

Postpartum Plan

for the _____ Family

Congratulations! You're having a baby. You've thought about your [birth plan](#) and are now thinking ahead and preparing for life with your newborn.

A **postpartum plan** is just as important as a birth plan. It's a written document that you prepare with your partner to express your goals and preferences for life during the first weeks and months with your new baby. It's a tool to help you identify resources before your baby's arrival and before you need them. Think of this template as a worksheet to organize your thoughts and plan for your life with your new baby so that you can reduce your stress and ease your transition into parenthood.

We are thrilled for you and this next wonderful chapter in your life! With this postpartum plan, you'll be more prepared and supported, which is what we want for every new family.



**baby
chick**

1. Parental Leave

Who is staying home?

___ Mom ___ Partner

How long will you stay home after the birth?

Mom _____

Partner _____

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

2. Visitors

We expect to have ___ visitors the first **3 days**.

We expect to have ___ visitors the first **2 weeks**.

Visits should last no longer than _____.

Code word or code phrase for partner to help encourage guests to leave is

_____.

*Remind visitors to wash their hands when they enter and avoid kissing baby during their visit.

A list of tasks that visitors can help with while visiting:

- _____
- _____
- _____
- _____
- _____
- _____

*Some ideas: empty the dishwasher, fill the dishwasher, watch the baby as mom takes a shower, fold baby laundry, run some errands, entertain older children, walk the dogs.

3. Parenting Roles

As the **mother**, I expect my **partner's role** to be:

- _____
- _____
- _____

As the **partner**, I expect the **mother's role** to be:

- _____
- _____
- _____

Parenting/Family Responsibilities: who will be doing the following?

(It may be one of you, both of you, or someone you hire)

- | | |
|---|---|
| <input type="checkbox"/> Changing diapers | <input type="checkbox"/> Housecleaning |
| <input type="checkbox"/> Feeding the baby | <input type="checkbox"/> Caring for the older children
& their schedules |
| <input type="checkbox"/> Calming the baby | <input type="checkbox"/> Pet care |
| <input type="checkbox"/> Burping the baby | <input type="checkbox"/> Bills and finances |
| <input type="checkbox"/> Bathing the baby | <input type="checkbox"/> Grocery shopping |
| <input type="checkbox"/> Going on walks with the baby | <input type="checkbox"/> Other errands |
| <input type="checkbox"/> Meal prep or take-out | |
| <input type="checkbox"/> Laundry | |

4. Sleep & Rest

Where will the baby sleep?

Co-sleeping in my bed Crib in his/her own room

In our room but in their own crib/co-sleeper/bassinet/pack n play/Snoo

Who will care for baby during the day?

Mom Partner Family Member/Friend Postpartum Doula

Who will care for baby at night? (Check all that apply)

Mom Partner Family Member/Friend Postpartum Doula

*Will you and your partner both be getting up at night? (For example, one feeds the baby and afterwards the other burps the baby, changes the baby, puts baby back to sleep?)

Or will you take shifts? (For example, Partner 10pm-1am, Mom 1am-5am, Both 5am-10pm)

Who can help you?

1. The morning time?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

2. The afternoons/evenings?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

3. Overnight?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

4. Who can "move-in" for a week or two for extra support?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Local Resources for Rest & Sleep

Postpartum Doulas

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Day Nannies / Night Nannies

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

5. Food & Hydration

Frozen meals to prepare:

- _____
- _____
- _____
- _____
- _____

Grocery stores that deliver or have curbside pick-up:

- _____
- _____
- _____
- _____

Restaurants that offer delivery & take-out:

- _____
- _____
- _____
- _____
- _____

MealTrain.com: list who can bring you food during the first month with baby

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

* Remember to list any diet restrictions, food allergies, or food preferences when setting up your Meal Train.

