



Raising Moms

POSTPARTUM PLAN

IMPORTANT CONTACTS

OBGYN: _____

PEDIATRICIAN: _____

DOULA: _____

LACTATION: _____

OTHER: _____

UPCOMING APPOINTMENTS:

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

IDEAS FOR SELF-CARE:

HERE ARE SOME THINGS I COULD DO TO FILL MY CUP

- ☐ SLEEP
- ☐ A COMFORTING MEAL/SNACK
- ☐ READING A BOOK
- ☐ WATCHING A SHOW
- ☐ A BATH/LONG SHOWER
- ☐ A WALK AROUND THE NEIGHBORHOOD
- ☐ LISTENING TO A PODCAST

- ☐ MANICURE/PEDICURE
- ☐ GETTING A FANCY COFFEE
- ☐ JOURNALING
- ☐ GUIDED MEDITATION

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PARTNER SUPPORT IDEAS

HERE ARE SOME WAYS MY PARTNER CAN SUPPORT ME

- ☐ DIAPER CHANGES
- ☐ WASHING BABY BOTTLES AND/OR PUMP PARTS
- ☐ STOCKING THE CHANGING TABLE
- ☐ STOCKING THE DIAPER BAG
- ☐ PACKING/STORING/MIXING MILK
- ☐ TAKE PICTURES OF ME AND THE BABY

- ☐ FILL UP MY WATER BOTTLE/OFFER ME A SNACK
 - ☐ BABY DUTY SO I CAN REST/SHOWER/NAP
 - ☐ SPENDING TIME WITH OUR OTHER CHILDREN
 - ☐ CARING FOR OUR PETS
 - ☐ HOME TASKS (LAUNDRY, DISHES, GROCERIES, TRASH)
- ☐
- _____



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POSTPARTUM SUPPORT PLAN

DEAR FRIENDS AND FAMILY

THANK YOU SO MUCH FOR ALL OF THE LOVE AND SUPPORT YOU HAVE SHOWN US AS WE WELCOME OUR NEW BABY INTO OUR LIVES, WE ARE SO GRATEFUL! WE WELCOME AND APPRECIATE YOUR CONTINUED SUPPORT AS WE REST, RECOVER, AND NAVIGATE LIFE WITH A NEWBORN. HERE ARE SOME WAYS YOU CAN HELP SUPPORT US!

WE HOPE YOU UNDERSTAND THAT OUR VISITS MAY BE SHORT, WE ARE EXHAUSTED! HELP US KEEP OUR FAMILY HEALTHY BY WASHING YOUR HANDS AND REFRAIN FROM VISITING US IF YOU ARE ILL. YOUR VISIT MAY FALL DURING A TIME WHEN BREASTFEEDING OR PUMPING IS HAPPENING. OUR APOLOGIES IF THIS MAKES YOU UNCOMFORTABLE BUT PLEASE UNDERSTAND THAT THIS CANNOT BE AVOIDED AND WE NEED TO FEED AS NEEDED. WE APPRECIATE YOUR SUPPORT OF OUR PARENTING CHOICES AND KINDLY ASK THAT YOU DO NOT SHARE ADVICE OR ANECDOTES UNLESS WE ASK. THANK YOU SO MUCH FOR LOVING ON US AND OUR GROWING FAMILY!



HOW YOU CAN HELP US!

HERE IS A LIST OF TASKS THAT WOULD HELP AND SUPPORT OUR FAMILY

- ☐ WASHING DISHES
- ☐ WASHING BABY BOTTLES AND/OR PUMP PARTS
- ☐ FOLDING BABY LAUNDRY
- ☐ TAKING OUT THE TRASH
- ☐ MAKING/BRINGING A MEAL
- ☐ PICKING UP GROCERIES
- ☐ TENDING TO OUR GARDEN/HOUSEPLANTS

- ☐ WATCHING BABY SO WE CAN REST/NAP/SHOWER
- ☐ SPENDING TIME WITH OUR OTHER CHILDREN
- ☐ CARING FOR OUR PETS
- ☐ TALKING TO US ABOUT TOPICS UNRELATED TO BABY
- ☐ TAKING PICTURES OF US WITH THE BABY

- ☐ _____
- ☐ _____



Raising Moms

SIX WEEK CHECK-UP

DEAR PROVIDER

I UNDERSTAND YOUR TIME IS VALUABLE AND MAY BE LIMITED. I HAVE PROVIDED THIS CHECKLIST OF TOPICS WHERE I HAVE SPECIFIC CONCERNS. I HOPE THIS WILL SERVE TO MAKE OUR APPOINTMENT AS EFFICIENT AS POSSIBLE! I AM SO GRATEFUL TO HAVE THIS TIME WITH YOU TODAY, THANK YOU!



POSTPARTUM CHECK-UP

- ☐ MENTAL HEALTH: _____
- ☐ VAGINAL/INCISIONAL PAIN: _____
- ☐ BLEEDING: _____
- ☐ BOWELS/BLADDER: _____
- ☐ PELVIC FLOOR: _____
- ☐ BREASTS/BREASTFEEDING: _____
- ☐ EXERCISE: _____
- ☐ INTIMACY: _____
- ☐ _____
- ☐ _____
- ☐ _____

