

My Post-Birth Wallet Card

My Name:

I gave birth on (date):

I gave birth at the following hospital:

My Post-Birth Health Check date:

My OB provider:

My OB's phone number:

**See Reverse for
Additional Info**



**Take a picture with your
phone and keep with you in
case of emergency!**



My Post-Birth Health Information

I had the following complications:

My Post-Birth Medications:

My Post-Birth Follow-Up Plan:
