

POSTPARTUM PLAN

This plan helps families think through the coming changes so they can feel confident and prepared for parenthood.



OKLAHOMA
State Department
of Health

**Preparing
for a
Lifetime**
It's Everyone's Responsibility

Postpartum Plan for:

(Your name here)

**I have decided that _____
will be the point person to help direct friends and
family in the best ways to support our needs in
the weeks after baby is here!**

Relation: _____

Phone Number: _____ **Text? Y / N**

Email: _____

Important Contact Information:

Health provider(s) for mother, include phone number: _____

Delivering Hospital (phone): _____

Parents/Grandparents/Family (phone): _____

Employer/HR (phone): _____

Pharmacy (phone number): _____ Insurance Info: _____

Best Friend/Supporter (phone): _____ Neighbors (phone): _____

Vet (phone): _____

Visitors:

Are friends and family welcome after delivery?

Y / N

If so, these are the people we would like to have visit:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

We wish to have our other children visit the hospital:

Y / N

We want visitors to welcome us home:

Y / N

We would love to have consistent daily/ weekly/overnight visitor support from:

- 1. _____
- 2. _____
- 3. _____

These days:

M T W T H F S S

These times:

We would ask these individuals **not** come to visit us:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Visitors can hold the baby:

Y (if they have the Tdap Vaccine and washed hands) N

These are things we would like visitors not to bring into our home:

- 1. Tobacco or clothes exposed to tobacco (cigarettes, vapes, etc.) _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

These are other house rules we would like any visitors to follow:

Nutrition/Meals:

This is still very important – even more now that you want to limit your family's time in grocery stores. You might ask helpful friends to give you gift cards / coupons to local restaurants that provide safe delivery services.

Frequency of meals/snacks:

Best time to drop off:

Food preferences:

Allergies? If so, please list below:

Y / N

Some of our favorite dishes include:

Our favorite local delivery options:

Would it be helpful if people used disposable dishes / containers:

Y / N

Around the House:

We are okay with people helping us with chores:

Y / N (Skip this section)

Household chores that make me feel better include:

Errands that would help our family:

Household supplies we could use:

Needs/Care for Family and Older Siblings:

Who will watch the children (or other family members) during the delivery?

Name:

Relation:

Phone #:

Email:

Who can help with siblings to/from school or childcare:

Name:

Facility/School:

Phone #:

Facility/School (phone):

Ride Bus#:

Bus Stop is at:

OR

Drop off @ facility/school by

Pick up by:

Self-Care:

Feeling more like myself might include:

I feel cared for when someone helps me with:

Watching / holding baby during the following times:

Please call me/text me to check in: **Daily / Weekly / Monthly**

Activities to help reduce some stress:

Products or stores I love:

A book/movie/magazine I would love to have at home:

If my baby is crying a lot I can:

1. It's okay to put your baby in a safe space and take a break.

2.

3.

4.

If my family or friends are worried about my postpartum health, they can review Maternal Health Warning Signs by scanning this QR code for more information.



If I am feeling overwhelmed I can reach out to at -
1-833-TLC-MAMA (1-833-852-6262)

Daily reminder or affirmation that helps me feel good about myself?

Family and Nighttime Schedule:

My partner/support to help during the day is (phone):

My partner/support to help at night is (phone):

How are we going to share care for baby/other children in the evenings and overnight?

Return to work/school for **mom** will happen on:

Return to work/school for **partner** will happen on:

Appointments:

First pediatrician appointment for baby is: (date / time / location)

Is this pediatrician appointment covered by insurance? **Y / N**

Postpartum appointment for Mom's check-ups is:

Is my postpartum check-up covered by my insurance? **Y / N**

Is the baby coming with me to my appointment? **Y / N**

Is someone watching the baby? **Y / N**

Who:

Is someone coming with me? **Y / N**

Who:



List of Questions for my Provider:

[illegible]

Pet Care Instructions:

Home, etc. Instructions:

Trash Day:

Watering Days:

Lawn Service:

Home Cleaning:



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Contact Us:

(405) 426-8113

MCH@health.ok.gov

For More Information:

Call the Maternal Mental Health hotline at 1-833-TLC-MAMA (1-833-852-6262) for free 24/7 for support before, during, and after their pregnancy with symptoms of depression, anxiety, and other maternal mental health concerns.

oklahoma.gov/health/maternalmentalhealth

Resources



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Dial 2-1-1

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