

The Postpartum Plan™ Calendar

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Month: _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
W E E K 1	[Date]						
W E E K 2							
W E E K 3							
W E E K 4							
W E E K 5							
W E E K 6							

Fill in the date for each calendar day. Write the name of the person helping in the appropriate box and indicate how they will help:
 M=Mmeal, E=Errands, H=Housekeeping, C=Childcare. Give the mother the filled in calendar.