant Feeding					
C. Complications/Concerns (code as Y/N)					
D. Support Systems/Resources Available					
<b>Total:</b>					

**Comments:**

## V. Home & Social Environment

	1	2	3	4	5
A. Type/Condition of Dwelling (described)					
B. Number in Household (# of adults, # of children)					
C. Water Supply/Plumbing					
D. Basic Family Need of Clothing Met (code as Y/N)					
E. Working Stove and Refrigerator (code as Y/N)					
F. Electricity (code as Y/N)					
G. Environment/Safety Hazard					
H. Smoking—Home and/or Car (code as Y/N)					
I. Smoke/Carbon Monoxide Detectors (code as Y/N)					
J. Other ( <i>please specify below in comment section</i> )					
<b>Total:</b>					

**Comments:**

## VI. Nutrition Status

	1	2	3	4	5
A. Appetite					
B. Vitamin/Mineral Supplement					
C. Adequate Food Supply					
D. Fluid Intake (64 fluid ounces daily)					
<b>Total:</b>					

**Comments:**

## VII. Elimination

	1	2	3	4	5
A. Voiding/Bowel Function					
B. Hemorrhoids					
<b>Total:</b>					

**Comments:**

## VIII. Postpartum Physical Assessment

	1	2	3	4	5
A. General Appearance (code as X or O)					
B. T/P/R/BP (measure and document each)					
C. Breast/Nipples (code as X or O)					
D. Abdomen—Incision(s) (code as X or O)					
E. Uterus (code as X or O)					
F. Lochia (code as X or O)					
G. Episiotomy/Perineum (code as X or O)					
H. Legs (code as X or O)					
I. Other ( <i>please specify below in comment section</i> ) (code as X or O)					
<b>Total:</b>					

**Comments:**

## IX. Family Relationships

	1	2	3	4	5
A. Support Person					
B. Maternal-Infant Bonding					
C. Sexual Issues					
D. Interpersonal Violence					
<b>Total:</b>					

**Comments:**

## X. Contraception

	1	2	3	4	5
A. Current Method					
B. Planned Method					
C. Plans for Spacing Children					
<b>Total:</b>					

**Comments:**

## XI. Referrals

	1	2	3	4	5
A. WIC					
B. Medicaid <b>BeSmart</b> for FP Services					
C. Postpartum Exam/Family Planning					
D. Care Management for Children					
E. Breastfeeding Support					
F. Parenting Classes					
G. Transportation					
H. Newborn Assessment Completed					
I. Other ( <i>please specify below in comment section</i> )					
<b>Total:</b>					

**Comments:**

## XII. Coordination of Services

	1	2	3	4	5
A. Collaboration Pregnancy Care Manager					
B. Collaboration with Care Management for Children					
D. Other ( <i>please specify below in comment section</i> )					
<b>Total:</b>					

**Comments:**