



Pregnancy Care Plan

PHYSICAL AND EMOTIONAL CARE TEAM:

Family Doctor/Nurse Practitioner: _____
OBGYN/Midwife: _____
Doula: _____
Therapist: _____
Other:(Chiropractor, Physiotherapist, RMT, Specialist etc.) _____

CELEBRATIONS AND ANNOUNCEMENTS:

-Example: photography, shower, ritual, ceremony, social media posts

Ways we want to celebrate our pregnancy with our nuclear family:

Ways we want to celebrate with our immediate and extended family:



Ways we want to celebrate with our friends:

What are some of the things I want to create, practice, or rituals to do in this pregnancy? This could include new things or maintaining those that are currently important to me or my family system.



What were some of the things I don't want to happen as part of my care or relationships with others? Any areas for boundaries or managing expectations?

ROLES:

What do I expect my role to be:

What do I expect my partner's role to be:



HOUSEHOLD & CHILDCARE TASKS:

List each person's tasks and how labour is divided in the home:

Partner 1	Partner 2

Household tasks and division of labour:

Things to consider:

- Cleaning: Daily, Weekly, Monthly, and Seasonal Tasks
- Home Maintenance and Repair
- Laundry and Clothing Care
- Meal planning and Cooking
- Child Care
- Pet Care
- Errands and Appointments
- Organization and Paperwork



SELF-CARE:

What are some of the ways you take care of yourself? Do any of these things change by being pregnant? Are there any gaps or areas to fill?

Physical:

Emotional:

Social:

Spiritual:

Personal:

Space:

Financial:

Professional/Work:



TRIGGERS:

Are there any emotional, psychological, or relational triggers that may be activated in pregnancy that I need to be mindful of or get additional support for?

COPING SKILLS:

What do I currently do to cope? Are there any skills gaps for which I need extra support for?

Compassion or Encouraging Words:

What do I say to myself or what can others say to support me in times of distress?



UTILIZING SUPPORTS PLAN

List of friends and/or family who we can call for help. Also list type of help they may be able to offer.

Name: _____	Type: _____
Name: _____	Type: _____
Name: _____	Type: _____
Name: _____	Type: _____
Name: _____	Type: _____

PURCHASING & ORGANIZATION OF ITEMS:

Items to be acquired:

Items to be built, set up, or moved within the home:
