



Postpartum Discharge Education Guide for Nurses



Use this checklist to guide discharge education and ensure all key tasks are completed before the patient leaves the hospital. It helps confirm that the patient receives thorough education and is connected to appropriate follow-up care. If the patient has a support person, include them in these conversations.

Review Reasons the Patient Should Call Their Provider

	Condition	Symptom	What could it mean?
	PreEclampsia	BP \geq 140/90, swelling, headache, vision changes, upper abdominal pain	Postpartum preeclampsia can occur after delivery and needs urgent attention.
	Infection	Fever \geq 100.4°F or \leq 96.8°F, foul-smelling discharge, wound redness or drainage, or reddened areas on the breast	These signs may indicate a uterine, surgical site infection, or mastitis. Early treatment is important.
	Bladder or Bowel issues	Burning, trouble urinating or pooping	Could indicate urinary tract infection, constipation, or a pelvic floor complication.
	Heavy Bleeding	Soaking 1+ pad/hour, passing clots the size of an egg or larger	This could mean postpartum hemorrhage, which can become dangerous if untreated.
	Increased Pain	New or increasing pain not responding to the medication prescribed at hospital discharge	Pain that doesn't improve may indicate complications like infection, poor healing, hematoma, or pre-eclampsia
	Deep Vein Thrombosis	Pain, swelling, redness, or warmth in one leg	These are signs of a possible blood clot (DVT), which can travel to the lungs if not treated.
	Mental Health Concerns	This looks different for everyone but can include: sadness, irritability, fatigue, worry, guilt, insomnia, panic, and detachment	These can be symptoms of postpartum depression or anxiety, and early help is important
	Substance Use	Using or considering using substances (nicotine, cannabis, alcohol, opioids, or other) to cope.	Using substances to cope can indicate the need for support. There are many resources available. If you need help, please reach out.

Remind the patient to trust their instincts. If something doesn't feel right, get help. They are not alone, and support is available.

Review Reasons the Patient Should Call 911

	Condition	Symptom	What could it mean?
	Mental Health Concerns	Thoughts of harming yourself, your children, or a loved one	These thoughts may be a sign of postpartum depression or a mental health crisis—help is urgent and available.
	Safety Concerns	If you feel scared or worried that you may be harmed physically, emotionally, or sexually when around someone close to you	These are signs of abuse and are dangerous for both you and your infant. If this is a concern for you, seek help immediately.
	Chest pain or shortness of breath	Pain in your chest or having a hard time breathing	A blood clot, heart failure, or pre-eclampsia may cause sudden shortness of breath and or chest pain.
	PreEclampsia	BP \geq 160/110, swelling, headache, vision changes, upper abdominal pain	Postpartum preeclampsia can occur after delivery and needs urgent attention. If your blood pressure is this high, it is an emergency.
	Lethargy	Excessive sleepiness, loss of consciousness, or weakness	This can be a symptom of many different issues: increased blood loss, infection, low oxygen levels, or overdose.

Review patient follow-up care: Check all that apply and plan care accordingly

	Hypertension or Cardiac Disease	BP check in 2-3 days and OB/PCP (cardiology if cardiac disease) in 1-2 weeks
	C-section or 3rd/4th degree laceration	Incision check with OB in 1-2 weeks
	Substance Use Disorder or Positive Screen	SBIRT, MAT referral, give naloxone. OB/PCP follow-up in 1-2 weeks
	Current or History of Mood Disorder	Ensure depression/anxiety screening was complete, mood check with OB in 1-2 weeks.
	History of VTE or on anticoagulation	Ensure 6 weeks of medications are prescribed before discharge
	Community resources and support referrals	Ensure referrals are complete and the patient is discharged with written resources

Support person present for education? Yes No Not applicable (circle one)

6 week follow up OB appointment scheduled at _____(OB office name) Date:_____

RN signature_____ Date:_____

Patient Signature:_____ Date:_____