



Embracing Postpartum

.....
A Comprehensive Planning Guide



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HI THERE!

I'm Cestelle.

I am a marriage & family therapist and a certified perinatal mental health specialist. This means that I have specialized training and experience working with people navigating pregnancy, postpartum, and family building.

I am a mother. My daughter was born in the fall of 2022, and I was exactly where you are now - figuring out how I wanted my postpartum experience to go and identifying ways that I could receive care and support during the first few weeks, months, and beyond.

This guide is a labor of love, written first for mamas and expanded to include dads and partners. Whether you are a first time mama or someone who has other children, I'm so glad you're here! Your adjustment to motherhood is sacred and deserves your attention. Being a parent begins in pregnancy and there is much to learn, but with some guidance, support, and resources you and your family will be able to transition into life with a baby with some knowledge and intentional preparation. This is a time where you get to focus on cultivating support, learning about what's common and when to bring in professional help, and how to navigate this new phase of life.

This plan covers various areas of life for you to consider ahead of your baby's arrival. Use these pages to reflect, gain clarity, and develop insight into what YOU need.



Let's begin.

COVERING THE (IMPORTANT) BASICS

What does "postpartum" mean?

"Postpartum" is the time, usually the first few months and up to the first year, after giving birth. Pop culture inaccurately uses this word to describe experiences with postpartum mood and anxiety disorders (PMADs) - more on those later.

Postpartum adjustment is the normative transition period when a family welcomes their new baby into their world. There is much emphasis on taking care of the baby, understandably, but not as much information or emphasis on taking care of those taking care of the baby (hi, mama and dad!). This plan aims to change that, and offer reminders that *your needs matter, too*.

When should I start planning?

During pregnancy is a great time to start thinking about and answering questions related to your postpartum plan. You may have a birth plan put together for wherever you give birth so having a postpartum plan looks at what happens after birth.

Areas of focus include visitors, communication, meal and financial planning, balancing responsibilities, identifying and accessing support, and some education on common emotional experiences that could evolve into a perinatal mental health difficulty.

Use this plan however you'd like. Feel free to take what helps and leave what doesn't. This is *your plan*.

How will this help me & my family?

A postpartum plan is as important as a birth plan. It's a tool that helps you get clear on what your needs are, gives you a written way to express your preferences, and allows you to consider a variety of aspects you may not otherwise consider or even know about prior to giving birth. It's a source of information with resources available before you need them. It will hopefully help reduce your stress and ease your transition into motherhood.



BEFORE BABY ARRIVES

Prior to the arrival of your bundle of joy, there are a number of topics to research, discuss, and learn about to help set you and your family up for a smoother transition into postpartum.

Without this knowledge parents can experience big overwhelm, difficulties with adjustment, and disconnect in their partnership while navigating all that comes with taking care of a new baby. Not to mention having to physically and emotionally recover from pregnancy and birth, too!

With this knowledge, hopefully you will feel more prepared. Some of these topics will be covered in this planning guide while others you will need to research more independently.

Feedback from other parents on what they wished they'd discussed, researched, or known about before their baby arrived:

- Thoughts on parenting styles and how this compares to being parented
- Thoughts on bed sharing, co-sleeping, sleep training, and “cry it out”
- Learning about attachment and unique ways to bond
- Budgeting for time away from work, mental health support, and hiring a birth and/or postpartum doula
- Birth location options (home birth, hospital, birthing center, etc.)
- Supporting one another when feeling “touched out”
- Breastfeeding support, resources, and how partners can help
- Adjusting to postpartum body with positivity or neutrality
- Communication and boundaries
- Ways to stay connected as partners and parents
- What to do if our sex life changes
- How to recognize mental health challenges; when to seek help
- The impact of sleep deprivation and coping together
- Supporting postpartum physical rehab, nutritional, and hydration needs
- Sharing the mental load; equity in our parenting roles
- Role of immediate and extended family, friends, others
- Making rituals for connection
- Making all of these topics, and more, ongoing conversation points as new things come up or shift



SELF-CARE FOR MAMA

Matrescence, the process of becoming a mother, changes a mama's sense of who she is, her priorities, her values, her relationships, and more. How will you recognize who you are when, at times, everything can feel so new and overwhelming? What supplies will you need in the first few weeks after birth?

