

Postpartum Support Plan

Plan for expected loss

A Postpartum Plan is much like a Birth Plan. It is meant to help consider what life may look like and prepare ahead of time. Bear in mind that flexibility is the key when considering all the potential conditions that are unknown. You may not look at this postpartum plan but the process of creating it, processing, conversation, and intention during pregnancy is part of the prevention.

Your Hospital Stay

Remember to honor this time as you heal, physically and emotionally. Consider what is important individually and as a family.

Tour Hospital Otay		
Contact Info		
Hospital:		
Midwife:		
OBGYN:		
Doula:		
Birth Plan		
Create a birth plan with your partner or doula-		
https://www.perinatalhospice.org/sample-birth-plans		
☐ Leave the hospital with Birth & Death Certificate in hand		
Funeral & Memorial Services		
Funeral Home		
Name:		
Address:		
Phone Number:		
Pahiki Caskets- No cost for children. https://www.pahikicaskets.com/our-keiki-fund		
Additional Notes:		

Memory Making

Examples: Photographs (Now I lay Me down to Sleep), Hand and Foot Molds, Footprint in Bible or child books, Breastmilk keepsakes, Placenta prints, Molly bear, Reborn doll, Comfort cub, Heartbeat stuffie

Meals

We Pla	n to:
	Have meals prepared ahead of time and stored in the freezer
	Prepare meals day to day ourselves
	Prepare meals day to day with help
	Have a Meal Train set up
	Link:
	Order in times a week
Favorite	e Restaurants/Delivery:
Grocery	y Stores that Deliver
Prepare	ed Meal Services that Deliver- Good Clean Food Hawaii
•	Malama Meals
Who wi	ill primarily do the cooking?
	re some easy, favored family meals?
Places	in the area that deliver food we like?
ALLER	GIES

Additional Notes:

Mental & Emotional Healing

Anxiety and/or depression are the most common complications of childbirth and pregnancy. These illnesses – known as perinatal mood and anxiety disorders – affect up to 1 in 5 women during pregnancy or the first year after giving birth. Fortunately, these illnesses are temporary and respond well to treatment, which often includes self-care, social support, talk therapy, and medication when needed.

Maternal Mental Health Therapist

Nurture Mental Health- 808-320-4186

Postpartum Support International- Information, resources, local volunteer support coordinator and free online support groups.

Code Word: A word (or phrase) you agree upon with your partner to indicate that you're feeling overwhelmed and need support or space

Are there any other signs that others may see in you that would indicate that you are in need of additional support such as professional therapy, emergency services, etc.? For example, isolating, rapid talking, reduced or excessive need for sleep, loss of or excessive appetite, hopelessness comments, etc.

Activities and 'breathers' for mothers rest, renewal, and re-energizing and self care: Meditation, Exercise, Music, Baths, Walks, Crafts, Sports Reading, Beach, Journal

Activities and 'breathers' for partners rest, renewal, and re-energizing and self care: Meditation, Exercise, Music, Baths, Walks, Crafts, Sports Reading, Beach, Journal

Sleep

What are your normal (pre-pregnancy) sleep requirements (# of hours per night)?

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Sleep not only benefits our physical health and well being, it can also have a significant impact on mental health, including increasing risk for anxiety and depression. Most adults need approximately 7-9 hours of sleep in a 24 hour period. In addition, it is important to have at least one 3-4 hour uninterrupted sleep period to ensure REM and deep sleep which are vital for your immune system functions, energy, repair, learning, and memory. Sleep hygiene tips- https://www.sleepfoundation.org/articles/sleep-hygiene

Support

This is the reminder that you have the right to set boundaries around visitation. Some families want all the visitors right away, some want time to bond as a family unit. Decide and communicate this ahead of time.

Another consideration is 'What am I in control of? What can others do for me?'

People to reach in a moment of emotional stressDay:				
☐ I would like to d	consider specific hours for guests to visit.			
We expect to have the	following people as visitors:			
We anticipate wanting to We would like to U	many / few visitors to keep distance from specific friends and family:			
Who would you most like 'checking in' on you? How can they support you? Phone Call				
☐ Text				
☐ Person	al Visit			
☐ Food D	Delivery			
☐ Children				
□ Pets				
☐ Genera	al Home Chores Laundry			
	Dishes			
	Housekeeping			
	Yardwork			

Support Groups we may want to consider

- Mali Bella
- Compassionate Friends
- Star Legacy
- Now I Lay Me Down to Sleep
- MEND
- Bereaved Parents USA
- Let Grace In

Pre Written Texts

- Thank you for reaching out, I would appreciate a visitor today
- Thank you for reaching out, I would appreciate a visitor today but not talk about my birth
- Thank you for reaching out, I need a little quiet time today and would appreciate you checking in tomorrow
- Thank you for reaching out, would you be willing to help with the house/pets today
- Thank you for reaching out, I would love to talk but not right now. I will be in touch when I'm ready.
- Thank you for offering to help. This is the link to our meal train which also offers gift cards and delivery services for people who live far away:

Relationships

Something that will help you feel connected/seen by your partner in the midst of a lot of change.

It is important to our relationship that we:

It is important to maintain the following with our children:

Activities and 'breathers' for connecting as a couple:

Our greatest concerns are:

Other things that are important to us:

Physical Healing

What is important to you when determining how you expect to physically recover from the birth? (Self-care, exercise, weight, etc.) How will these be achieved?

Lactation I would like information on: □ Drying up my breastmilk as quickly as possible □ Donating my breastmilk Lactation Consultant					
Name:					
Phone:					
Email:					
Pelvic Floor Therapist					
Name:					
Phone:					
Email:					
Belly Binding					
Name:					
Phone:					
Email:					
Returning to Daily Routines					
When do you expect to return to work? When does your partner expect to return to work? Who generally does the household chores and how might this change during your recovery- Cleaning					
Laundry					
Cooking					
Grocery management					
As the mother I will expect my partners role to be					
As the partner I will expect the mother's role to be					

Children ☐ I have talked with my children about what to expect during labor and delivery and

nostn	postpartum													
☐ I have a plan on contacting family members after birth														
☐ I have plans for how my children will arrive to the hospital ☐ I have additional things that will need care while I am in labor:														
							Mental & Emotional Support for Children							
•	people have offered to I	help with our children												
Morning Care														
0	Name:													
0	Phone:													
Afternoon Ca														
0	Name:	Favorite Activities our Children Enjoy												
0	Phone:													
Evening Care														
0	Name:													
0	Phone:	Favorite Snacks/Meals												
Morning School Dropoff														
0	Name:													
0	Phone:													
After School I	•	Favorite Shows/Movies												
0	Name:													
0	Phone:													
Activity Trans														
0	Name:													
0	Phone:	Daily Schedule:												
Help with hon														
0	Name:													
0	Phone:													
Playdates														
0	Name:													
0	Phone:													
Sleepovers														
0	Name:													
0	Phone:													

Pets

Veterinarian Information Name: Address: Phone: Phone: The following people have offered to help with our pets Name & Phone: General Information Pet Name(s): Feeding Routine: Bathroom Routine: Walk/Play Routine:

Additional Notes: