Postnatal Planning Tool

A guide to help expectant parents prepare for the postpartum journey together

Perinatal Mental Health Institute

You may have heard about the importance of a birth plan — but a **post-birth plan** is equally essential. Having honest conversations before your baby arrives reduces conflict, closes gaps in expectations, and helps both partners feel truly supported during one of life's most demanding transitions.

This tool is a conversation starter. Work through each section together, record your agreements on the plan sheets, and revisit the plan regularly — because needs change, and that's perfectly okay.

> 💡 *How to use this tool:*
>
> *1. Set aside uninterrupted time together — ideally before 36 weeks.*
> *2. Read each section and discuss the prompts openly and honestly.*
> *3. Record your agreements on the Plan Sheets (Section 2).*
> *4. Keep the plan somewhere visible (e.g. on the fridge) and review it regularly.*
> *5. Give yourselves permission to update it as things evolve.*

Contents

SECTION 1 — DISCUSSION GUIDE

Work through the topics below together. The prompts are starting points — feel free to explore what matters most to you as a family.

💰 Financial Considerations

Q When will each partner return to work, and how will finances change during leave?

- Will income drop — and if so, by how much? Have you adjusted your budget?
- Who will pay bills, manage transfers, and track spending during this time?
- Have you looked into maternity/paternity benefit entitlements?

Q How will you plan for unexpected expenses?

- Emergency fund: aim for at least one month of expenses set aside.
- Budget for baby equipment, medical costs, formula or lactation support fees.
- Consider the cost vs. value of meal delivery, cleaning help, or a postnatal doula.

🤝 Building Your Support Network

Q Who will visit, when, and for how long — in hospital and at home?

- Agree a 'visitors policy' together before the birth and communicate it clearly.
- Who will be the point of contact to manage visit requests?
- Who has permission to tell visitors when it is time to leave?
- Consider a 'no visits for the first week' policy if you need recovery time.

Q What does your Support Directory look like?

- List names and what each person can specifically do: bring food, hold baby, listen.
- Include professional supports: GP, public health nurse, lactation consultant, doula.
- Post this list somewhere visible — on the fridge is ideal.
- Don't assume people know how to help — be specific when you ask.

Q How will each partner get time for self-care?

- Self-care is essential for sustainable parenting — not a luxury.
- Schedule protected time for each person, even 30–60 minutes.
- What activities restore each of you? Exercise, solitude, a hobby, time with friends?
- Who covers baby while your partner recharges?

> 💡 *Research professionals in advance: having the number of a lactation consultant, sleep consultant, or postpartum doula ready means you won't be searching at 3am in crisis mode.*

🌿 Realistic Expectations

Q What will temporarily come off your collective plate?

- Accept that some things will slip — agree in advance on what those things are.
- Simplify meals: batch cooking, pre-chopped veg, meal delivery, simple one-pot dishes.
- Outsource where possible: lawn, cleaning, grocery delivery.
- Lower the bar on housekeeping — a safe, loving home matters more than a tidy one.

Q Who takes responsibility for what — nappies, night feeds, meals, older children, pets?

- Be specific and granular. 'We'll share it' is not a plan.
- Try a split: e.g. one partner handles nights Sunday–Tuesday, the other Wednesday–Friday.
- Revisit the division when one partner returns to work.

Q What are your expectations of yourselves and each other as parents?

- Share honestly — differences in expectation are a top source of postpartum conflict.
- Discuss parenting styles, discipline philosophy, screen time, extended family roles.
- Agree that neither of you has all the answers — you'll figure it out together.

💬 Communication

Q How will you signal to each other that you are overwhelmed, exhausted, or need a break?

- Create a simple code word or phrase — something kind, not accusatory.
- Agree the response: e.g. 'I'll take the baby; you take 30 minutes.'
- Normalise asking for help — it's strength, not weakness.
- Schedule a brief daily check-in: 'How are you doing, really?'

💡 *The postpartum period can be intensely lonely even when you're never alone. Making space to share feelings honestly — without fixing or minimising — is one of the most protective things couples can do.*

😴 Sleep

Q What is your plan for night waking — before and after your partner returns to work?

- Consider shifts: e.g. Partner A takes 10pm–2am, Partner B takes 2am–6am.
- If breastfeeding, the non-feeding partner can settle baby after feeds while the other sleeps.
- Protect at least one longer sleep block (4–5 hours) per person where possible.
- When one partner returns to work, renegotiate.

Q How will you ask for extra sleep when you genuinely need it?

- Use your agreed signal system.
- Take turns at weekends so each person gets a lie-in.
- Consider a stretch with a postnatal doula or family overnight helper.

🍼 Feeding

Q If breastfeeding: how will the non-feeding partner actively support this?

- Nappy changes, winding, and settling after feeds.
- Bringing snacks, water, and meals to the feeding parent.
- Taking baby for a walk so the feeding parent can nap.
- Having the lactation consultant's number ready and attending appointments together.

