



*“Strengthening Families,  
One Mother at a Time.”*



## *Doula By My Side Program*

Pettaway Pursuit Foundation provides non-medical support, peer-to-peer mentoring and home visitation along with specialized services to women who are at-risk or diagnosed with high-risk pregnancies.

A Doula\* is a trained professional in maternal health who offers you:

- Emotional, physical and educational support
- Help to access community resources
- Support to you and your family to prepare for the birth of a new baby
- Education on what to expect during pregnancy, labor and delivery
- Support during labor and birth
- Help to schedule and get ready for prenatal visits
- Education about breastfeeding, newborn care and more!

*\*A doula does not take the place of your OB/Gyn. To **REFER A MOM** to our DBMS Program, complete the Referral Form on the back.*

## *PAL for Parents Program*

Being a parent, new or experienced, is not an easy job. It can be overwhelming at times, and for that reason, the PAL for Parents Program was created.

Classes Offered (but not limited to): \*

- Prenatal Yoga
- Nutrition Class
- Breastfeeding Support Group
- Newborn Care Class
- Mommy Support Group (Peer-to-peer)
- NICU Support Group
- Childbirth Education
- Life Skills (Parenting, Budgeting, Time Management, Stress Relief)

*\*Attend the PAL for Parents **FREE CLASSES** to receive a free giveaway! Registration is **MUST!** Call or email our office to register.*

If you want to:

- Be a PPF Doula
- Be a PPF Volunteer
- Be a PPF Facilitator

Call or email our office or check out our website!

*Pettaway Pursuit Foundation*

*Phone: 610-553-5479 Fax: 610-553-5479*

*Email: [info@theppf.org](mailto:info@theppf.org)*

*Website: [pettawaypursuitfoundation.org](http://pettawaypursuitfoundation.org)*

*Location: 11 Owen Avenue, Lansdowne PA 19050*

*Business Hours: Mon-Fri at 9:00 AM – 5:00 PM*



## Provider Referral Form

Type of Doula Service:    Prenatal    Postpartum

Date: \_\_\_\_\_

<b>Qualifying Insurance Name:</b> <input type="checkbox"/> Keystone First <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Other (specify) _____		<b>Referral Person:</b> _____ <b>Phone Number:</b> _____ <b>Referral Organization:</b> _____ <b>Location:</b> _____					
<b>Member Name:</b> _____		<b>Member ID No</b> _____	<b>DOB:</b> _____				
<b>Phone</b> _____	<b>Alternate phone</b> _____	<b>Case Manager/PHW Coordinator/Support Staff name:</b> _____					
<b>Address:</b> _____		<b>Phone:</b> _____					
<b>EDD</b> _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>G</b></td> <td style="width: 100px;"> </td> </tr> <tr> <td style="text-align: center;"><b>P</b></td> <td> </td> </tr> </table>	<b>G</b>		<b>P</b>		<b>Gest. age</b> _____	<b>Medical history</b> _____
<b>G</b>							
<b>P</b>							
<b>Social issues:</b> _____							
<b>Referral Reason</b> _____							

**Please email or fax this form to:**  
**E: [mardbmsreferral@theppf.org](mailto:mardbmsreferral@theppf.org) for MA/RI Members**  
**E: [padbmsreferral@theppf.org](mailto:padbmsreferral@theppf.org) for PA Members**  
**F: 610-553-5482**

Questions? Call us at 610-553-5479.  
[www.pettawaypursuitfoundation.org](http://www.pettawaypursuitfoundation.org)