These activities typically help me feel calm or relaxed:

These activities typically help me feel joyful:

These activities typically help me feel recharged:

These foods or things help me feel comforted:

What essentials will mama need for her physical recovery needs?

- Extra mesh panties or Depends adult underwear
- Healing/Witch Hazel Pads
- Nursing Pads
- Nipple Cream
- Cooling gel pods
- Sitz bath
- Heating pad
- Peri-bottle
- Breast massager, breast heating pads
- Nursing bras
- Comfy clothes
- Over-the-counter medication, like stool softener, ibuprophen, herbs, etc (be sure to consult a medical professional)
- Water bottle/thermos
- Easy-to-grab snacks
- Research the "5-5-5-" Postpartum Rule

Professional supports for mama:

OB or Midwife: _____

Birth and/or Postpartum Doula: _____

Chiropractor: _____

Bodyworker: _____

Perinatal-Trained Therapist: _____

Lactation Specialist: _____

Other Supports: _____

Postpartum Mantras:

Taking care of my needs is important for me.

My identity still exists outside of motherhood.

I'm learning who I am in this season of life.

My purpose is now twofold.

I will ask for help and allow others to show up for me.

I will not suffer in silence.

Self-care can look different and be based on what I
need now.

I am doing a great job.

I will figure this out, too.

I have triumphed over 100% of my hardest days.



SLEEP / REST

Sleep is a vital part of our overall health and wellbeing. Without adequate sleep our mental health can suffer. During the postpartum period there will of course be sleep deprived days, however you can ask for support and make a plan to prioritize sleep.

People who can offer support overnight including spending the night if requested:

Sources of information I trust and/or value for help with sleep-related concerns:

Things I can do each night to set up the evenings and overnights for success:

Sleep Hygiene Tips:

- Get some physical movement in during the day.
- Create a consistent bedtime routine.
- Limit or eliminate caffeine after mid-afternoon.
- Limit screen time right before bed.
- Avoid alcohol before bed.
- Make sure your room is ideal: dark or dimly lit, quiet, cool, and relaxing.
- Use a white or brown noise machine.
- Use your bed only for sex and sleep.
- Utilize a baby monitor.
- Try regulate sleep by going to bed and waking up at the same times every day.
- Don't go to bed unless you are sleepy.
- Get out of bed if you're not able to sleep after trying for 20 minutes. Do something boring or calming. Avoid use of electronics if you can't sleep.

How can mama and partner's sleep be protected so that both are able to get at least 4-6 hour chunks of sleep in a 24-hour period of time?:

Getting quality sleep is challenging after having a baby. It's really hard. You will sleep again.

VISITORS & COMMUNICATION

People have a wide variety of feelings about how they want to be contacted, what news others are permitted to share, and what they would like to hear after birth. Boundaries are key to protect your peace.

Contacting me towards the end of my pregnancy is **wanted** / **unwanted** for now.

People can connect with me through:

- phone call. If so, list number: _____
- text. If so, list number: _____
- email. If so, list email: _____
- video call. If so, list platform: _____
- social media. If so, list platform: _____
- in person. See **Visitors** section.

It would help me to hear:

- words of encouragement
- that people care about me/us
- empathy for how I'm feeling
- questions about me
- questions about baby
- topics about caring for me or baby
- resources
- others' personal experiences or stories
- distracting topics not about me, baby, etc.
- something else: _____



I **am** / **am not okay** with people sharing information.

What **can** be shared:

- birth story
- birth location
- when labor begins
- baby's information (name, other details)
- photos
- other: _____

Please **do not** share:

- baby's face in pictures
- from public social media accounts
- anything without direct permission from baby's parent(s)
- other: _____

*Keep it simple
direct and genuine.
-Celleste*

VISITORS

Some people appreciate loved ones being around right after childbirth. Others want space. Both are valid, and depend on personal preferences.

Visitors **are / are not** welcome to visit at the hospital/birthing center/our home.