6. Breastfeeding/ Bottle-Feeding Support

I plan to:

Breastfeed on demand Breastfeed on a schedule

Pump and bottle feed Formula feed

Who will support and encourage your feeding choices? (Friends, relatives)

- _____
- _____
- _____

Local Resources for Infant Feeding

Postpartum Doulas: (DONA.org, CAPPA.net, DoulaMatch.net)

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Lactation Consultants (ILCA.org)

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Doctor/Midwife

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Pediatrician

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Breastfeeding Support Groups/ La Leche League Groups (LLL.I.org)

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

7. Sibling Support

Who can help watch over and care for your older children when mom and baby return home?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Any special needs or routines that are important for them to know about your child(ren)? (For example, diet, allergies, medications, routine/schedule, etc.)

- _____
- _____
- _____

Ways I plan to have my child(ren) bond with the new baby:

- _____
- _____
- _____

8. Pet Support

Who can help care for your pets when you return home with baby?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Any special needs or routines that are important to know about your pet(s)?

(For example, diet, medications, routine/schedule, etc.)

- _____
- _____
- _____

9. Mommy & Daddy Time/ Me Time

MOM

What calms you?

- _____
- _____
- _____
- _____

What brings you joy? What makes you laugh?

- _____
- _____
- _____
- _____

What do you enjoy doing that re-energizes and recharges you?

- _____
- _____
- _____
- _____

What food or items provide me comfort?

- _____
- _____
- _____
- _____

What are ways my partner can help me feel recharged?

- _____
- _____
- _____
- _____

Partner

What calms you?

- _____
- _____
- _____
- _____

What brings you joy? What makes you laugh?

- _____
- _____
- _____
- _____

What do you enjoy doing that re-energizes and recharges you?

- _____
- _____
- _____
- _____

What food or items provide me comfort?

- _____
- _____
- _____
- _____

What are ways my partner can help me feel recharged?

- _____
- _____
- _____
- _____

Together

What activities do you both enjoy doing together that will help you reconnect as a couple?

- _____
- _____
- _____
- _____

It is important in our relationship that we:

- _____
- _____
- _____
- _____

Who can provide occasional childcare for you to make these activities happen?
(Friends, family, childcare professionals)

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

10. Community Support

Who do I know that has a baby or young children?

- _____
- _____
- _____
- _____
- _____
- _____

What are some groups, organizations, or other resources that I can connect with that have parents with young babies?

- _____
- _____
- _____
- _____
- _____
- _____

*Some examples: mom groups, breastfeeding support groups, house of worship groups, colleagues at work, childbirth education classes I took, prenatal/ postnatal fitness classes, common friends, "mommy's day out" programs, or online discussion groups.

Online Resources

- Baby-Chick.com
- _____
- _____
- _____
- _____

11. Mental Health Support

Perinatal mood and anxiety disorders (PMADs) affect up to 20% of pregnant people and new parents. Fathers can experience depression and anxiety disorders too after baby's birth. This is why it's important to have some resources in place as well as a list of local mental health care professionals who have expertise in PMADs in your area. These professionals can assist with counseling and medication when necessary.

Do you and your partner know the signs of PMADs? ___ Yes ___ No

___ I have talked with my OB, midwife, and doula about the baby blues.

___ I have talked with my OB, midwife, and doula about perinatal mood and anxiety disorders.

___ I have talked with my partner about perinatal mood and anxiety disorders.

___ I will be aware of my own mood changes after childbirth and ask for help if I need it.

Who is supportive that can I call if I'm feeling blue and need someone to listen?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

What are some local postpartum support groups that I can turn to?

*Make a note of the group name, meeting place, and meeting time.

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

Who are some mental health professionals that I can connect with that specialize in postpartum/family/marriage therapy?

Name: _____ Contact Info: _____

Name: _____ Contact Info: _____

12. Returning to Work

Mom: When are you returning to work? _____

Partner: When are you returning to work? _____

What is the plan for easing back into work?

- _____
- _____
- _____

What are the childcare options we are considering? (Daycare, babysitters, nannies, au pairs)

- _____
- _____
- _____

House chores: Who will be responsible for housekeeping chores and which chores?

- _____
- _____
- _____

What are your greatest concerns when returning to work?

- _____
- _____
- _____

What are your partner's concerns when returning to work?

- _____
- _____
- _____