MOTHERWARD

The Motherward Postpartum Support Guide

Practical care for you, with or without a village.

For the first weeks and months after birth, including recovery after vaginal delivery, C-section, unexpected surgery, or a difficult birth.

Open the page you need. Leave the rest for another day.

Includes two support paths, the Family Playbook, Postpartum Without a Village, and twelve 2 a.m. pages.

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A guide you can use one page at a time

You do not need to finish this guide. Open the page that matches today. You belong here whether many people can help or no one is currently available.

PATH A — IF YOU HAVE A VILLAGE
Give the Family Playbook to a supporter. They can own complete jobs without making you manage each step.

PATH B — IF YOU DO NOT HAVE A VILLAGE
Start with Postpartum Without a Village. Build one practical connection and one route to professional care. A partner or relatives are not prerequisites.

This is general education, not individualized medical advice, diagnosis, treatment, psychotherapy, or emergency care. It creates no clinician-patient relationship. Follow your own discharge plan and clinician's advice. Use page 3 for urgent symptoms.

Optional grounding, walking, or meditation never replaces needed care. Stop an exercise if it worsens distress.

Source-checked; founder clinical sign-off pending. U.S. resources; use local services elsewhere.

When this needs help now

Seek medical care immediately for heavy bleeding that soaks at least one pad in an hour; clots larger than an egg; fever of 100.4°F / 38°C or more; persistent or severe headache; vision changes; severe belly pain; foul-smelling discharge; or one-sided limb swelling, redness, or pain.

Chest pain, trouble breathing, collapse, seizure, or immediate danger: call 911. New confusion, hallucinations, or beliefs disconnected from reality after birth also require emergency assessment. Do not drive yourself when unsafe.

If you might act on thoughts of harming yourself or your baby, cannot keep either of you safe, or are unsure: call 911 or go to an emergency department. If an adult is available, ask them to stay with the baby. If alone, tell the dispatcher you are alone with a baby; do not delay the call.

For suicidal crisis or emotional distress, call or text 988. For non-emergency maternal emotional support, call or text 1-833-852-6262, available 24/7.

Tell the care team that you recently gave birth. Pregnancy-related complications can occur in the year after delivery. This list is not exhaustive.

Sources: CDC · NIMH · HRSA · 988

Take the whole task

For any trusted helper. No helper? Use Postpartum Without a Village.

A mother should not have to supervise every act of support. Ownership means noticing, planning, doing, and finishing an agreed task.

INSTEAD OF
“Tell me if you need anything.”

OFFER
“I can own dinner and cleanup tonight. Is there an allergy, preference, or spending limit I should know?”

START WITH ONE RESPONSIBILITY
Food, laundry, older-child care, visits, transport, or household supplies. Give it one owner and one backup. Coordinate with other helpers yourself, with the mother's permission.

TAKING OVER IS NOT TAKING CONTROL
Respect her choices about her body, feeding, privacy, baby care, money, and visitors. An offered task should remove work rather than override her.

A DAILY QUESTION
“What can I take off your plate today?” Follow it with a specific offer so she does not have to build the list.

Sources: LOAD

Start smaller than a village

Not having reliable help is a real constraint, not a personal failure. Being partnered does not always mean being supported. You do not have to reconnect with someone unsafe to qualify for care.

A SMALLEST VIABLE SUPPORT SYSTEM
One route to clinical care, one way to get food, and one human contact. These can be separate people or services. Begin with the most urgent gap.

IF NOBODY COMES TO MIND
Call your maternity team: “I recently gave birth and have no reliable help at home. I need help with ____. Can you connect me with a social worker or community service?”

For emotional support, call or text the maternal hotline at 1-833-852-6262. For local practical resources, try 211. Neither promises immediate in-home help.

If you cannot safely care for yourself or the baby right now, say that clearly to a clinician. Immediate danger requires 911. Tell the dispatcher you are alone with a baby.

You deserve support before you have built a network.

Sources: HRSA · 211

A one-person support plan

This means you are the only adult at home right now. It does not mean you must solve every problem alone. Fill only the next useful line.

CARE CONNECTION
My clinician / after-hours line: _____
If I cannot reach them: _____

THE NEXT FEW HOURS
Reachable water and food: _____
Essential care I cannot safely do alone: _____
Person or service I will contact about it: _____
One optional task I am dropping: _____

ONE HUMAN CONTACT
A check-in person, peer group, or hotline: _____
When I will connect: _____
No personal contact yet? Maternal support: 1-833-852-6262.

IF SOMETHING BECOMES URGENT
U.S. emergency: 911. Crisis support: call/text 988.
Tell responders you are alone with a baby and whether other children are present. Do not delay urgent care while arranging childcare. Never leave children without safe supervision.

Practical resources: 211. Availability is local and not guaranteed.

Sources: HRSA · 211 · 988

I need help but do not know how to ask

You do not have to give a perfect explanation. You can read a short sentence from your phone or show this page.

RIGHT NOW
Choose the kind of help: practical, emotional, medical, or urgent.

PATH A / PATH B — NEXT STEP
Send: “I need help today. Please call me, and help me decide who to contact.” For a clinician: “I recently gave birth and I am struggling with ____.”

REACH OUT
If you cannot reach your usual clinician, use their after-hours service or seek local care. The maternal hotline can help with non-emergency emotional support.

IF SAFETY IS UNCERTAIN
Call 911 for immediate danger or risk of acting on harm to yourself or the baby. If alone, tell emergency services you are with a baby; do not wait for a helper. For suicidal crisis or emotional distress, call or text 988. Non-emergency maternal support: 1-833-852-6262. Physical emergencies: page 3.

Sources: HRSA · 988

Emotional health sources

[NIMH] Perinatal depression. Symptoms, baby blues, treatment, and psychosis as an emergency.

[MAYO] Mayo Clinic: Postpartum depression. Symptoms and reasons to seek care.

[OCD] International OCD Foundation: What is perinatal OCD. Unwanted thoughts and the need for appropriate assessment.

[TRAUMA] NIMH: Post-traumatic stress disorder. A distressing experience does not automatically establish a diagnosis.

[BIRTH] NHS: PTSD. Includes difficult birth among possible traumatic experiences.

[HRSA] National Maternal Mental Health Hotline. Call or text 1-833-852-6262, 24/7.

[988] 988 Suicide & Crisis Lifeline. Call or text 988 for suicidal crisis or emotional distress. Call 911 for immediate danger.

[LOAD] UCLA Health: Mental load. Practical background for the household ownership approach.

Outside the U.S., use verified local emergency and mental-health services. Do not assume U.S. numbers work internationally.

Sources: NIMH · MAYO · OCD · TRAUMA · BIRTH · HRSA · 988 · LOAD