If yes, who can visit and when: _____

If yes, for how long: _____

Are children welcome? **Yes / No**

Select a number for each blank below:

We are okay with _____ visitors during the **first three days**.

We are okay with _____ visitors during the **first two weeks**.

We are okay with _____ visitors during the **first month**.

Visits should generally be _____ long in duration.

Our "code word" for dad/partner to direct visitors to leave: _____

Visitor Safety:

Encourage visitors to wash hands, avoid kissing baby, wear clean and smoke free clothes, and to only come over if they and others in their household are well.

Consider personal preferences for vaccinations.

Visitors can offer help with:

_bringing a meal or pick up groceries

_bringing diapers/wipes/other item okay'd by parent(s)

_doing dishes or loading/unloading dishwasher

_laundry

_make my bed

_take out trash and recycling

_taking care of pets and/or plants

_spending time with siblings

_watching baby while mom rests, showers, etc

_holding baby

_other: _____

You are allowed to say no to visitors at any time.

Try adopt the idea: visit the family & meet the baby.

HOUSEHOLD RESPONSIBILITIES & MEALS

Tending to household tasks adds to overwhelm in the early parts of postpartum. Prioritize what's important and delegate when you can.

During the newborn stage, we can loosen our expectations for organization and cleanliness around these areas of our home:

It is important for certain tasks to be done daily or every other day:

Frozen meals and meal trains are excellent ways to stay nourished during the first few weeks while adjusting to caring for a new baby. Make a list of your favorite meals that you, friends, family, coworkers, or others could help with preparing for when baby arrives. See if someone would be willing to organize a meal train for you. Pick some local restaurants that others could purchase gift cards to for easy ordering.

Our favorite meals and snacks:

Other important dietary or food-related considerations:

PSSST!

Partners! This is a great way to help support a new mama!



Stay hydrated!

FEEDING YOUR BABY

Start to consider the ways in which you would prefer to feed your baby. Know that you have options, and that you do not have to force yourself to do one or the other.

Consider the following options:

- Exclusively nursing with your milk only.
- Exclusively nursing and supplementing with donor milk if needed.
- Exclusively pumping and feeding your milk (and/or donor milk) from a bottle.
- Exclusively formula feed from a bottle.
- Inclusively feed from body and bottle.
- A combination of the above.



Who are the people who will support, encourage, and help teach you about the ways you can feed your baby? Who will you turn to for helpful information, recommendations, and questions you may have?

Start to list some local doulas, lactation consultants, groups, social media platforms, etc:

Note: You decide how to feed your baby. Making this decision can be overwhelming and even with the best preparation ahead of time, feeding a baby from your body is a skill to be learned. Working with a lactation consultant to problem solve concerns can make all the difference. It's okay to utilize resources, and that includes feeding your baby with a combination of approaches if that's what they need or you want to do.

WEANING

When you stop feeding a baby from your body, there are two important hormones that shift. Working with a professional to help you wean from nursing, pumping, or both is helpful.

What are the two hormones?

- Prolactin
 - Helps with milk production and can bring a sense of wellbeing, calmness, and relaxation (but not always!).
- Oxytocin
 - The “love hormone,” helps with attachment and milk let-down.

Due to the shift in these two hormones, you may experience:

- A sense of loss
- Tearfulness
- Sadness
- Depressed mood
- Irritability
- Anxiety
- Mood fluctuations

If any of these emotions or changes feel distressing to you, work with a professional such as a perinatal mental health specialist or your medical provider.

COMMON MYTH: Breastfeeding does NOT cause mental health problems. It can, however, exacerbate symptoms that you may already be experiencing.

As your feeding journey evolves, research some ways in which you can start to transition to solid foods. Look up ideas such as trying purees, baby-led weaning, and more.



MENTAL HEALTH

Self-care is paramount throughout parenthood.

1 in 5 women and approximately 1 in 8 men will experience a perinatal mental health condition during pregnancy or after childbirth. If a mother develops a perinatal mood and anxiety disorder (PMAD) during or after pregnancy then her partner has a 50% likelihood of also experiencing depressed mood, anxiety, or other mental health challenge. Approximately 80% of women will experience the "baby blues" during the first few days to weeks of postpartum.

BABY BLUES Occurs within the first hours to two weeks after birth	OR POSTPARTUM DEPRESSION Continues after the first two weeks of having a baby
Looks like mood swings, irritability, sadness, anxiety, crying, & fatigue	Looks like persistent sadness, guilt, loss of interest or enjoyment, self-doubt, difficult with appetite and sleep, trouble bonding with baby
Experienced by around 80% of new parents	Experienced by 1 in 7, but potentially as high as 1 in 5 mothers; 1 in 10 fathers or partners
Improves with sleep/rest, eating, accepting help, and moving your body	Improves with going to therapy and potentially exploring medication
Does not indicate failure or inadequacy as a mother	Does not indicate failure or inadequacy as a mother

Other symptoms of PMADs include excessive worries, fear, panic attacks, shortness of breath, chest pain, dizziness, feeling out of control, numbness, detachment, obsessions, compulsions, flashbacks, avoidant behaviors, distorted beliefs, irritability, rage, mania, delusions, hallucinations, and thoughts or plans of seriously harming themselves, their baby, or someone else.

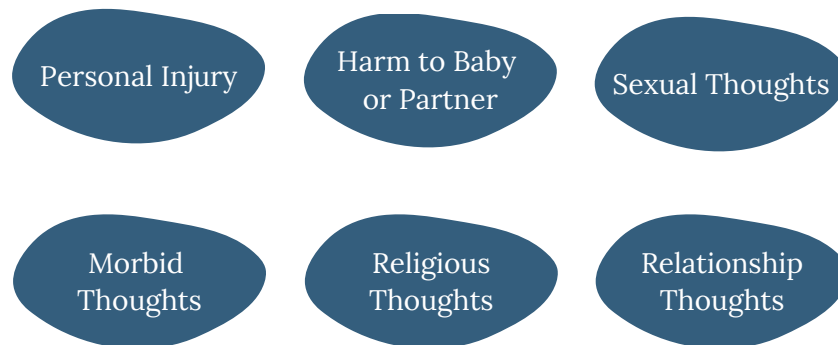
Maternal suicide and infanticide are rare. If you have thoughts, intent, or plans to harm yourself or your baby you must go to your nearest hospital emergency room or crisis stabilization center. See the **Resources** page for local, state, and national resources.

Warning signs that I am feeling overly stressed and need to practice self-care:

Intrusive Thoughts

During pregnancy and postpartum, parents can experience distressing thoughts or images that usually relate to something upsetting happening to you, your baby, or a loved one. Parents can then engage in compulsive behaviors, such as checking, reassurance seeking, or avoidance.

Common Themes of Intrusive Thoughts



Real Life Examples

- Imagining getting into a car accident or kidnapped
- Accidentally dropping or throwing baby
- Imagining your partner being hurt and disabled or dying
- Accidentally doing something sexual to baby during a bath or diaper change
- Thinking about your family being better off without you
- Thinking negatively about your body, self-worth, etc.
- Imagining being punished by God or other deity, fearing hell, needing to pray excessively for “sins” and/or “sinful thoughts”
- Imagining your partner leaving or abandoning you/your family, worrying about what they may be doing when away from you

Please note: if you find these types of thoughts distressing, that is a protective action indicating you are NOT likely to act on these thoughts. In fact, most parents work really hard to avoid these thoughts from ever coming true but can suffer in silence due to the level of distress, embarrassment, or shame they may be experiencing.

Ways to Cope

- These thoughts are automatic; you aren’t doing anything to trigger them.
- Reassure yourself that these thoughts don’t indicate a desire or intent to act.
- Avoid trying to stop the thoughts- anticipate them and allow them to pass.
- Label the thoughts by saying “I’m having the thought that...”
- Talk to a trusted person about your thoughts and feelings.
- Use grounding techniques and mindfulness focused on feeling safe.
- Seek professional help if the thoughts become hard to cope with.

Intrusive thoughts are common but not normal.

