

My Post-Partum Plan

Breast Feeding

Lactation Consultant/Doula/Professional

Name: _____

Contact: _____

Name: _____

Contact: _____

Breast Feeding Supplies

☐ Breast Pads for Bra

☐

Nipple Balm

☐

Nursing Bra

☐ Breast Ice Pack

☐

Breast Pump

☐

Milk Storage Bags

☐

☐

☐

☐

☐

☐

List of friends/family that are supportive of breastfeeding and can offer support

_____ Phone _____

_____ Phone _____

_____ Phone _____

Delivery Healing Supplies

☐

Adult Diapers/pads

☐

Ice Pack

☐

Peri Bottle

☐

☐

☐

☐

☐

☐



My Post-Partum Plan

Food Supply

Freezer Stash

we have _____ servings of _____

we have _____ servings of _____

we have _____ servings of _____

we have _____ servings of _____

we have _____ servings of _____

we have _____ servings of _____

List of friends/family that can make/deliver meals

_____ can make _____

_____ can make _____

_____ can make _____

Support for Older Siblings

Needs of older sibling(s)

List of friends/family that can take care of sibling(s)

_____ is available to _____

_____ is available to _____

_____ is available to _____

_____ is available to _____



My Post-Partum Plan

Support System

List of close friends/family that can come help during the first few weeks following birth so that you can rest.

_____ is available on _____

_____ is available on _____

_____ is available on _____

Anxiety/Depression

List of friends/family/professionals that you can contact if you feel like you need support or are having an emergency.

_____ Phone _____

_____ Phone _____

_____ Phone _____

For My Partner

I want you to know/do/say this...

