

# Postpartum Plan

FOR THE \_\_\_\_\_ FAMILY



## Postpartum Team

The designated contact person for our postpartum plan is:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Preferred Contact Method:  Phone  Email

List below trusted family and friends that may be called on for support :

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



## PROFESSIONAL SUPPORT

\_\_\_\_\_  
Healthcare Provider Phone

\_\_\_\_\_  
Pediatrician Phone

\_\_\_\_\_  
Nearby Lactation Consultant Phone

\_\_\_\_\_  
Nearby Postpartum Support Group Phone

## Postpartum Support International: 1-800-944-4773

Confidential messages may be left at any time, and are returned between 8am - 11pm EST

## Caring for Mom

List activities that bring you relaxation and joy. Take time for at least one daily

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

# Postpartum Plan



I feel cared for when people help me with:

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The following actions or activities cause me anxiety, stress, or anger:

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## SLEEP FOR MOM

How much sleep do you need every 24 hours to function well?

- 6 hours    7 hours    8 hours    9 hours

To get the hours of sleep above, I will:

- Sleep only at night    Sleep at night and nap with baby    Sleep at night and nap whenever I can

To be supported during night sleep, I need (check all that apply):

- Water    Snacks    Breast Pump    Prepared Bottles    Other \_\_\_\_\_

## FOOD

How do you and your family plan to be fed?

- Cook food day-to-day    Prepare frozen meals ahead    Order out    A combination of all

If cooking food day to day, list the names of those in charge of preparing meals

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

If preparing frozen meals, list the names of those in charge of preparing the meals

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

# Postpartum Plan



What are you and your family's favorite homemade meals?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

What are you and your family's favorite takeout meals?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

Snacks and quick bites will come in handy during feeding sessions or contact napping for baby. List your favorite snacks to have on hand.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

List any allergies or intolerances that should be considered for food preparation.

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## VISITORS

Are you open to visitors at the birthing facility/hospital?  Yes  No

Are you open to visitors at home?  Yes  No

What visitors are permitted?  Family  Friends  Family & Friends  Anyone

All visitors are required to:  Wash hands  Wear a Mask  Be vaccinated

We ask that visitors refrain from:  Kissing baby  Touching baby's hands  Holding baby

Visitors are welcome to help, and can do the following:

- Bringing groceries/snacks  Load/unload laundry  Take other kids for walk  
 Wash or load/unload dishes  Fold laundry  Care for baby  
 Make my bed  Prep food for snacks  Take pictures

Code word or phrase for when mom needs relief from visitors: \_\_\_\_\_

# Postpartum Plan



## Caring for Baby

Consider who will do the following:

Change diapers \_\_\_\_\_ Soothe baby \_\_\_\_\_

Bottle feed baby \_\_\_\_\_ Take the baby on walks \_\_\_\_\_

Burp Baby \_\_\_\_\_ Bathe baby \_\_\_\_\_

## FEEDING

I plan to:

- Exclusively breastfeed     Pump and bottle feed     Exclusively formula feed     Combination feed

If bottle feeding, who will feed baby during the day?

\_\_\_\_\_

If bottle feeding, who will feed baby at night?

\_\_\_\_\_

## BABY SLEEP

Where will the baby sleep?

- In our bed     In a bedside bassinet     In a crib in our room     In a crib in the nursery

Who will care for the baby at night?

- Mom     Partner     Postpartum Doula     Family member