



# Postpartum Worksheet

## *For a Healthy Recovery*

This worksheet is to help you prepare for your postpartum period by helping you assess what your needs will be prior to birth. It does not take the place of your provider's recommendations. It will go over the following typical postpartum needs:

- Good nutrition (healthy calories, especially if lactating)
- Rest (opportunities to sleep, especially when baby is sleeping)
- Calm, clean environment (birthiers are more likely to rest if their home needs are met)
- Care of other children (they need emotional and social interaction when mom is busy)
- Health information (perineal care, incision care, breast care, etc)
- Opportunities to shower and care for themselves (being autonomous is important!)
- Time to bond with baby
- Time to bond with partner
- Time to bond with older children
- Lactation support/education, referrals when necessary
- Newborn Education: development, attachment, feeding cues, sleep, tummy time, etc
- Resources, Referrals, Recommendations
- Community





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### Good Nutrition

In the first 40 days of your postpartum period, it is essential to have healthy caloric intake and plenty of hydration to assist in building a lactation supply, as well as to keep you fueled and nourished while your baby grows bigger, stronger, and smarter everyday!

The following questions are meant to get you thinking about ways this can be accomplished with your current lifestyle and community support. Think about people who can help provide food, meal services in your area, allergies within your household, and who you trust to be involved in those early days.

#### What type of meal plan most fits your needs/lifestyle?

- Freezer Meals
  - Easy to microwave/pop in the oven, less prep, less clean up
- Fresh Meals prepared in home
  - Excellent if you have support who are with you in those early days
- Fresh Meals Delivered
  - Alert for allergies, likes/dislikes, and necessities for a new mother
- Schedule (or have a friend schedule) a Meal Train
  - Takes out the frustration of wondering when the next meal may come
- My Partner
  - They are a great chef and will nourish me while I nourish the baby

#### Pro Tip:

Leave a cooler on your front step for meal drop offs if you aren't wanting to see people right away! Boundaries are beautiful!

Recommended Reading:  
*The first Forty Days: the Essential Art of Nourishing the New Mother*

#### Who can you ask to provide those fresh and/or freezer meals? Who could start the meal train?

(List names of friends, family members, co-workers, etc)

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#### What allergies, likes, and dislikes do you have when it comes to food?

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### Sleep / Rest

You might already be aware of the old saying "sleep when the baby sleeps" but you might not know that it's easier said than done! Will your baby sleep for 20 min every 2 hours or for 2 hours with 20 min wake periods? Did you know "sleeping through the night" is relative (usually around 5 hours in duration) and a healthy baby sleeping through the night doesn't usually happen until 6-9 months?

So, as you prepare for your postpartum period, I encourage you and your partner to think about how much sleep you were getting prior to being pregnant, and find ways to now reach that amount within a 24 period rather than in one nightly stretch. Think about who will be in charge of the baby's nightly waking and where the baby will be during those first few weeks.

- How many hours of sleep did you get pre-pregnancy?  
\_\_\_\_\_
- How many hours of sleep did your partner get pre-pregnancy?  
\_\_\_\_\_
- Where will the baby sleep?
  - Co-sleeping safely with parents
  - Bassinet near parent's bed
  - Crib in parent's bedroom
  - Crib in baby's own room
  - Combination

**Pro Tip:**  
Babywearing is a great way to get skin-to-skin, boost milk supply, and be able to do things around the house while baby is encouraged to get a little extra shut eye..

**Recommended Reading:**  
*Cribsheet* by Emily Oster

Who will handle nighttime feeding? \_\_\_\_\_

Who will handle nighttime diaper changes? \_\_\_\_\_

Who will handle nighttime soothing? \_\_\_\_\_

How do you anticipate getting enough sleep (the same amount of sleep needed before being pregnant)?

- Sleep when baby sleeps if able
- Take shifts sleeping while partner tends to baby and vice versa
- Have friends/family assist with baby so parents can rest together
- Hire a postpartum doula or nighttime nanny



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### Healing your Body and Tending to Home Needs

Birthers are more likely to rest if their home needs are met, and often that means that their environment is calm and clean. This can be difficult for single parents, working parents, for parents with high home standards, or for partners that are expected to pick up the slack to mom's expectations while she is healing.

With this in mind, here are some ideas for getting your body healed and well rested, as well as some questions to think about for how healing can be achieved while also having the home looked after.

Who are three people in your village who can help with household chores like Laundry, Dishes, Cleaning, etc?

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What are household chores that you feel best doing yourself if able?

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What are household chores that you feel comfortable having someone else do?

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Who can help with pet care and other children in the home?

