



Postpartum Planning Worksheet

Who is available to provide *emotional* support and for how long? (someone to talk to, facilitate discussion of choices, someone who is aware of signs and symptoms of PPMD, doula, chaplain/pastor, friend, husband/partner):

Who is available to provide *physical* support and for how long? (someone who can ensure I am resting, someone to do the driving and heavy lifting):

Who is available to answer breast/bottle feeding or pumping concerns, and what is their contact information?:

IBCLC: _____

Doula: _____

Friend/Family: _____

Who is available to assist with newborn care and household chores, and for how long?:

Partner/Spouse: _____

Doula: _____

Friend/Family: _____

Who is available to help recognize signs and symptoms of PPMD, and what is their contact information?(therapist, counselor, friend, family, Military OneSource):

Who is available to help you with self-care, and for how long? (self-care comes in many forms; long hot shower, napping, alone time, journaling, date night, words of affirmation, religion, exercise):

How will I foster important relationships? (will you feel comfortable leaving baby, ideas for staying home for date night, quality time with spouse/partner, quality time with older children, family activities):

The biggest thing(s) I anticipate needing help with is:

The Fayetteville Doulas offers breastfeeding/bottle feeding support, postpartum doula support, and can provide other local resources. We're here for you! hello@fayettevilledoulas.com