

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 _____

- 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**