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**Think about how your partner can best support your healing/recovery needs? Examples: daily reminders for rest and SITZ baths, providing food and beverages as needed, taking over diaper duty as you have breastfeeding duty, splitting feeding and diaper duty as baby takes a bottle, having a routine such as laundry every morning and dishes every night, etc.**

How will these needs change when your partner goes back to work? Who can fill the gap?

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How do older children fit in? Can they help with chores or do they need someone to watch over them and provide them with meaningful activities?

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What are ways that partners can bond with baby? (PS, a great time for this is when mom is resting or bathing)

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#### Pro Tips:

- Plan for at least 2 baths/showers per day, SITZ for best healing
- Rest using the 5-5-5 Rule (see handout)
- Postpartum yoga, pelvic floor therapy, and easy walks are great around 4-6 weeks with your provider's guidance.

#### Recommended Reading:

*The Fourth Trimester: A Postpartum Guide to Healing Your Body, Balancing Your Emotions, and Restoring Your Vitality* by Kimberly Ann Johnson



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### Lactation Support / Education

One of the things parents struggle with most (outside of getting enough sleep) is lactation! Part of this comes from lack of education, high expectations, and fear of failure. And the best way to avoid all of these things is to take a lactation/breastfeeding class to familiarize yourself with what that journey actually entails. Because it is a journey that changes constantly -- monthly, weekly, daily, hourly, even by the minute! Our bodies are incredible and the milk we make is made of different compositions depending on our health, our mood, our sleep, our nutrition, and our physiological connection with our babies, meaning that it changes based on the baby's needs too! It's filled with antibodies, vitamins, calories that help babies grow in size but also in neurological development. There are many benefits to breastfeeding, but it's more important to understand that it's easier said than done, and your mental health matters more. However, with the right education and support it is possible.

What are your lactation goals?

- Exclusively Breastfeed for 6+ months as recommended by the CDC
- Exclusively Breastfeed for 1+ years
- Exclusively Breastfeed as long as able
- Breastfeed and pump/bottle feed as needed
- Breastfeed and pump/bottle feed so partner can participate/bond
- Breastfeed and formula to supplement
- Chestfeed with Supplemental Nursing System (SNS)
- Exclusively pump/bottle feed
- Exclusively formula feed
- Tandem Nursing (twins, siblings, etc)
- Relactation (after time, trauma, supplementation, or menopause, etc)
- Lactation as a non-birth parent (adoption, family member, friend, etc)
- Combination

Some families chose to follow a feeding schedule while others feed on demand. Sometimes this is based on provider recommendation for the baby's growth and development, and sometimes it is based on the parent's needs or lifestyles. The following is a standard guideline/checklist for knowing when it is appropriate to feed on demand versus on a schedule. If these things are not all true by two weeks of age, continuing to feed every 2-3 hours, waking baby for feedings, and possible supplementation may be needed.

- Baby is back at birth weight by 1-2 weeks of age
- Baby produces 6+ wet and 4+ poopy diapers per day (starting on day 6)
- Baby is getting 10-12 feeds every 24 hours
- Baby's weight gain averages to about 0.5-1 ounce per day

Pro Tip:

It takes time, patience, and practice for breastfeeding to work. Have that baby at the breast as much as possible, because skin-to-skin is the way your baby communicates to your body to make and move milk. 10-12 times in a 24 hour period will help you and your baby establish good feeding habits.

Recommended Reading:

*The Womanly Art of Breastfeeding*  
by La Leche League International

Have you attended a lactation/breastfeeding class?  
Who are the lactation professionals in your village?

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Do you have friends or family who have struggled with lactation?  
Who can you call on for emotional and physical support?

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## *For a Healthy Recovery*

### Health Information and Physical Recovery

Here are just some basic tips for normal postpartum recovery needs; they do not supersede your providers guidance:

**Perineal Care** - Most hospitals provide a peri bottle to help keep your perineum clean as well as to rinse while urinating to avoid stinging sensations from sore, swollen tissue and/or stitches. If you give birth at home or in a birth center, it might be nice to buy one or two to have at home after birth. Otherwise, keep the area clean and dry aside from bathing.

**Bleeding** - Bleeding should decrease with time as your body heals the space where your placenta detached. Some people stop bleeding within 1-2 weeks while others continually decrease for as long as 8 weeks. On average bleeding stops within 4-6 weeks (the more you rest, the quicker you'll heal). If you experience blood clots bigger than an egg, a phone call to your provider is a good idea. If you experience an increase in bleeding after being more active than normal, it is a good sign that you need more rest and shouldn't exert yourself too much yet.