Normal conveys that we shouldn't be bothered or get help when in reality these thoughts are very real, and very upsetting.

80-100% of new parents experience some version of scary thoughts after having a new baby.



ARE YOU AT RISK?

Knowledge is power. It's helpful to be informed about common factors that increase your risk of experiencing a Perinatal Mood & Anxiety Disorder during pregnancy or after childbirth.

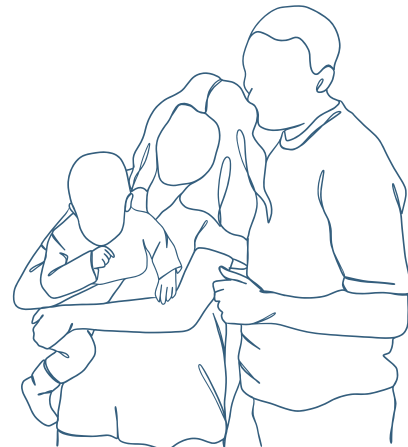
Take note of any risk factors that apply to you and discuss them with your healthcare team.

Predisposing Factors:

- History of Premenstrual Syndrome, Premenstrual Dysphoric Disorder, or Perinatal Mood & Anxiety Disorder; difficulty with taking birth control
- Personal or family history of mental health struggles, drug and/or alcohol problems, or disordered eating
- Social/Environmental stressors such as job loss, being unhoused, lack of support, financial strain
- Marital or relationship stress
- Unplanned or complicated pregnancy (hyperemesis, loss, difficult diagnosis, infertility, etc)
- Teen pregnancy
- History of previous trauma(s) such as abuse, exposure to violence, pregnancy loss, veterans, etc.
- "Type A" personality

Postpartum Factors:

- Chronic health condition, chronic pain, or change in health due to pregnancy
- Pregnancy-related pain, injury, etc.
- Traumatic birth or loss
- Hormonal shifts such as taking birth control and discontinuing breastfeeding
- Premature delivery/NICU involvement
- Breastfeeding difficulties
- Having multiples (twins, triplets, or more)
- Sleep deprivation



Track How You Are Feeling:

Do a regular check-in with yourself to monitor how you are adjusting. Keeping track of your emotions, your thoughts, and how you respond is an important aspect of navigating parenthood.



Consider the following questions as prompts to help you check-in:

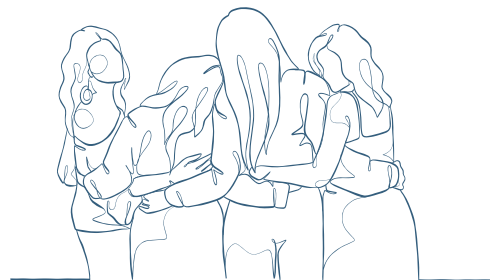
- Have you been able to laugh or find humor throughout your days?
- Are you able to look forward to things?
- Do you feel sad, hopeless, overly worried, or have trouble sleeping unrelated to your child?
- Do you blame yourself or feel a lot of guilt?
- Do you notice yourself dreading certain parts of the day or week?
- Do you find yourself feeling overwhelmed or like things are getting on top of you?
- How do you recognize joy or delight each day?
- What's one good thing and one hard thing that happened today?
- If your mood was like the weather, how would you describe it?
- How have you attended to your basic needs today for food, water, and rest?
- Other ideas for how to do a regular check-in with yourself:



SEEK PROFESSIONAL HELP IF...

- You feel hopeless, sad, worthless, or alone often.
- You find yourself crying often.
- You don't feel like you're doing a good job as a new parent.
- You're not bonding with your baby.
- You are struggling to eat, sleep, or take care of yourself or your baby because you feel overwhelmed, hopeless, dread, or despair.
- You can't sleep even if baby is sleeping.
- You have excessive worries that are difficult to control.
- You have panic attacks.
- You are having flashbacks, nightmares, or upsetting memories and emotions about your baby's birth.
- You believe any part of your pregnancy, labor, delivery, or other experience that happened to you, your baby, or your partner were traumatic.
- You have scary, upsetting thoughts about something bad happening to you, your baby, or someone you care about (including if you have fears about doing something that may cause harm).
- You have thoughts that don't make sense or are irrational, or that people around you tell you are irrational.
- If you have thoughts that you would be better off dead, that you wish you wouldn't wake up, or that your family would be better off without you.

