Perinatal Doula - Letter of Support

This letter confirms _____ ("Patient") is pregnant with an
Patient Name
expected due date of _____ and is working with a doula to support
Date
perinatal care. Patient intends to deliver at a TriHealth, Inc. hospital and is receiving perinatal care from a TriHealth provider. The utilization of a doula has been shown to address and support the unique physical and emotional needs of the patient during pregnancy, labor, and postpartum. Please consider coverage for doula services as a component of the patient's medical care.

Doula Name: _____

Agency: _____

TriHealth Provider Name:

_____

TriHealth Provider Signature:

_____

Date: _____