**Incision Care** - Most providers use stitches these days rather than staples and they will dissolve naturally at home. Providers will give you instructions on how to change the dressing/bandages and clean the area as well as provide warning signs of infection

**Booty Care** - Birth takes a toll on us, but not all of us expect it to go beyond our beautiful lady bits. The truth is that our bottoms will need extra care too in the days/weeks following birth. This means you could expect gassiness and bloating as your hormones and diet change, as well as hemorrhoids and constipation. Remember these things will go away, but some helpful tools are: Stool softeners, healthy dieting, increased water intake, tucks pads, witch hazel, sitz bath, cushions/pillows, padsicles, etc.

**Belly Care** - You just had a baby, it's ok to give your body a break. In fact, if you jump into exercising too soon, it could do more damage than good. After the 5-5-5 Rule and providers guidance, the next best thing may be gentle prenatal or postpartum yoga to help with core work. This is usually around 4-6 weeks postpartum. Core work may be followed by pelvic floor physical therapy; a great way to re-strengthen those ligaments and tissues as to avoid incontinence, prolapse, etc.

**Hormonal Care** - This could mean ANYTHING hormonal. It could relate to your mental/emotional wellbeing, stress, profuse sweating, hair loss, among others. Just remember you are not alone. Having a partner or friend to check in with is so helpful. Baby blues are normal emotional highs and lows following birth, but postpartum depression or anxiety is more heightened and prolonged and should be discussed with a healthcare professional. Birth is wild and can really change our biological/chemical composition; hormonal supplements or certain medications may be helpful in the transition. Stress can also trigger incontinence, constipation, or milk supply issues, so finding ways to relax will be especially important. Massage or talk therapy is a great place to start.



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### Sibling Care

If this isn't your first, you may be wondering how things will change and what that transition will look like. You may be worried you could never love a new baby like you love your older child or that your older child will feel left out. So let's think of some ways for them to feel included and cared for once the new baby comes.

Names and ages of other children?

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Names of family and friends who can come daily for activities, meals, and social interaction for older children? (During this time, you can have uninterrupted time with baby for bonding, sleeping, or to care for yourself)

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What are your older child(ren)'s favorite activities?

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Names of friends and family who can come spend time with baby? (During this time, you can have uninterrupted time with your older children)

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What are some special activities you can do with baby and older children to help them bond?

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#### Pro Tip:

Talk about how wonderful it will be to have a new member of the family and all the positives it will bring, rather than how having a new baby will be "different" or "hard". Sometimes that creates a sense of "blame" on the new baby causing undue rivalry before baby even arrives.

#### Recommended Reading/videos:

<https://twincitiesmidwifery.com/resources-for-preparing-siblings-for-birth/>



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### Newborn Care

Here are some basic tips and reminders for newborn care, however it is recommended to take a Newborn Basics Class prior to birth.

**Bathing** - Your baby is born covered in vernix, an ooey gooey moisturizing and nutritious waxy substance that helps protect them in their new environment after birth. Within 24 hours it soaks into their skin so that it is no longer visible, but it is still providing a protective coating filled with nutrients for the next several days if left alone. Some people will prefer to have their baby bathed at the hospital as a learning experience where the nurse shows them how to bathe an infant. Others prefer to decline the hospital bath and wait several days to bathe the baby at home. After their first bath, once per week is normally often enough as bathing too often can cause dry skin.

**Cord Care** - Simply keep it clean and dry until it falls off. There is no need to use soaps or alcohol. Call your provider if signs of infection occur.

**Circumcision** - Some choose to circumcise or not due to family, religion, tradition, culture, or medical reasons. It is important to note that currently circumcision rates are closer to 50% than ever before, so your child will not be the only one with or without in the locker room. Studies have also shown that it may cause delay in milk supply if the baby is unable to get the skin-to-skin they need in those early hours/days due to stress, time away from the birthing parent, and possible anesthesia. Providers in hospitals may offer to circumcise within 48 hours of birth, while pediatricians schedule it within 10 days of birth. Ask your doula, midwife, or doctor for more information if you're having trouble with this decision.

#### The 5 S's of calming a baby

- Swaddle - keeps the baby secure and avoids the startle reflex
- Side/Stomach position - not for safe sleeping, but definitely for soothing a fussy babe
- Shushing - babies love that white noise, it's like being in the womb again
- Swing - again, mimicking those movements from in the womb can help a baby feel calm and comfortable
- Sucking - whether breastfeeding or using a pacifier or finger or anything else they can safely suck on can help to calm

#### Feeding Positions

- Cradle - great for babies that can find a good latch on their own
- Cross Cradle - great for beginners finding their rhythm
- Football Hold - great for those with larger breasts or for getting baby to open their mouth wider for a better latch
- Side Lying - great for co-sleepers (with safety measures), great for relaxing with baby
- Laid Back - great if you have an oversupply or fast let down so the baby doesn't choke/gag on a mouthful of milk





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### Newborn Care

*continued...*

Here are some basic tips and reminders for newborn care, however it is recommended to take a Newborn Basics Class prior to birth.

