

Mapping A Postpartum Plan

With the excitement of preparing for the arrival of your baby, couples spend a lot of time planning for the birth, but just as important is the postpartum period and sustaining yourself for the long road of raising your child. This free document provides critical information that can help you navigate this part of your journey.

Mental Health, Emotional, Physical, Household, Feedings, Sleep, Work, and Resources

Mental Health Care

1. Emotional & Psychological Support

- Normalize the range of emotions: Joy, anxiety, grief, irritability, and overwhelm can coexist.
- Screening for mood disorders: Regular check-ins for postpartum depression (PPD), anxiety (PPA), OCD, and—rarely—postpartum psychosis.
- Access to therapy: Especially providers trained in perinatal mental health.
- Trauma-informed care: Birth experiences, fertility struggles, or NICU stays can leave lingering emotional impact.

2. Social & Relationship Support

- Partner support and education: Partners should understand mood changes, sleep deprivation, and warning signs.
- Community connection: Support groups (in-person or virtual) reduce isolation and shame.
- Family boundaries: Helping the parent protect rest, privacy, and emotional space.
- Cultural sensitivity: Respect traditions while ensuring they don't prevent needed care.

3. Practical & Daily-Life Support

- Sleep protection: One of the most powerful mental-health interventions.
- Help with meals, chores, and childcare: Reduces cognitive and emotional load.
- Realistic expectations: Letting go of “bounce-back” pressure and productivity myths.
- Time for self-care: Even brief moments of autonomy matter.

4. Medical & Hormonal Considerations

- Postpartum follow-ups beyond 6 weeks: Mental health symptoms often peak later.
- Hormonal shifts: Estrogen, progesterone, thyroid changes can affect mood.
- Medication access: Safe options exist for breastfeeding parents when needed.
- Pain management: Untreated pain increases risk of depression and anxiety.

5. Identity & Role Transitions

- Grief for pre-baby self: A common but rarely discussed experience.

- Adjustment to new identity: Especially for first-time parents or those with career shifts.
- Validation for non-linear bonding: Bonding can take time and still be healthy.

6. Warning Signs That Need Immediate Attention

Seek professional help if there is:

- Persistent sadness, numbness, or panic
- Intrusive or frightening thoughts
- Feelings of hopelessness or worthlessness
- Difficulty functioning or caring for self or baby
- Thoughts of self-harm or harm to the baby (urgent care needed)

7. Equity & Access Considerations

- Language-appropriate care
- Insurance and cost barriers
- Support for single parents, LGBTQ+ parents, and parents of multiples
- Addressing racial disparities in maternal mental health outcomes

Physical Care

1. Uterus & Vaginal Recovery

What's normal

- Uterine shrinking (involution): Cramping (“after pains”), stronger during breastfeeding, improves over 1–2 weeks
- Bleeding (lochia):
 - Red/heavy: days 1–4
 - Pink/brown: weeks 1–3
 - Yellow/white: up to 6 weeks
- Mild vaginal soreness or swelling

Helpful care

- Rest, hydration
- Ice packs (first 24–48 hrs)
- Avoid tampons, douching, intercourse until cleared (often ~6 weeks)

Call a provider urgently if

- Soaking a pad in <1 hour
- Large clots (bigger than a golf ball)
- Foul-smelling discharge or fever

2. Perineum, Pelvic Floor & Core

Common issues

- Stitches, tearing, or episiotomy discomfort
- Pelvic floor weakness → leaking urine, heaviness
- Abdominal muscle separation (diastasis recti)

Helpful care

- Sitz baths, peri-bottle after urination
- Begin gentle pelvic floor engagement (often within days, if pain allows)
- Avoid high-impact exercise early
- Consider pelvic floor physical therapy (very beneficial and underused)

3. Cesarean Section Recovery (if applicable)

What's normal

- Incision pain, numbness, pulling sensation
- Fatigue lasting longer than vaginal birth

Helpful care

- Keep incision clean and dry
- Avoid lifting heavier than your baby for ~6 weeks
- Support incision when coughing or standing

Seek care if

- Redness spreading, pus, fever
- Increasing pain instead of gradual improvement

4. Breasts & Lactation

Common experiences

- Engorgement (days 3–5)
- Leaking milk
- Nipple soreness

Helpful care

- Proper latch support
- Warm compress before feeding, cool after
- Supportive bra

Call a provider if

- Breast redness, fever, flu-like symptoms (possible mastitis)

5. Hormones, Energy & Muscles

Normal changes

- Sweating (especially night sweats)
- Hair shedding (months 3–6)
- Joint looseness

- Profound fatigue

Helpful care

- Sleep whenever possible
- Iron-rich foods if blood loss was significant
- Gentle movement (walking) before formal exercise

6. Pain, Digestion & Bladder

Common

- Constipation
- Hemorrhoids
- Urinary leakage or difficulty sensing bladder fullness

Helpful care

- Stool softeners (often recommended early)
- High-fiber diet + fluids
- Don't delay urination

7. Timeline Expectations (very general)

- 0–2 weeks: Rest, bleeding, soreness
- 2–6 weeks: Gradual energy return, lighter bleeding
- 6–12 weeks: Resume more activity with clearance
- 3–12 months: Ongoing pelvic floor and core recovery

Healing is not linear, especially with sleep deprivation.

8. When to Seek Medical Help Immediately

- Fever $\geq 100.4^{\circ}\text{F}$ (38°C)
- Heavy bleeding or sudden increase
- Chest pain, shortness of breath, calf pain (possible clot)
- Severe headache with vision changes
- Worsening pain or signs of infection

Infant Feeding

1. Decide on a Feeding Approach (You can mix & change)

All options are valid.

- Exclusive breastfeeding
- Exclusive formula feeding
- Combination feeding (breast + expressed milk and/or formula)

Choose what supports baby's growth and your physical & mental health.

2. First Days (Birth–Week 1)

Frequency

- Feed 8–12 times per 24 hours (about every 2–3 hours).
- Wake baby to feed if they go >3 hours in early days.

What to expect

- Small volumes are normal (colostrum).
- Cluster feeding is common.
- Diapers are key indicators:
 - Day 1–2: 1–2 wet diapers/day
 - By day 5: 6+ wet diapers/day

Support

- Ask for a lactation consultant early if breastfeeding.
- Learn paced bottle feeding if using bottles.

3. Weeks 2–6: Establishing a Rhythm

Feeding

- Still cue-based (not strict schedules).
- Breastfed babies: every 2–3 hrs
- Formula-fed babies: every 3–4 hrs

Typical intake (approximate)

- 2–4 oz (60–120 ml) per feed by 1 month

Cues to feed

- Rooting, sucking hands, stirring, sticking tongue out
- Crying = late cue (harder to get them to latch)

4. Combination Feeding (If Desired)

Example options

- Breastfeed during the day, formula at night
- Breastfeed first, then top-off with formula if needed
- Pump once daily so another caregiver can feed

Tips

- Protect supply: pump when skipping breastfeeds
- Introduce bottles slowly (after ~2–3 weeks if breastfeeding is established)

5. Night Feeding Plan (Protect Rest)

- Take shifts with a partner if possible
- Keep feeds calm: dim lights, minimal stimulation
- If bottle feeding at night, consider:

- One caregiver feeds while the other sleeps
- Alternating nights

6. Growth & Safety Checks

Contact your pediatric provider if:

- Poor weight gain
- Fewer wet diapers
- Lethargy or persistent vomiting
- Feeding causes distress or pain

Always

- Follow safe formula prep instructions
- Store breast milk properly
- Hold baby during feeds (no propping bottles)

7. Care for the Feeding Parent

- Eat regularly and hydrate
- Expect hunger & thirst spikes
- Watch for signs of postpartum depression or anxiety
- Feeding should not be painful—get help early

Sleep & Rest Suggestions

1. Reset expectations (this really matters)

- Broken sleep is normal after birth—your body is healing while caring for a newborn.
- Aim for total rest across 24 hours, not “8 hours at night.”
- Rest ≠ sleep: lying down, closing your eyes, or doing nothing still helps recovery.

2. Sleep when the baby sleeps (but smarter)

- Prioritize at least one nap per day, even 20–40 minutes.
- Skip chores during at least one daytime sleep—rest instead.
- If naps don't happen, do quiet rest: lie down, dim lights, no phone.

3. Protect nighttime sleep

- Keep nights boring and dim (low lights, minimal talking).
- Avoid scrolling after night feeds—it wakes your brain.
- If baby is unsettled, try contact rest safely (see safety note below).

4. Share the load (if possible)

•If you have a partner:

- One person handles diaper + soothing, the other feeds.

- Or take shifts (e.g., 8pm–1am / 1am–6am).

•If bottle-feeding or combo-feeding, let someone else do one night feed so you get a longer sleep stretch.

5. Daytime rest strategies

- Keep a “nest”: water, snacks, phone charger, burp cloths.
- Accept help—meals, laundry, holding the baby while you nap.
- Gentle sunlight + a short walk earlier in the day can improve night sleep.

6. Support your body’s recovery

- Eat regular meals + snacks (protein helps energy crashes).
- Stay hydrated—keep water near your bed.
- Gentle stretching or a warm shower before bed can help you relax.

7. Emotional rest counts too

- Limit visitors if they exhaust you.
- It’s okay to say “not today.”
- You’re not failing if sleep feels hard—this phase is biologically intense.

8. Safe sleep reminder (important)

- If you’re extremely tired, place baby on a firm, flat surface (crib/bassinet) before you doze.
- Avoid falling asleep on couches or recliners with baby.

When to reach out for extra help

Please talk to your healthcare provider if you have:

- Ongoing severe exhaustion despite opportunities to rest
- Anxiety, racing thoughts, or inability to sleep even when baby sleeps
- Persistent sadness, irritability, or feeling overwhelmed

These can be signs of postpartum mood or anxiety disorders, and support really

Household Management

1. Redefine “Clean Enough”

For the first 6–12 weeks, aim for safe, sanitary, and comfortable—not perfect.

Priorities

- Clean feeding items (bottles, pump parts)
- Clean clothes for you + baby
- Clear walking paths
- Trash taken out regularly

Lower priority

- Deep cleaning
- Organizing closets
- Nonessential laundry

If it doesn't affect health or safety, it can wait.

2. Create Simple “Zones”

Set up small stations so you're not constantly moving around.

Helpful zones

- Feeding station: water, snacks, burp cloths, phone charger
- Diaper station(s): one upstairs, one downstairs if possible
- Recovery station (you): pads, peri bottle, meds, comfy clothes
- Sleep station: swaddles, pacifiers, white noise

Duplication saves energy.

3. Simplify Meals Aggressively

Food should be easy, nourishing, and repetitive.

Low-effort strategies

- One-hand foods (wraps, smoothies, yogurt, hard-boiled eggs)
- Slow cooker or sheet-pan meals
- Grocery delivery or curbside pickup
- Eat the same breakfast daily to reduce decisions

If others offer food, say yes—and give specifics.

4. Lower the Laundry Burden

Laundry often becomes the biggest overwhelm.

Tips

- Wash baby clothes together; don't sort
- Use baskets labeled: clean, dirty, to fold later
- Folding is optional—clean clothes in bins is fine
- Wash towels/sheets less frequently than usual

Clean > folded.

5. Assign or Accept Help Clearly

People often want to help but don't know how.

Instead of: “We're fine”

Try:

- “Could you run the dishwasher?”
- “Can you fold this basket?”
- “Can you walk the dog?”

- “Can you hold the baby while I shower?”

Help with chores is more valuable than help with the baby.

6. Use a “Reset, Not Clean” Approach

Once per day (or every other day), do a 10–15 minute reset:

- Dishes into sink/dishwasher
- Trash collected
- Counters wiped
- Laundry contained

Stop when the timer ends.

7. Protect Your Energy Like a Resource

You are healing, not just “home.”

Household rules

- If baby sleeps and you’re tired → rest, don’t clean
- Sit whenever possible
- Do tasks in batches
- Avoid standing tasks longer than 10–15 minutes early on

Healing speeds everything up long-term.

