

Postpartum Action Plan

Name: _____

Pediatric Provider's

Name: _____

Clinical Case Manager's

Name: _____

Counselor/Social Worker's

Name: _____

Phone Number: _____

Phone Number: _____

Phone Number: _____

Things to do to after baby arrives:

Schedule follow-up appointment with OB provider; your appointment is scheduled for: _____

Schedule well baby visits with pediatric provider; your baby's next appointment is scheduled for: _____

Make sure your baby is added to WIC; your next WIC appointment is: _____

Continue or start the birth control method you discussed with your OB provider.

Know the reportable symptoms (see below) and call your OB provider as needed.



****Reasons to call Your OB Provider Postpartum****

You have increasing vaginal bleeding, or is still bright red 4 days

after delivery, or you pass blood clots larger than a golf ball.

- You are dizzy or lightheaded.
- You have vomiting or can't keep fluids down.
- You have a fever, with or without chills.
- You have new or worsening belly pain.
- Your breasts or breast are hard, tender, or have red areas.
- Symptoms of a Urinary Tract Infection (UTI): burning with urination, difficulty emptying your bladder, sudden increased need to urinate
- You have severe pain, tenderness, or swelling in your vagina, the area between your vagina and rectum, or your C-section incision.
- You have strong feelings of sadness or anxiety, lasting longer than 2 weeks after delivery.

SEEK MEDICAL HELP IMMEDIATELY

*Severe vaginal bleeding where you are passing clots and soaking through more than a pad an hour for 2 or more hours

*Feeling as though you may faint or do faint

*Severe pains in your chest, belly, back, or legs

*Feeling as though you may harm yourself, your baby, or others

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Focus on Health

- Eat a mix of healthy foods throughout the day, including fruits, vegetables, 3 servings of low fat dairy products, 2 servings of a lean protein (like chicken or fish), and at least one food that is a good source of iron (such as dried fruits, dried beans or an egg yolk).
- Continue to take your prenatal vitamin daily if breastfeeding. Also, if breastfeeding eat protein-rich foods, such as lean meat, eggs, dairy, beans, lentils and seafood low in mercury. Eat a mix of whole grains as well as fruit and vegetables.
- Drink 8 glasses of unsweetened beverages a day, mostly water.
- Try to sleep when your baby sleeps; infants often have an extended sleep period (4-6 hours) during each 24-hour period and it isn't always at nighttime. This allows you to still get rest.
- Do not insert anything into your vagina or engage in intercourse for at least 6 weeks after delivery, as directed by your provider.
- Follow exercise directions you were given at discharge, gradually increasing to gentle activity as recommended by your OB provider.

My Action Plan

GOAL: Something I WANT to do (Example: cut back on how many cigarettes I smoke a day, walk 30 minutes a day, take a prenatal vitamin daily, attend all doctor's appointments, etc.)

ACTION: A specific activity that you are going to do in the next 1-2 weeks. (Example: I will smoke 1-2 fewer cigarettes a day for the next 2 weeks.)

What will you do to (the behavior):

How much will you do (time, distance, or amount of activity):

When will you do it (time of day):

How often will you do it (number of days per week):

How important is it to you that you complete the action plan you made above? (please circle your response)

Not at all important 1 2 3 4 5 6 7 8 9 10 Totally important

How confident are you that you will successfully complete the action plan you made above? (please circle your response)

Not at all important 1 2 3 4 5 6 7 8 9 10 Totally important

Things that might make it hard:

Ways I might overcome these problems:

Follow-up (phone, email, or meeting and date/time):