



*“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
- 🌿 Implement Trauma-Informed Care
- 🌿 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.*

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!

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): *

- 🌿 Beginner & Prenatal Yoga
- 🌿 Nutrition Class
- 🌿 Breastfeeding Support Group
- 🌿 Newborn Care Class
- 🌿 Safe Sleep Class⁺
- 🌿 Mommy Support Group (Peer-to-peer)
- 🌿 NICU Support Group
- 🌿 Childbirth Education
- 🌿 Life Skills (Parenting, Budgeting, Time

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

⁺PPF's safe sleep class is facilitated by Safe Sleep Ambassadors trained via the Cribs for Kids[®] methodology

Pettaway Pursuit Foundation

Local: 610-553-5479 Fax: 610-553-5482

Toll Free: 1-844-PPF-DBMS Email: info@theppf.org

Website: 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: _____

Qualifying Insurance Name: <input type="checkbox"/> Keystone First <input type="checkbox"/> Tufts Health Plan <input type="checkbox"/> Other (specify) _____			Referral Person: _____ Phone Number: _____ Referral Organization: _____ Location: _____		
Member Name: _____			Member ID No _____		DOB: _____
Phone _____		Alternate phone _____	Case Manager/PHW Coordinator/Support Staff name: _____		
Address: _____			Phone: _____		
EDD _____	G _____	Gest. age _____	Medical history _____		
	P _____				
Social issues: _____					
Referral Reason _____					

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

Questions? Call us at 610-553-5479 or 1-844-PPF-DBMS (Toll free)
www.pettawaypursuitfoundation.org