

**EDUCATIONAL NEEDS ASSESSMENT  
MATERNAL ONLY  
PART 1 OF 1**

Form No. \*\*\*\*\* Page 1 of 1 (01/08)

**Please take the time to review and bring your care sheets with you when you come to the hospital.**

During your stay at OSF Saint Francis Family Birthing Center, our goal is to always give you **very good nursing care by always keeping you informed and involving you in your care.** The nursing staff would like to help you to learn as much as you can about caring for yourself and your baby. We will give you a DVD called “You & Your Baby” to use as a learning tool at home. To learn more, please take the time to watch the “Newborn Channel” on your hospital TV - channel 23 (Spanish) / 24 (English). The “Newborn Channel” always runs shows about baby care and family life. **To help your nurse in always giving you very good care, please mark the ‘yes’ and ‘no’ column to tell us your needs.**

| How would you like to be given new information (check all that apply):  |  |           |
|---|--|-----------|
|   | <input type="checkbox"/> Nurse Talking with Me <input type="checkbox"/> Demo<br><input type="checkbox"/> Reading <input type="checkbox"/> Video Tape |           |
| <b>Transportation Issues:</b>   | <b>Yes</b>   | <b>No</b> |
| I have made plans for a ride home for 11:00 a.m. on the day of discharge.<br><i>It is our goal to have you ready for discharge by 11:00.</i>  |  |           |
| <b>Other</b>  | <b>Yes</b>   | <b>No</b> |
| I have been given my “Pain – Patient Rights and Responsibilities” handout.  |  |           |
| My doctor’s orders and nursing plan of care have been reviewed with me.   |  |           |
| I would like information on (please check):<br><input type="checkbox"/> Breast Self Exam <input type="checkbox"/> Second hand smoke & How to stop Smoking<br><input type="checkbox"/> Stress Management <input type="checkbox"/> Drug Abuse |  |           |
| <b>Care of Mother:</b>  | <b>Yes</b>   | <b>No</b> |
| I know how to take care of my incision.   |  |           |
| I know how to do peri-care (use my squirt bottle to clean my private area ).  |  |           |
| I know how to shower after having a baby.   |  |           |
| I know when I can I take a tub bath after having a baby.  |  |           |
| I know what body changes to expect.<br>[Bleeding, swelling feet, pain, uterus (womb), full breasts]   |  |           |
| I know the how to tell if I have an infection.  |  |           |
| I know what I can and cannot do physically after having a baby.   |  |           |
| I know when to expect my period to return.  |  |           |
| I know about postpartum depression / baby blues.  |  |           |
| I know what to do to lower my pain and be more comfortable.   |  |           |
| I know what type of bra I should wear after having a baby.  |  |           |
| I know what to do when I am unable to have a bowel movement   |  |           |
| I know what I should eat after having a baby.   |  |           |
| I know the how to tell if I have a breast infection (mastitis).   |  |           |
| <b>Holistic Care</b>  | <b>Yes</b>   | <b>No</b> |
| My spiritual needs have been met.   |  |           |
| My social service needs have been met.  |  |           |
| <b>Other questions I want to ask my Doctors and / or Nurses:</b>  |  |           |
|   |  |           |
|   |  |           |

I have received my Family Birthing Center Educational Brochure.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**EDUCATIONAL NEEDS ASSESSMENT  
NEWBORN  
PART 2 OF 2**

Form No. \*\*\*\*\* Page 2 of 2 (01/08)

***Please take the time to review and bring your care sheets with you when you come to the hospital.***

During your stay at OSF Saint Francis Family Birthing Center, our goal is to always give you **very good nursing care by always making sure you know what is going on with you and your baby.** The nursing staff would like to help you to learn as much as you can about caring for yourself and your baby. We will give you a DVD called "You & Your Baby" to use as a learning tool at home. To learn more, please take the time to watch the "Newborn Channel" on your hospital TV - channel 23 (Spanish) / 24 (English). The "Newborn Channel" always runs shows about baby care and family life. **To help your nurse in always giving you very good care, please mark the 'yes' and 'no' column to tell us your needs.**

|   | Yes | No |
|---|-----|----|
| Basic Baby Feeding:   |     |    |
| I know how often my baby should eat during the day and night.               |     |    |
| I know what to do if my baby is too sleepy or does not want to nurse / eat. |     |    |
| I know how to burp my baby.   |     |    |
| Bottle Feeding Baby:  | Yes | No |
| I know my water at home is safe for mixing baby formula.                    |     |    |
| I know how to make and store baby formula.                                  |     |    |
| I know how much formula my baby will eat at home.                           |     |    |
| I know when to give my baby more to eat and how much to give.               |     |    |
| I know how to hold my baby for feeding.                                     |     |    |
| I know why I should never prop my baby with his / her bottle.               |     |    |
| Breast Feeding Baby:  | Yes | No |
| I have gone to a Breastfeeding Class.                                       |     |    |
| I have breastfed before.  |     |    |
| I know if my baby is latched right.   |     |    |
| I understand how to use the hospital's breast pump (if needed).             |     |    |
| I know if my baby is getting enough milk.                                   |     |    |
| I know the different ways I can hold my baby to nurse.                      |     |    |
| I know what I should do when my breasts feel full.                          |     |    |
| I know why breast massage important.  |     |    |
| I know what a let-down reflex is.   |     |    |
| I know what to do for sore nipples.   |     |    |
| I know what 'cluster' feedings and growth spurts are.                       |     |    |
| I know what I should eat while breastfeeding.                               |     |    |
| I know which breast pump is best for me.                                    |     |    |
| I know when and how I should pump my milk.                                  |     |    |
| I know what my feeding options are when I return to work.                   |     |    |
| I know how to store my breast milk.   |     |    |
| I know what to do to make a good milk supply.                               |     |    |
| I know what I should eat to have a good milk supply.                        |     |    |
| Other questions I want to ask my Doctors and / or Nurses:                   |     |    |
|   |     |    |
|   |     |    |
|   |     |    |

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_