

Postpartum Planning Worksheet

How do you plan to feed your baby? (Breastfeed, Pumped Breastmilk, Formula, Mix of Breastmilk/Formula):

What will you need to feed your baby? Check all that apply.

<input type="checkbox"/> Nursing bras and tanks	<input type="checkbox"/> Bottles, rings, caps, and teats	<input type="checkbox"/> Pump
<input type="checkbox"/> Comfy tops, button down shirts	<input type="checkbox"/> Bottle brush	<input type="checkbox"/> Hands-free pumping bra
<input type="checkbox"/> Nursing pillow	<input type="checkbox"/> Bottle warmer	<input type="checkbox"/> Collection bags
<input type="checkbox"/> Comfortable chair/seating	<input type="checkbox"/> Bottle drying rack	<input type="checkbox"/> Nipple cream
<input type="checkbox"/> Nursing pads	<input type="checkbox"/> Formula	<input type="checkbox"/> Burp cloths/cloths

Where will your baby sleep when they get home? (Bassinet in your room, pack n play in your room, crib nearby): _____

Do you have clothing for your newborn(s)? If so, what types? (Onesie pajamas work great if you are looking for ideas):

Do you have comfortable clothing for yourself? If so, write them down so you can get a clear picture of what you have. (Sweat pants, comfortable shirts, comfortable shoes):

What household needs might you have postpartum? Check all that apply.

<input type="checkbox"/> Meals including drinks (water, teas, infusions)	<input type="checkbox"/> Paying bills
<input type="checkbox"/> Light housekeeping	<input type="checkbox"/> Childcare
<input type="checkbox"/> Company for conversation/questions	<input type="checkbox"/> Errands
<input type="checkbox"/> Grocery shopping	<input type="checkbox"/> Other

If you checked off 'Other' for household needs, please list them here:

Of your household needs, which will you receive help with and who/what will help you with that need? Please feel free to leave blank and come back to this question when you have confirmed your resource.

Household Need	Resource to Help (Individual/Organization Name)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

What items will you stock or prepare at home to support you during postpartum? Check all that apply.

<input type="checkbox"/>	Pre-prepared foods (canned foods, minute rice, dry soup mixes, quick cooking foods)	<input type="checkbox"/>	Toilet paper, paper towels, tissues	<input type="checkbox"/>	Reading materials (books, magazines, etc.)
<input type="checkbox"/>	Freezer meals	<input type="checkbox"/>	Herbal bath mixes	<input type="checkbox"/>	Activities for older children
<input type="checkbox"/>	Large water bottle	<input type="checkbox"/>	Back-up toiletries	<input type="checkbox"/>	Baby carrier/wrap
<input type="checkbox"/>	Nutritious snacks	<input type="checkbox"/>	Sanitary pads/adult diapers	<input type="checkbox"/>	Cleaning supplies
<input type="checkbox"/>	Plastic/paper utensils, plates, and cups	<input type="checkbox"/>	Cool/hot packs for back/breasts/perineum	<input type="checkbox"/>	Other:

What personal care needs do you think you will have postpartum? Check all that apply.

<input type="checkbox"/>	Getting quality sleep/rest	<input type="checkbox"/>	Going to appointments
<input type="checkbox"/>	Self-care including time to bath	<input type="checkbox"/>	Bonding with the new baby
<input type="checkbox"/>	Eating/preparing nutritious meal	<input type="checkbox"/>	Getting time alone
<input type="checkbox"/>	Physical healing and massage	<input type="checkbox"/>	Stress management
<input type="checkbox"/>	Finding times/ways to relax	<input type="checkbox"/>	Screening for postpartum mood disorders

Are there any other personal care needs you think you have postpartum?

Of your personal care needs, which will you receive help with and who/what will help with that need? Please feel free to leave blank and come back to this question when you have confirmed your resource.

Personal Care Need	Resource to Help (Individual/Organization Name)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

What newborn care needs do you think you will have postpartum? Check all that apply.

<input type="checkbox"/>	Rocking or soothing baby	<input type="checkbox"/>	Bathing
<input type="checkbox"/>	Breastfeeding	<input type="checkbox"/>	Outfit changes
<input type="checkbox"/>	Bottle feeding	<input type="checkbox"/>	Pumping
<input type="checkbox"/>	Going to appointments	<input type="checkbox"/>	Getting baby to sleep
<input type="checkbox"/>	Diaper changes	<input type="checkbox"/>	Other

List any other newborn care needs you think you may have postpartum:



Of your newborn care needs, which will you receive help with and who/what will help with that need? Please feel free to leave blank and come back to this question when you have confirmed your resource.

Personal Care Need	Resource to Help (Individual/Organization Name)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Who is your support system? Specifically, who are your friends and family members that can assist you during postpartum?

Please list the online (Facebook, etc.) groups you have joined/can join ahead of time in preparation for postpartum (i.e., groups for breastfeeding, sleeping, working mothers, staying at home mothers, pumping at work mothers):

Please list the in-person local groups available to you (you do not need to use each group but listing them helps you prepare should you need them). Examples can include moms groups, breastfeeding groups run by moms, lactation support groups run by professionals, and playgroups:

Group Name	Meeting Location	Meeting Time/Day	Cost
1.			
2.			
3.			
4.			
5.			

Do you have any other thoughts or concerns for postpartum? Please list them here:
