

Postpartum Care Plan

SLEEP

HOW MUCH SLEEP DO I NEED/EXPECT EVERY 24 HOURS? _____

WHERE WILL THE BABY SLEEP?

- ☐ In our room in a bassinet*

WHO WILL CARE FOR THE BABY AT NIGHT? : (Select all that apply)

- ☐ Mom
☐ Partner
☐ Family Member/Friend
☐ Postpartum Doula

Notes _____

FEEDING

I PLAN TO: (Select all that apply)

- ☐ Breastfeed - even if you use formula at some point (ex. return to work) it's important to start off with only breastfeeding to establish a robust supply and maintain your baby's natural gut environment as long as possible
☐ Goal for exclusive human milk feeding (ex. 1 week, 6 months) _____
☐ Pump
☐ Combination (formula and breastmilk)
☐ Formula feed
☐ Unsure

Notes _____

MEALS

WE PLAN TO: (select all that apply)

- ☐ Have frozen meals prepared
☐ Prepare meals day-to-day ourselves
☐ Create a meal train
☐ Order take out ___ times a week
☐ Have family bring food
☐ Hire outside services to prepare meals
☐ Other

Notes _____

* AAP recommendation is to give babies their own sleep space in your room, separate from your bed.

VISITORS

WE EXPECT TO HAVE ___ VISITORS IN THE FIRST 3 DAYS

WE EXPECT TO HAVE ___ VISITORS IN THE FIRST 2 WEEKS

WE EXPECT A VISIT FROM A FRIEND TO LAST _____

WE EXPECT A VISIT FROM FAMILY TO LAST _____

HERE IS A LIST OF TASKS A VISITOR CAN HELP WITH:

- 1.
- 2.
- 3.
- 4.
- 5.

Notes _____

ROLES

AS THE MOTHER, I EXPECT MY PARTNER'S ROLE TO BE:

AS THE PARTNER, I EXPECT THE MOTHER'S ROLE TO BE:

CONSIDER WHO WILL BE DOING THE FOLLOWING:

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

- Changing diapers
- Feeding
- Calming baby
- Burping baby
- Taking baby on walks
- Dinner prep or Take-out
- Laundry
- Housecleaning
- Pet care
- Bills and finances
- Grocery shopping
- Other errands

SELF-CARE

WHAT ARE WAYS I CAN PRACTICE SELF-CARE?

WHAT FOOD OR ITEMS PROVIDE ME COMFORT

WHAT ARE WAYS MY PARTNER CAN HELP ME FEEL RECHARGED?

RELATIONSHIPS

IT IS IMPORTANT IN OUR RELATIONSHIP THAT WE:

HERE IS A LIST OF FRIENDS AND FAMILY WE CAN CALL FOR HELP:



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