



# POSTNATAL PLAN

NAME .....

BIRTH PARTNER

NAME .....

CONTACT .....

RELATIONSHIP .....

DUE DATE .....

CONTACT .....

HOME CHORE SPLIT BEFORE BABY

CHORE SHARING AFTER BABY

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### WHO IS YOUR EMOTIONAL/PHYSICAL SUPPORT?

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### HOW DO YOU PLAN TO CARE FOR BABY AS A COUPLE?

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### POTENTIAL MEAL PLANS (3X DAY)



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