8. Loosen Expectations (Especially Yours)

This season is temporary.

- Mess ≠ failure
- Takeout ≠ neglect
- Asking for help ≠ weakness
- Survival mode ≠ doing it wrong

Your job right now is recover + feed baby + eat + sleep when possible.

9. Consider Temporary Supports (If Available)

Even short-term help can make a big difference:

- Biweekly cleaner
- Laundry service
- Meal delivery (even 1–2 weeks)
- Night help or postpartum doula (if accessible)

10. Watch for Overwhelm Signals

If household stress feels unmanageable, it may be more than logistics.

Reach out if you notice:

- Persistent anxiety about mess or tasks

- Feeling unable to rest even when baby sleeps
- Tearfulness or irritability tied to chores
- Guilt about not “keeping up”

Support Systems

1. Your Inner Circle (People Support)

Partner / Co-parent

- Have clear conversations about expectations (night duties, chores, emotional check-ins)
- Create a “no questions asked” handoff rule when one of you is overwhelmed

Family & Friends

- Be specific with help requests (meals, laundry, holding the baby while you shower)
- Assign roles (e.g., one person = meals, another = errands)
- Don’t feel obligated to host—support should reduce stress, not add to it

Script you can use:

“We’d love help with meals or a load of laundry—no need to visit long unless you want to.”

2. Professional Support (Highly Recommended)

Medical

- OB-GYN or midwife (postpartum checkups)
- Pelvic floor physical therapist
- Lactation consultant (even if you’re unsure about feeding)

Mental Health

- Therapist with postpartum experience
- Postpartum support groups (virtual or in-person)
- If needed: psychiatrist familiar with postpartum mood disorders

Seek help immediately if you experience:

- Persistent sadness, anxiety, rage, or intrusive thoughts
- Feeling disconnected from your baby
- Thoughts of harming yourself or others

3. Practical & Daily-Life Support

Food

- Meal train
- Freezer meals
- Grocery delivery or meal kits

Home

- Temporary cleaning help
- Lower standards—this is survival mode, not performance mode

Sleep Protection

- Schedule at least one protected sleep block per day
- Accept help so you can rest, not just “get things done”

4. Emotional Support

- One person you can be fully honest with (no minimizing)
- Someone who listens without fixing
- Normalize venting—it does NOT mean you regret parenthood

Helpful mantra:

“This is hard because it’s hard—not because I’m failing.”

5. Community & Peer Support

- New parent groups (local hospital, community center, online)
- Cultural or faith-based support communities
- Postpartum doulas (emotional + practical support)

6. Digital Support (When In-Person Help Is Limited)

- Postpartum mental health apps
- Online therapy
- Group chats with trusted people (mute when overwhelming)

7. Boundaries = Support

Support systems work best when you:

- Say no to unhelpful visitors
- Limit advice overload
- Protect bonding time
- Put your healing first

Work Life Balance

1. Set Expectations Early (with work and yourself)

Before returning:

- Clarify hours, workload, and flexibility in writing (start/end times, remote days, meeting expectations).
- Decide what is good enough at work for the first 3–6 months — this is not a peak-performance season.
- Mentally release pressure to “prove” commitment right away.

Helpful mindset:

“This is a transition period, not my forever routine.”

2. Ease Back In If Possible

If your workplace allows:

- Phased return (e.g., 2–3 days/week → full time)
- Shorter days initially
- Remote or hybrid options to reduce commute stress
- Delay high-stakes projects if you can

If flexibility isn't offered, prioritize flexibility outside of work hours (meals, cleaning, social obligations).

3. Protect Sleep and Recovery

Sleep deprivation is often the biggest challenge.

- Coordinate night duties with a partner/support person when possible.
- Lower nonessential demands (guests, errands, hosting).
- Batch decisions (clothes, meals, routines) to reduce mental load.

Rule of thumb: If it disrupts sleep or healing and isn't essential, it can wait.

4. Plan Childcare Transitions Thoughtfully

- Do a trial run of childcare before your first full workday back.
- Expect an emotional adjustment period — for you and baby.
- Build in buffer time for drop-offs, pickups, and unexpected days.

