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.
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)

- Changing diapers
- Feeding the baby
- Calming the baby
- Burping the baby
- Bathing the baby
- Going on walks with the baby
- Meal prep or take-out
- Laundry
- Housecleaning
- Caring for the older children & their schedules
- Pet care
- Bills and finances
- Grocery shopping
- Other errands
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 (LLLI.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?
• ______________________________________________________________________________
• ______________________________________________________________________________
• ______________________________________________________________________________