

POSTPARTUM PLAN



OKLAHOMA
State Department
of Health

This plan helps families think through the coming changes so they can feel more confident and prepared for the life transition.

➤ **Postpartum Plan for:** _____

I have decided that _____
will be the point person to help direct friends and family in the
best ways to support our needs in the weeks after baby is here!

Please contact her/him with this information:

➤ **Visitors:**

Are visitors welcome at the hospital?

If so, these are the people we would like to have on our
visitor list:

1. _____

2. _____

3. _____

4. _____

5. _____

We do ___/do not ___(n/a ___) wish to have our other children
visit at the hospital

We want visitors to welcome us home:

Yes No

We would love to have consistent daily/weekly/overnight visitor support from:

1. _____
2. _____
3. _____

At these days _____

Times: _____

We would ask that these individuals not come to visit us.

1. _____
2. _____

Visitors can hold the baby?

Yes, after they thoroughly wash their hands

No

These are things we would like visitors not to bring into our home:

1. Tobacco or clothes exposed to tobacco (cigarettes, vapes, etc.)
2. _____
3. _____

These are other house rules we would like any visitors to abide by:

1. _____
2. _____



➤ Nutrition / Meals:

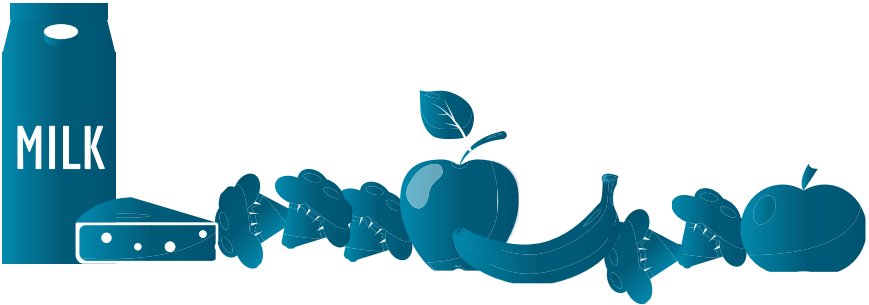
This is still very important – even more now that you want to limit your family’s time in grocery stores. You might ask helpful friends to give you gift cards / coupons to local restaurants that provide safe delivery services.

Frequency of meals/snacks: _____

Best time to drop off: _____

Food preferences: _____

Some of our favorite dishes include: _____



➤ Allergies:

Our favorite local delivery options:

Location of local food banks, pantries and WIC office:

Would it be helpful if people used disposable dishes / containers:

Yes No

➤ Around the House:

Household chores that make me feel better include:

Errands that would help our family:

Household supplies we could use:

We okay with people helping us with chores:

Yes No

Needs / Care for Family and Older Siblings:

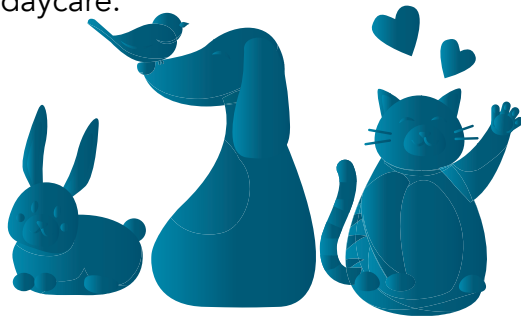
Who will watch the children (or other family member) during the hospital stay:

Who can help in the first few days at home

Pharmacy in case there is a need to pick something up:

Person to pick up from school/daycare:

➤ Pet care instructions:



➤ Self-Care:

Getting back to me might include: _____

I feel cared for when someone helps me with:

Watching / holding baby during the following times:

Please call me/text me to check in: daily/weekly/monthly

Activities to help reduce some stress:

Products or stores I love: _____

A book/movie/magazine I would love to have at home:

If my baby is crying alot I can

1. Put down the baby for 5 minuters to calm the down

2. _____

3. _____

If I am feeling overwhelmed I can reach out to

➤ Family and Nighttime Schedule:

My partner/support to help during the day is:

My partner/support to help at night is: _____

How we going to share care for baby / other children in the evenings and overnight: _____

Return to work/school for mom will happen on:

Return to work/school for partner will happen on:

➤ **Appointments:**

Postpartum check-ups: _____

First pediatrician appointment: date / time / location:

Is the baby coming with me to my appointment? Yes/No

Is someone watching baby? Yes/No Who? _____

Is someone coming with me? Yes/No Who? _____

➤ **List of questions/notes for my provider:**

1. _____

2. _____

3. _____

➤ **Important contact information:**

Health provider(s) for mother: _____

Parents/Grandparents/Family: _____

Employer/HR: _____

Childcare: _____

Best friend/Supporter: _____



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Contact Us

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For more information

Postpartum Support International (PSI) hotline
Telephone – 1-800-944-4773 (#1 for Spanish, #2 for English)
Text in English – 1-800-944-4773
Text in Spanish – 1-971-203-7773

https://www.ok.gov/health/Family_Health/Improving_Infant_Outcomes/Maternal_Mental_Health/index.html

YOU ARE NOT ALONE