

# Postpartum Support Plan

A postpartum plan is a tool to identify resources & expectations *BEFORE* your baby arrives. Think of it as a way to talk through logistics as a team and organize your thoughts now so that you can reduce stress in order to ease into this new life transition together.

## PARENTAL LEAVE

How long will you take off from work after the baby is born?

Mom \_\_\_\_\_ Partner \_\_\_\_\_

\*Talk with your coworkers to ensure that everything is handled so that you are not bothered during this time. \ Parental leave is not a vacation!

## VISITORS

We would like to have visitors the day of or day after birth. YES or NO

If yes, who? \_\_\_\_\_

We would like to have visitors the first 2 weeks. YES or NO

If yes, who? \_\_\_\_\_

Visits should last no longer than \_\_\_\_\_.

I am okay with others holding our baby. YES or NO

Phrase to help encourage guests it's time to leave: \_\_\_\_\_

List of tasks that visitors can help with while visiting:

Name: \_\_\_\_\_ can help with \_\_\_\_\_

Name: \_\_\_\_\_ can help with \_\_\_\_\_

Name: \_\_\_\_\_ can help with \_\_\_\_\_

Name: \_\_\_\_\_ can help with \_\_\_\_\_

Name: \_\_\_\_\_ can help with \_\_\_\_\_

Name: \_\_\_\_\_ can help with \_\_\_\_\_

\*Some ideas: empty dishwasher, load dishwasher, clean bathroom, watch the baby so mom can take a nap/ shower, help with laundry, run errands, pick up food, help with older children/pets, etc.

\*Remind visitors to wash their hands & refrain from kissing baby if those are your wishes.

## FEEDING

I plan to:

\_\_\_ Breastfeed on demand \_\_\_ Breastfeed on a schedule

\_\_\_ Pump & bottle feed \_\_\_ Formula feed

\_\_\_ Combination feed (breast, pump + bottle, formula) \_\_\_\_\_

## SLEEP & REST

Where will the baby be sleeping?

\_\_\_ Co-sleeping in my bed \_\_\_ Bassinet in my room \_\_\_ Crib in his/her room

Other notes about baby sleep: \_\_\_\_\_

Who will get up with baby during the night? \_\_\_\_\_

Mother's tasks: \_\_\_\_\_

Partner's tasks: \_\_\_\_\_

\*Will you and your partner both be getting up at night? I.e. - one person to feed, burp, change, put baby back to sleep - or - team up on these things? Or will you take shifts? I.e. - 9pm-12am, 12am-3am, 3am-6am, etc.

## CARETAKERS / PROFESSIONAL RESOURCES

Lactation Consultant: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Infant Care Consultant: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Pediatrician/Health Care: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Mom's Health Provider: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Day Babysitter: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Night Babysitter: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Counselor/therapist: \_\_\_\_\_ Contact Info: \_\_\_\_\_

## COMMUNITY GROUPS / RESOURCES

Name: \_\_\_\_\_ Meets: \_\_\_\_\_

Name: \_\_\_\_\_ Meets: \_\_\_\_\_

Name: \_\_\_\_\_ Meets: \_\_\_\_\_

Name: \_\_\_\_\_ Meets: \_\_\_\_\_

\*Local mom-groups, lactation meetings, support groups, church groups, exercise classes, etc.

## SIBLING SUPPORT

Who can help with my child(ren) when I am in labor?

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

How I plan to introduce my child(ren) to their new sibling(s):

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Ways my child(ren) can bond with their new sibling(s):

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Any special needs or routines to be mindful of?

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Ways we plan to spend special time with older sibling(s):

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## PET SUPPORT

Who can help with my pet(s) when I am in labor?

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

How I plan to introduce my pet(s) to their new sibling(s):

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Any special needs or routines to be mindful of?

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Ways we plan to spend special time with older sibling(s):

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Other notes: \_\_\_\_\_

## ALL ABOUT MOM

What is most important to you in this first year with a new baby?

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What helps you feel at ease / less stressed?

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What creates stress / tension for you?

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Specific ways my partner can help me feel at ease / supported:

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## ALL ABOUT DAD

What is most important to you in this first year with a new baby?

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What helps you feel at ease / less stressed?

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What creates stress / tension for you?

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Specific ways my partner can help me feel at ease / supported:

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## PARENTING / FAMILY RESPONSIBILITIES

Who will be doing the following? (One of you, both of you, or someone else)

- |                                |                                   |
|--------------------------------|-----------------------------------|
| Changing diapers _____         | Feeding the baby _____            |
| Helping baby to sleep _____    | Burping the baby _____            |
| Bathing the baby _____         | Taking baby for a walk _____      |
| Washing/folding laundry _____  | Dishes _____                      |
| Grocery shopping _____         | Taking out the trash _____        |
| Making meals _____             | Pet care _____                    |
| House cleaning _____           | Caring for older siblings _____   |
| Making baby appointments _____ | Taking baby to appointments _____ |
| Bills/finance _____            | Planning time together _____      |
| Other _____                    |                                   |
| Other _____                    |                                   |
| Other _____                    |                                   |
| Other _____                    |                                   |

## POSTPARTUM HEALING

Mom: I plan to rest for \_\_\_\_\_ DAYS / WEEKS in order for my body to heal & recover.

\*It is recommended to rest (eating, feeding baby, showering, and resting ONLY) for the first 2 weeks postpartum.

Notes \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## LIST OF PEOPLE WHO CAN HELP YOU WHEN NEEDED

IN THE MORNING

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

IN THE AFTERNOON / NIGHT

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

# MEAL PLANNING

Frozen meals to prepare ahead of time:

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Grocery delivery / curbside pickup

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Favorite restaurants with delivery / take-out

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Meal train: list of people to send invites to:

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List of allergies / preferences / dietary needs:

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Foods / supplements / medicines to always have on hand:

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# Mental Health Checklist

Perinatal mood & anxiety disorders (PMADs) affect up to 20% or more of mothers. Fathers can also experience depression & anxiety after a baby's birth as well. It's important to know how to identify the signs of PMADs as well as identify local professionals who can assist with counseling when needed. There's no reason to suffer in silence.

## IDENTIFYING BABY BLUES & PMADs

\_\_\_\_\_ I feel confident that I know the signs of PMADs. Those can include:

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\_\_\_\_\_ I have talked with my OB/midwife/doula about the baby blues.

\_\_\_\_\_ I have talked with my OB/midwife/doula about PMADs.

\_\_\_\_\_ I have talked with my partner about baby blues & PMADs.

## SUPPORT

Who can I call when I'm feeling down / stressed / depressed?

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

What local postpartum support groups are near me?

Name: \_\_\_\_\_ Meets: \_\_\_\_\_

Name: \_\_\_\_\_ Meets: \_\_\_\_\_

What mental health professionals can I connect with that specialize in maternal / family / marriage counseling and/or therapy?

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Info: \_\_\_\_\_

One way to check in as a family is to be intentional about communication. Each day you can ask one another deeper questions than the simple, "How was your day?" Consider something like: "What was a bright spot / win in your day today?" and "What was something you had a hard time with today? How can I support you in that?" This helps hold you both accountable to identify how you're feeling and potentially reduce effects of PMADs.