#### Hunger Cues

- REM sleep; baby's eyes beginning to flutter, all is calm
- Rooting; baby sucking, sticking out tongue, turning head
- Quiet Alert Stage; opening mouth, bringing hands to mouth
- Fussing/Crying; if baby doesn't latch right away, try soothing first
- Frantic; harder to latch, best to try to calm baby and reattempt after being calmed

Have you taken a Newborn Basics class?

If yes, list the teacher's name and number here for future questions.

If no, I highly recommend BirthEd, Amma, or Everyday Miracles.

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#### Tummy Time

- Skin to skin
- Breastfeeding
- Play mats
- Babywearing

#### Bonding Time

- Skin to skin
- Feeding
- Babywearing
- Talking, singing, reading
- Going for walks
- Bath time

☀ If you ever feel overwhelmed or as though you may hurt your baby, set your baby down in a safe place, preferably with another trusted adult if able, and go into another room for space.



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### Postpartum Sexuality

Sexuality in the postpartum period is strongly influenced by a birther’s culture, experience before pregnancy, physiology, and their emotional and psychological well-being. Changes in sexual feelings, desire, and sense of attractiveness are NORMAL. Factors: episiotomy, cesarean birth, lactation, fatigue/sleep deprivation, libido, bleeding or discharge, dyspareunia (painful intercourse), fears of not hearing baby, fear of injury or pain, decreased sense of attractiveness, etc. There is usually a gradual return to pre-pregnancy levels of sexual desire, enjoyment, and frequency of sexual intercourse within a year; this is normal. Physical contact and communication with your partner everyday is crucial! Hold hands, hug, and kiss if you are up for it. Encourage birther to connect with provider with concerns of extended discomfort.

Are you comfortable talking to your partner about sex after birth?  
What are some hopes and fears that you have about sex after birth that you can discuss ahead of time?

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What are forms of intimacy, other than intercourse, that could help with bonding and feeling connected to each other in your postpartum period?

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Spending time without the baby can help lead to more intimacy after birth, who are the people in your village who can watch baby while you enjoy a date night or an overnight away from home?

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#### Pro Tips:

1. Set your own timeline!
2. Get the "green light" from provider
3. Don't forget the lube
4. Don't forget contraceptives

It is normal to not have a sex drive after baby  
- hormones, sensations, fears, exhaustion, self-conscious, etc., make sure you're talking to your partner and/or provider for support.

#### Recommended Reading:

*The Ultimate Guide to Sex After Baby:  
Secrets to Love and Intimacy*  
by Debra Pascali-Bonaro LCCE -  
AdvCD/BDT/PDT(DONA)



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### Your Village

The people who make up your village play a huge role in your recovery and sense of belonging as your identity grows from who you were into who you will be. A new saying that comes to mind is that "when women birth their babies, they also birth themselves", and it is such a beautiful thought! But alongside that beauty may be some uncertainty and fear. So having a village to rely on is so useful in navigating physical and emotional changes, as well as just the logistics of having a new little baby to care for. Use the list below to start thinking of everyone in your village. Remember that the listed titles are only suggestions. When you are ready, print it off and fill it out and stick it right on your fridge for easy access to your support team!

#### Village Names and Numbers

- Birth Doula: Amy Lynn (Wholly Mama Birth Doula) 651-335-7152
- Postpartum Doula: \_\_\_\_\_
- Nanny: \_\_\_\_\_
- Birth Provider (OB/MD/MD): \_\_\_\_\_
- Primary Provider: \_\_\_\_\_
- Pediatrician: \_\_\_\_\_
- Therapist: \_\_\_\_\_
- Lactation Consultant: \_\_\_\_\_
- Pelvic Floor Physical Therapist: \_\_\_\_\_
- Mental Health Therapist: \_\_\_\_\_
- Cranial Sacral Therapist: \_\_\_\_\_
- Emergency Contact: \_\_\_\_\_
- Family Member 1: \_\_\_\_\_
- Family Member 2: \_\_\_\_\_
- Family Member 3: \_\_\_\_\_
- Friend 1: \_\_\_\_\_
- Friend 2: \_\_\_\_\_
- Friend 3: \_\_\_\_\_
- Neighbors: \_\_\_\_\_
- Older Children: \_\_\_\_\_
- Mom's Group: \_\_\_\_\_
- Dad's/Partner's Group: \_\_\_\_\_
- Parenting Group: \_\_\_\_\_
- Meal Providers: \_\_\_\_\_
- Transportation: \_\_\_\_\_
- Poison Control: \_\_\_\_\_