

Nurturing Partners Postpartum Plan

Name of Client(s): _____ Date of Intake: _____

Due Date or Scheduled Induction/Section: _____

Singleton / Multiples

Physical Well-Being

How are you doing physically? Is this your first pregnancy?

Does your pregnancy have any complications or do you or the baby have any health complications?

How is your relationship with your maternal health care providers and how are you feeling about the upcoming birth?

Do you have any history of depression, anxiety or any other mental health issues?

Do you have a history of any trauma (physical or emotional) which may impact your birth or recovery?

Are you on any medication? If so, which ones?

Does anyone in the house smoke?

Breastfeeding/Infant Feeding

Anticipated method of feeding

Exclusive Breastfeeding Exclusive pumping/bottle feeding

Formula Feeding Combo (please explain)

Your expectations for feeding the baby/babies are: On Cue Scheduled
Why?

If breastfeeding...

On a scale of 0 to 10 what is your commitment to breastfeeding?

Partner/Spouse: How do you feel about your spouse/partner breastfeeding? On a scale of 0 to 10 what is your commitment to breastfeeding?

Are you taking BF a class? Yes No

Do you have a breast pump? Yes No

If so, what kind?

Nourishment

What is your plan for meals after the baby is born? Will you be freezing meals ahead of time, ordering in, or will your partner, parent, or other helper be providing/cooking the meals?

Do you want your doula to prepare any meals for you?

Do you have any food allergies or dietary preferences?

Sleeping Arrangements

We plan to safely bed share (the baby will sleep in the adult bed)

We plan to co-sleep (the baby will sleep in the same room as the adults on a separate sleep surface such as a side-car or bassinet)

We plan to have the baby sleep in their own room from birth

Why have you chosen this plan?

Spouse/Partner: What is your preference regarding infant sleeping arrangements?

Experience & Help

Do you have any prior experience taking care of newborns? Does your spouse/partner? If so, please elaborate.

Have you read or do you plan to read any books on childbirth recovery and infant care? If so, which ones?

What is the length/scope of any parental leave you and/or your partner receives from work?

What is the usual division of labor for household duties in your home?

Will any family members be coming to stay after the baby is born (in the first 6 weeks)? If so, will they be primarily there to visit or to help?

Siblings

If your new baby has siblings, what are their names and ages:

Will any of the siblings be in school, at camp, or otherwise occupied out of the home around the time the baby is born? If so, what will a typical schedule look like for them?

What are your priorities/concerns when it comes to integrating the new addition into the family and looking out for the emotional welfare of your older children?

Pets

Do you have any pets? If so, what kind and what breed?

Do you want your doula to care for them? If so, how so?

Laundry

Would you like the doula to do mother & baby laundry? If so, please provide instruction.

Yes No

Family Safety & Values

Do you have any guns in the home? If so, where are they stored?

please note that we are unable to provide services to families who do not keep their firearms securely locked up both night and day

Are there any beliefs, values or religious rituals you follow that I should be aware of that could affect how I care for you, your newborn, or influence what I do in the home?

Your greatest concern about the postpartum period is:

Mother:

Partner:

Your greatest hope for the postpartum period is:

Mother:

Partner:

Other Notes: