EMERGENCY DEPARTMENT DISCHARGE CHECKLIST
Pregnant & Postpartum Patients

1. Do you have an established prenatal care provider? - or - Have you had your postpartum check-up?

☐ Yes

Provider ____________________________

☐ Yes
☐ No

☐ May be appropriate for another follow-up visit depending on the reasons for ED admission *
☐ Provide education on postpartum danger signs *

☐ No

☐ OB provider on call

☐ Local clinic that accepts nearly all insurance

☐ Refer to resident-run clinic, if available

☐ If patient has a PCP, refer to primary care

2. Do you have transportation to visit your prenatal/postpartum care providers?

☐ Yes - no further action

☐ No

☐ If patient lives in Chicago and is an MCO patient, give them the phone number for transportation options

☐ See local resources document

3. Do you have any other barriers to attending prenatal/postpartum care?

☐ Yes

☐ Varies by patients based on their needs

☐ See local resources document

☐ No - no further action

4. Family Planning / Contraceptives

What is your current method of birth control?

______________________________

Do you want more information about methods of contraception?

☐ Yes

☐ No

5. Lactation Resources*

Have you had any difficulty nursing your baby?

☐ Yes

☐ Would you like to be referred to a lactation specialist to support you?

☐ Would you like resources on nursing?

☐ No - no further action

6. Perinatal Loss/Grief resources*

Have you recently experienced the recent loss of a loved one or your baby?

☐ Yes

☐ No - no further action

☐ Would you like any supportive resources?

☐ Healthy Families Health Choices Toolkit

☐ The Gathering Campaign

7. Insurance

☐ Do you have insurance?

☐ Yes - What kind of insurance do you use?

☐ No- Provide resources

*Only applies to postpartum patients