It's normal to feel:

- Guilty at work
- Anxious at home
- Tired everywhere

None of that means you're doing it wrong.

5. Simplify Home Life Ruthlessly

This is a season for minimum viable systems:

- Rotate easy meals; repeat weekly menus
- Outsource when possible (cleaning, grocery delivery)
- Let go of "shoulds" around home standards
- Accept help without explaining or justifying

6. Create Clear Boundaries at Work

- Block calendar time for pumping, rest, or transition moments.
- Say "I'll follow up tomorrow" instead of staying late.
- Choose 1–3 priorities per day — not a full to-do list.

Boundary script:

“My availability has changed since returning, but I’m committed to doing high-quality work within those hours.”

7. Make Space for Emotional Health

Postpartum life is not just logistical — it’s emotional.

- Check in with yourself weekly: What feels heavy? What feels okay?
- Stay alert to signs of postpartum anxiety or depression.
- Therapy, peer groups, or honest conversations can be hugely stabilizing.

You don’t need to be grateful and okay all the time.

8. Redefine Balance (for Now)

Balance isn’t daily — it’s seasonal.

Some weeks:

- Work gets more
- Other weeks:

- Family and rest take priority

Success right now = everyone is safe, fed, and supported, including you.

Resource & Health Support

Your Care Team

Keep contact info for:

- Your obstetrician, midwife, doula or family doctor
- Lactation consultant (IBCLC if possible)
- Pediatrician for baby check-ups
- Public health nurse or postpartum support nurse

Emergency Contacts

- Local emergency number (e.g., 911 in Canada/USA)
- Poison control
- Crisis hotlines (mental health supports)

Breastfeeding & Feeding Resources

Local/Community

- Public health breastfeeding support groups
- Hospital postpartum lactation clinics
- Community doula programs

Online & Phone

- La Leche League International (LLL) – phone/meetups
- KellyMom — evidence-based feeding info

- Breastfeeding support hotlines

Emotional & Mental Health

Education

- Learn about what's typical vs. concerning for postpartum mood changes (Baby Blues vs. Postpartum Anxiety or Depression)

Support Options

- Postpartum support groups (in-person or virtual)
- Mental health professionals experienced with perinatal care
- Text/phone crisis support (local mental health lines)

Useful tip: Ask someone you trust to check in on you regularly in the first weeks.

Physical Recovery Essentials

Supplies

- Perineal ice packs
- Sitz bath or bowl
- Postpartum pads (heavy absorbency)
- Comfortable underwear
- Witch hazel pads/soothing sprays
- High-waisted soft support clothing
- Peripads or mesh panties from the hospital

For C-Section Recovery

- Abdominal binder/support
- Scar massage instructions (from your clinician)

Newborn Care Resources

Basics

- Baby thermometer
- Nail clippers/scissors designed for infants
- Bulb suction or nasal aspirator
- Safe sleep space & guidelines (e.g., crib, bassinet, sleep sack)

Feeding

- Bottles/nipples
- Formula (if formula feeding or supplementing)
- Nursing pillow

Guides & Education

Handy Reads or PDFs

- Postpartum recovery guides
- Infant feeding & sleep guides
- Partner/family support guides

Reliable Online Resources

- During pregnancy many provincial/state health sites offer postpartum pages
- Nonprofit maternal health sites

Apps & Digital Tools

- Feeding & sleep trackers (help track patterns and trends)
- Meditation & mental health apps (calming tools for stressful moments)
- Appointment & medication reminders

Community & Practical Support

At-Home Help

- Meal train coordination (friends/family)
- Cleaning/household helpers
- Babysitter for older kids

Support Networks

- Parent groups
- Doula / postpartum doula support
- Family caregivers

Self-Care & Practical Comfort

Rest & Stress Relief

- Eye mask, earplugs
- Comfortable pillows
- Healthy snacks/protein bars
- Water bottle or electrolytes (aim to hydrate often)

Nutrition

- Easy-to-grab meals
- Prenatal vitamins or postnatal supplements (as recommended)