Q If combination or bottle feeding: how will night feeds be shared?

- Alternate feeds so both partners get a longer sleep block.
- Agree who preps bottles before bed to save time at 3am.
- Who will wash and sterilise pump parts and bottles — and when?

🏠 Covering the Basics

Q How will you stay fed, hydrated, and nourished?

- Stock the freezer before the birth: soups, stews, casseroles.
- Create a 'snack caddy' — easy one-handed snacks beside your feeding spot.
- Place water bottles in every room you'll spend time in.
- Set up a recurring grocery delivery so food doesn't become another task to manage.

Q How will you get out of the house and maintain some sense of normality?

- Agree a daily goal: even a 15-minute walk outside makes a real difference.
- Plan a weekly couple outing — even just coffee together while someone minds baby.

SECTION 2 — OUR POSTNATAL PLAN

Complete this together and keep it somewhere visible. Review and update regularly.

Visitors — Who, When, How Long, and Expectations

Nighttime Plan — Before and After Return to Work

Feeding Plan and Who Provides What Support

Food, Water & Household Basics — Who Does What

Self-Care — Time Carved Out for Each Partner

OUR POSTNATAL PLAN (continued)

Our Communication Signal — How We'll Say 'I Need Help'

Division of Responsibilities — Nappies, Feeds, Meals, Pets, Older Children

Our Support Directory — Names and What They Can Help With

One Small Thing We'll Do to Stay Connected as a Couple

Other Agreements or Concerns

When We Will Review This Plan

SECTION 3 — COMMON POSTNATAL CHALLENGES

Knowledge is preparation. Understanding what's normal — and what isn't — helps you reach out for support at the right time.

Baby Blues

What it is: A temporary emotional dip affecting up to 80% of new mothers, typically starting 2–4 days after birth and resolving within two weeks. Caused by the dramatic hormonal shift after delivery.

What it feels like:

- Tearfulness or crying without a clear reason
- Feeling overwhelmed, irritable, or anxious
- Mood swings and emotional sensitivity
- Difficulty sleeping even when baby sleeps

When to seek support: If symptoms persist beyond two weeks, worsen, or include any thoughts of harming yourself or your baby, please speak to your GP or midwife — this may be a Perinatal Mood and Anxiety Disorder (PMAD).

Perinatal Mood & Anxiety Disorders (PMADs)

What they are: PMADs — including postnatal depression, anxiety, OCD, PTSD, and postpartum psychosis — affect approximately 1 in 5 mothers and 1 in 10 partners. They are the most common complication of childbirth. They are not a sign of weakness — they are medical conditions that are highly treatable.

Symptoms to watch for:

- Persistent low mood, hopelessness, or emptiness lasting more than 2 weeks
- Intense anxiety, racing thoughts, panic attacks, or inability to stop worrying
- Intrusive or distressing thoughts about harm to baby (common in postnatal OCD — not a character flaw)
- Feeling disconnected from your baby or unable to bond
- Flashbacks or nightmares related to the birth experience (PTSD)
- Confusion, hallucinations, or extreme behaviour changes (psychosis — a medical emergency, call 999)

When to seek support: Do not wait and hope it passes. Speak to your GP, public health nurse, or midwife as soon as possible. You are not alone and you deserve support.

Sleep Deprivation

Why it matters: New parents lose an average of 400–700 hours of sleep in the first year. Chronic sleep deprivation affects judgement, emotional regulation, physical health, and relationship quality — and can worsen or trigger mood disorders.

Signs it's becoming serious:

- Difficulty functioning day-to-day or making basic decisions
- Feeling unable to care safely for yourself or your baby
- Increased irritability, conflict, or emotional withdrawal
- Physical symptoms: chronic headaches, immune issues, difficulty concentrating

What to do: Prioritise sleep above almost everything else. Use the shift strategy from your plan. Accept all offers of help. If sleep deprivation is compounding a mood disorder, speak to your GP.

Relationship Conflict

Why it happens: Research consistently shows relationship satisfaction often dips in the first year postpartum. You are both exhausted, your identities have shifted, and you are navigating enormous change together. This is normal and does not mean your relationship is failing.

Common flashpoints:

- Unequal division of labour — perceived or real
- Different parenting approaches or expectations
- Loss of intimacy, identity, or couple time
- Difficulty communicating needs without blame or resentment
- Financial stress

When to seek support: If conflict is frequent, escalating, or beginning to feel hopeless, consider couples therapy or a perinatal family therapist. Reaching out early is a wise investment — not a last resort.

Key Contacts

- GP — your first point of contact for any postnatal mental health concern
- Postpartum Support International Website – Postpartum.net
- Postpartum support International Helpline - **1-800-944-4773**
- Fill in your local support resources here:
- _____
- _____
- _____

A little planning can make the world of difference. You've got this.