

Postpartum Plan

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**Postpartum support team:**

My care provider will have regular checkups with me until \_\_\_\_\_\_ postpartum

Midwife/doctor:

Pediatrician:

Postpartum doula:

Lactation consultant/breastfeeding counselor:

Counselor/therapist:

Babysitter/nanny:

Nurses/social workers/other:

**Physical healing:**

-Circle all that apply: To support my postpartum healing, I intend on using a peri-bottle, pharmaceutical pain relief, alternative/complimentary pain relief (teas, tinctures, decoctions, balms/ointments, acupressure, acupuncture, massage, hydrotherapy, mindfulness/meditation), sitz baths, padsicles

-I intend on resting and being skin to skin with baby as much as possible for \_\_\_\_ days/weeks after birth

-I can take \_\_\_\_\_\_\_\_\_\_\_ off work

-My partner (or main support person) can take \_\_\_\_\_\_\_\_\_\_\_ off work

-I have discussed safe exercise with my care provider and I intent on exercising \_\_\_\_ times a week starting \_\_\_\_\_ weeks postpartum

*\*\*Tip: Have ‘’stations’’ around the house around the house for you and baby so you don’t need to travel far for pad/diaper changes!\*\**

**Rest:**

-How much sleep do I need/expect every 24 hours?

Partner A:

Partner B:

-Where will the baby sleep?

-Friends/family/postpartum doula who I can call for help:

**Food for baby:**

-Do you plan to breast/chest feed? Pump? Formula feed?

-List the equipment/supports/resources you have or would like to have:

-What are your expectations for feeding baby? (cues, schedule, support)

-Will you have a feeding/elimination chart for baby?

**Food for you:**

-Try to list 3 people who can prepare frozen meals

-Meal train, organized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Order takeout \_\_\_\_\_\_ times a week

**Placenta:**

-Circle all that apply: Placenta encapsulation, prints, tincture, burial, discard

**Visitors:**

-We plan on having visitors (circle all that apply) visit whenever they like, only visit between the hours of \_\_\_\_/\_\_\_\_, only visit if we agree to a certain time, no visitors until \_\_\_\_\_ days/weeks after the birth

*\*\*Tip: Create a checklist of things visitors can do to help, leave/hang by the door\*\**

**Support around the home:**

-Friend/family member who can help \_\_\_\_\_\_\_\_\_\_\_ (outside chore; walk dog, mow lawn etc.) once a week:

-Friend/family member who can help \_\_\_\_\_\_\_\_\_\_\_\_\_ (inside chore; do laundry, wash dishes, clean) once a week:

-Friend/family member who can get groceries once a week:

**Emotional support:**

In what places/groups can I discuss my birth experience?

In what places/groups can I find support with other parents of newborns?

What local/online resources are available if myself or my partner experiences a postpartum mood disorder?

**Relationship support:**

-In what ways can I practice self care?

Partner A:

Partner B:

-In what ways can I help my partner recharge?

Partner A:

Partner B:

My expectations for postpartum intimacy are:

It is important for our relationship that we: