

After the delivery – a form to fill out before your aftercare visit

	<u>Yes</u>	<u>No</u>
*Do you feel a need to talk about your delivery?	<input type="radio"/>	<input type="radio"/>
*Do you have residual bleeding after delivery?	<input type="radio"/>	<input type="radio"/>
*Have you experienced urine leakage after giving birth?	<input type="radio"/>	<input type="radio"/>
*Have you experienced gas and/or stool leakage after giving birth?	<input type="radio"/>	<input type="radio"/>
*If you've had penetrating and/or enclosing sex after giving birth, did you experience any discomfort?	<input type="radio"/>	<input type="radio"/>
*Do you feel a need to talk about becoming a parent?	<input type="radio"/>	<input type="radio"/>
*Do you breastfeed?	<input type="radio"/>	<input type="radio"/>
If yes, how did you breastfeed at 4 weeks post-partum?	Fully <input type="radio"/>	Partly <input type="radio"/> Not at all <input type="radio"/>
*Has your child been treated at a children's clinic?	<input type="radio"/>	<input type="radio"/>
*Did you get your period back after giving birth?	<input type="radio"/>	<input type="radio"/>
*Do you want to discuss contraceptives at your aftercare visit?	<input type="radio"/>	<input type="radio"/>
* How did you perceive your state of health during pregnancy?		
<input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Neither good or bad <input type="radio"/> Bad <input type="radio"/> Very bad		
* How did you perceive your state of health after you gave birth??		
<input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Neither good or bad <input type="radio"/> Bad <input type="radio"/> Very bad		
* Have you been vaccinated against seasonal flu during pregnancy?	<input type="radio"/>	<input type="radio"/>
* Have you been vaccinated against whooping cough during pregnancy?	<input type="radio"/>	<input type="radio"/>
* Please enter your weight _____ kg		

Give this form to your midwife, thank you!