

Postpartum Goals

Name(s):

Medical Care Providers

For Parent
For Child
Nearest Hospital
Insurance

Who's at Home Supporting You

Sunday
morning
afternoon
evening/night

Monday
morning
afternoon
evening/night

Tuesday
morning
afternoon
evening/night

Wednesday
morning
afternoon
evening/night

Thursday
morning
afternoon
evening/night

Friday
morning
afternoon
evening/night

Saturday
morning
afternoon
evening/night

Who to call when you want support with...

Lactation and Infant Feeding
Emotions and Thoughts
General Newborn Care
Other

Planned Length of Postpartum Leave

Parent #1 Plan

Work Contact

Parent #2 Plan

Work Contact

Notes

Managing Visitors

Consider sending friends and family likely to visit you and your newborn these guidelines prior to your birth.

Days of the week and time of day you'd like visitors

Length of time visitors should expect to stay

Food or drinks visitors can bring if they'd like

Tasks visitors can do to help before leaving

Notes

Postpartum Goals *continued...*

What You're Eating

Example Day

morning _____
afternoon _____
evening _____
snack _____

Example Day

morning _____
afternoon _____
evening _____
snack _____

Example Day

morning _____
afternoon _____
evening _____
snack _____

What you'll want to make ahead of time...

What people can bring you (and who can bring it)

_____	_____
_____	_____
_____	_____
_____	_____

Physical Activity

*What kinds of healthy physical activity can you do?
Talk to your care provider to create a plan that fits you.*

Month One

Month Two

Month Three +

Childcare Options

Babysitter _____

Nanny _____

Daycare _____

Family/Friends _____

Postpartum Supplies Checklist Start

Where to start in your list of items to get before birth...

- | | |
|---|--|
| <input type="checkbox"/> Extra sheets | <input type="checkbox"/> Adult diapers |
| <input type="checkbox"/> Pads | <input type="checkbox"/> Reusable water bottle |
| <input type="checkbox"/> Postpartum clothes | <input type="checkbox"/> Ibuprofen |
| <input type="checkbox"/> A peri bottle | <input type="checkbox"/> Sitz bath mixes |
| <input type="checkbox"/> Warm compresses | <input type="checkbox"/> Breast pump |
| <input type="checkbox"/> Vitamins | <input type="checkbox"/> Recommended books |

Extras to Consider

Resources in your area that support through/with...

Babywearing _____

Physical Activity _____

Massage _____

Infant Feeding _____

Bellybinding _____

Cloth diapering _____

Infant Sleeping _____

Photography _____

Other _____
