

# Postpartum Care Plan

Patient Information	
Patient Name:	Date:
Date of Birth:	Physician:
Gestational Age:	Delivery Date:
Address:	
Contact:	
Emergency Contact:	

Postpartum Care	Instructions
<b>Physical Recovery</b>	
Incision/Wound Care	
Pain Management	
Perineal Care	
Activity Level	
<b>Emotional Well-being</b>	
Postpartum Depression/Anxiety Screening	
Support System	
Self-care	

## Nutrition and Hydration

**Hydration**

**Nutrition**

### Breastfeeding

**Latching and Positioning**

**Frequency and Duration**

**Engorgement Management**

### Follow-up Care

**Postpartum Visit**

**Contraception**

### Emergency Contact Information

**Obstetrician/Midwife**

**Hospital/Clinic**

**Emergency Services**