

POSTPARTUM RECOVERY LOG

Week of: _____ | Day: 1 2 3 4 5 6 7

Provider Contact: _____

Symptom Category	Intensity (1-5)	Frequency / Description	Notes for Doctor
Physical Pain Incision, uterine cramping, perineal	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	
Lochia (Bleeding) Color, amount, clots	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	
Mental Wellness Mood, anxiety, sleep quality	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	
Breast/Nipple Health Engorgement, cracking, redness	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	
Elimination Bladder control, bowel movements	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	
Vital Signs Temp, swelling in legs/feet	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	

URGENT RED FLAGS (Call 911 or Hospital immediately):
Heavy bleeding (soaking 1 pad/hr), fever over 100.4F, severe headache/vision changes, chest pain, shortness of breath, or thoughts of hurting yourself/baby.

This chart is a tracking tool only and does not constitute medical advice.