SBMOM SHADES OF BECOMING A MOM

Postpartum Plan

Postpartum Plan for: _____

Please contact_____ at _____ about this plan.

The person selected above is the point person for expressing our needs after delivery.

VISITORS: Are visitors welcomed at the hospital? ☐ Yes ☐ No

If yes, these are the individuals on the visit at the hospital list:_____

_____

Visitors must comply with the following safety guidelines:

- ☐ Wash hands
- ☐ Use hand sanitizer
- ☐ Wear a mask
- ☐ Vaccinations _____
- ☐ No smoking
- ☐ Smokers wear fresh smelling clothing
- ☐ Stay home if seasonal allergies are flared, coughing, or sneezing

VISTOR INTERACTION: In what ways would you like for visitors to interact?

- ☐ Give me advice
- ☐ Hold baby
- ☐ Take pictures
- ☐ Be present when I am feeding baby
- ☐ Clean up house
- ☐ Cook
- ☐ Take care of trash
- ☐ Wash clothing
- ☐ _____

_____

SIBLINGS: My child(ren) will be at _____ while I am in delivery.

Are siblings allowed to be at the hospital postpartum? ☐ Yes ☐ No

HOME: Do you want visitors at home? ☐ Yes ☐ No

COMMUNICATION: Would you like to be contacted after delivery? ☐ Yes ☐ No

What forms of communication would you prefer? ☐ Phone / Audio ☐ Phone / Video ☐ Email ☐ Social Media ☐ Other: _____

Would you like for news to be shared about you? ☐ Yes ☐ No

CHILDCARE & FMLA:

What is your childcare/daycare plan? _____

_____

Have you filed for FMLA? ☐ Yes ☐ No If you are working, how much time has your employer given you off post-delivery? _____ How many days or weeks will you be home to recover and bond with baby?

_____

MEALS

Frequency of meals/snacks: _____ Best time to drop off: _____

Food preferences: _____ Favorite meals: _____

Allergies: _____ Least favorite meal: _____

The preferred methods of food support are as follows:

- ☐ Gift cards
- ☐ Meal kit delivery
- ☐ Food train
- ☐ Meal drops at front door
- ☐ Disposable containers
- ☐ Snacks only
- ☐ My favorite cooks:
  _____
  _____

SHOP FOR ME

- ☐ Sleep mask
- ☐ Body butter
- ☐ Medicated cooling pads
- ☐ Shampoo
- ☐ Conditioner
- ☐ Hair essentials: _____
- ☐ Peri bottle
- ☐ Perineal ice maxi pads
- ☐ Heat packs
- ☐ Bonnet
- ☐ Dermoplast
- ☐ Compression socks
- ☐ Nursing pads
- ☐ Sitz bath
- ☐ Stretch mark cream
- ☐ Nursing bras
- ☐ C-section abdominal binder
- ☐ Essentail oils :_____

SELF CARE

What is your plan for getting rest (daytime)? _____

_____

What is your plan for night feeds (e.g., shifts with family, postpartum doula support, etc.)? _____

_____

What things will you do to help you cope with maternal mental health after the baby is born?
_____

_____

OBGYN

Name: _____ Phone: _____

Address: _____

Follow-Up Appointment Date: _____

Postpartum Doctor's Instructions: _____

_____

_____