



Postpartum Exam Log - Assisting Phase

ID #

Exam #	Client # or code:	Date of Exam:	# of days postpartum:	Comments about exam:	Preceptor ID #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					



IRM Form 12

ID #

Exam #	Client # or code:	Date of Exam:	# of days postpartum:	Comments about exam:	Preceptor ID #
20.					
21.					
22.					
23.					
24.					
25.					
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
37.					
39.					



IRM Form 12

ID #

Exam #	Client # or code:	Date of Exam:	# of days postpartum:	Comments about exam:	Preceptor ID #
40.					
41.					
42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					

The last 2 lines are reserved for corrections. Write the exam # and correction you would like to change in any of the 1 - 50 postpartum exams.



IRM Form 12

Key:

ID # - The # IRM assigns you when you create a account. **Client # or code:** The identification # or code listed on your clients charts. **# of days postpartum:** This must be answered with either- 24 hours, 48 hours, 72 hours, 1 weeks, 2 weeks, 3 weeks, 4 weeks, or 6 weeks. **Preceptor ID #** -The # IRM assigned to a preceptor after **Register a Preceptor** form was completed.

Requirements:

- 50 postpartum exams completed in an assisting role. These exams will range from 24 hours, 48 hours, 72 hours, 1 week, 2 weeks, 3 weeks, 4 weeks, and 6 weeks.
- These exams must be logged in chronological order.

Postpartum exam must include: Monitoring of bleeding/blood clots,(color, amount and odor). Palpate fundus for firmness and position. Urination and bowel movements, maternal intake and output, (proper nutrition and hydration). Vitals. Inquire about soreness, swelling or pain in the perineal area and examine sutures or tears. Inquire about after pains. Baby's length, weight, respiration, and heart rate. Inquire about wet diapers and bowel movements. Remove cord clamp if applicable. Observe at least one nursing session and offer support if needed. Answer questions/concerns and properly chart findings.

Please direct all questions and submit completed form to test@internationalmidwife.org