

# Postpartum Care Plan

Patient information	
Name:	Date of birth:
Date given birth to baby:	
Contact information:	
Emergency contacts	
Medical contacts	
Primary care physician:	
Obstetrician/gynecologist:	
Pediatrician:	
Local urgent care:	
Emergency department:	
After-hours help:	
Mental health support	
Therapist/counselor:	
Postpartum support groups:	
Breastfeeding support	
Professional help (e.g. lactation consultant):	
Peer support:	
Support groups:	
Experienced family/friends:	
Support team	
During the day:	Evening:
Weekend support:	Overnight support:

**Food preparation and meals**

Meals to stock in the freezer:

Five simple meals to prepare:

Nutritional food items to include in the shopping list:

**Housework assistance**

Three things the mother needs done:

Three things the mother's partner needs done:

Hired help (if applicable):

Family/friends who can pitch in:

**Self-care activities**

Weekly self-care activities:

Daily self-care activities:

Quality time activities with partner (daytime, postpartum-friendly):

People who can watch over the baby:

Ideas for short outings:

**Sibling care (applicable only if there are other children)**

Emergency drop-off plan:

**Regular sibling care**

Day:

Evening:

Weekend:

Daycare drop off/pick up:

Playdates/short visits (names of people allowed):

Longer stays or overnight stays (names of people allowed):

In-home help for siblings (name/s and contact number):

**Physician information**

Name:

License ID number:

Date:

Signature: