

# Post-Partum

planning and check-in

## Important Contacts

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OBGYN/Midwife: \_\_\_\_\_

Doulas: \_\_\_\_\_

Lactation: \_\_\_\_\_

Mental Health: \_\_\_\_\_

Placenta: \_\_\_\_\_

Pediatrician: \_\_\_\_\_

Other: \_\_\_\_\_

## Important Info

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How much sleep do you typically need? \_\_\_\_\_

Who will care for baby overnight? \_\_\_\_\_

Where will baby sleep? \_\_\_\_\_

Friends/Family we could call anytime: \_\_\_\_\_

How do you plan to feed baby? \_\_\_\_\_

It is important to our relationship that we: \_\_\_\_\_

### Visitors

Welcome anytime

Certain hours (       )

Limit to

May hold baby?

### If mom is napping

Wake if baby needs to eat

Feed Bottle

Answer door/phone

Wake for visitors

### If breastfeeding

Guests welcome to stay

Guests asked for privacy



## Meals

- Frozen meals prepared
- Meal train
- Prep day to day
- Take out \_\_\_\_ times a/week
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## Task Distribution \*Initial in box

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Dishes       | <input type="checkbox"/> Meal prep                  |
| <input type="checkbox"/> Trash out    | <input type="checkbox"/> Clean bathrooms            |
| <input type="checkbox"/> Laundry      | <input type="checkbox"/> Shopping                   |
| <input type="checkbox"/> Sweep/vacuum | <input type="checkbox"/> School drop off and pickup |
| <input type="checkbox"/>              | <input type="checkbox"/>                            |
| <input type="checkbox"/>              | <input type="checkbox"/>                            |

## Ways for visitors to help

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="checkbox"/> Change diapers   | <input type="checkbox"/> Pet care            | <input type="checkbox"/> Errands |
| <input type="checkbox"/> Feed bottle      | <input type="checkbox"/> Take baby for walks | <input type="checkbox"/>         |
| <input type="checkbox"/> Burp baby        | <input type="checkbox"/> House cleaning      | <input type="checkbox"/>         |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Meal prep           | <input type="checkbox"/>         |

## Ways we can practice self care:

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## When I'm overwhelmed/sad

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|---|---|---|
| <input type="checkbox"/> Make sure I'm hydrated | <input type="checkbox"/> Physical affection       | <input type="checkbox"/> Take baby            |
| <input type="checkbox"/> Remind me to take meds | <input type="checkbox"/> Watch tv with me         | <input type="checkbox"/> Contact family       |
| <input type="checkbox"/> Give me space          | <input type="checkbox"/> Make me something to eat | <input type="checkbox"/> Contact friend       |
| <input type="checkbox"/> Sit near me            | <input type="checkbox"/> Tidy clutter             | <input type="checkbox"/> Contact professional |
| <input type="checkbox"/>                        | <input type="checkbox"/>                          | <input type="checkbox"/>                      |
| <input type="checkbox"/>                        | <input type="checkbox"/>                          | <input type="checkbox"/>                      |

## As a parent I expect my partner's role to be:

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