

Post-natal

Please complete the survey below.

Thank you!

During the post-natal period please select the frequency which best supports your clinical practice or opinion of best practice.

	2 weekly	4 weekly	6 weekly	8 weekly	>8 weekly
1) Frequency of physical clinical review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2) Frequency of maternal blood sampling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3) Frequency of assessment of nutritional status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HPN adjustments: Please select the option below which best describes your general opinion or experience with regarding PN formulation during the post-natal period when the mother is breast feeding:

	Increase	Decrease	Remain the same
4) Energy requirements/calorie content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5) Lipid content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6) Protein content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7) Vitamins/Micronutrients content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HPN adjustments: Please select the option below which best describes your general opinion or experience with regarding PN formulation during the post-natal period when the mother is NOT breast feeding:

	Increase	Decrease	Remain the same
8) Energy requirements/calorie content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9) Lipid content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10) Protein content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11) Vitamins/Micronutrient content	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 12) Please specify any vitamin or micronutrient changes you would make during the post-natal period?
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