Immediately seek emergency care if you start to begin to plan a way to seriously harm or try to end your life. Additionally seek out emergency care if you or your loved one recognize that you are experiencing delusions, hallucinations, or other signs of psychosis.



Figuring out life
as mama is an
ever evolving
journey.

Being prepared
helps make the
adjustment less
scary.



Support

Why do you need support after childbirth? For one, you don't have to do things alone. The purpose of having support is to help **you**, not your baby. It's vital so that your basic needs of nourishment, hydration, movement, rest, self-care, and unconditional positive regard can be met (maybe not all at once- that's okay!)

Need	Action Plan: Generate some ideas for each area
Nourishment: Eat something yummy!	
Movement: Move your body in ways that feel good!	
Self-Care: Restorative and simple!	
Sleep: Create a sleep hygiene routine and aim for 4-6 hour chunks in a 24-hour period!	
Rest: Delegate tasks and let others help.	
Encouragement: List some helpful mantras or words of encouragement!	
List some helpers:	

And Baby Makes Three...

John and Julie Gottman, famous couple therapists and researchers, created a couple of resources for new parents who want to preserve their relationship while expanding their family with a child. While parents navigate the transition from 2 to 3, in addition to figuring out sleep deprivation, 24/7 care of a newborn, finances, housework and more... it makes sense that big feelings and resentment can emerge.

One simple way to intentionally connect as a couple is to create rituals for connection. These don't have to be grand gestures, however it is helpful if they are meaningful. Perhaps it's a 10-second hug every day, sending encouraging messages to each other, eating a meal without screens, or sharing your mutual delight in your child. There are many ideas out there!

What ideas or routines do you already have that are rituals for connection?

It is really common for parents to drift apart when navigating the first few years of their baby's life.

Research completed by the Gottmans found this: "The greatest gift a couple can give their baby is a loving relationship, because that relationship nourishes the baby's development. The stronger the connection between parents, the healthier the child can grow, both emotionally and intellectually."

According to Eve Rodsky, founder and creator of "Fair Play," she found that whomever is the "default parent" tends to carry the most "mental load." It is important to recognize to whom responsibilities inside and outside of the home tend to fall. Working together to make these responsibilities as equitable as possible will help protect your relationship, and as noted by the Gottmans, benefit your baby as well.

What does an equity look like in your home? How can you both work on being flexible? How will you effectively communicate your needs with one another to reduce hostility, resentment, and disconnection?

Couple therapy can be a really helpful resource for strengthening your relationship and helping restore connection!



Personal Identity, Return to Work, and The First Year

Big changes on a personal, relational, and familial level occur within the first year of being parents. For mamas, this process is called Matrescence and focuses on answering the developmental question: “Who am I?”

Ways to Support You/Your Partner’s Matrescence:

- Consider how you were mothered- what will you replicate or do differently?
- Adopt value-based decision making practices
- Work on your boundaries and expectations
- Delegate; be willing to ask for help
- Reconnect with your body
- Prioritize your emotional health
- Know that this is a phase and you will find yourself again
- Partners: learn to anticipate needs

Returning to work is another important part of the first year of parenthood.

Some parents end up leaving the workforce altogether as their priorities and values shift.

Other parents return to work out of necessity, days to weeks to months after adding a child to the family.



How much time will the mama take for maternity leave?

How much time will the partner take for parental leave?

How will important responsibilities be divided between parents?

What can be delegated to other family, friends, or paid supports?

If both parents work outside of the home, what are the childcare options?

How will household responsibilities be redistributed with both parents working?

What concerns do you each have about these processes and experiences?

What support will you need from each other?

What expectations do you hold, and can you commit to being flexible as a team?

Allow your people
to show up for
you.

You are not in
this alone.



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The most love and snuggles for my daughter.

The biggest squeeze and smooch for my partner.

Thank you.



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