

**Date:** [Date]

**Patient Name:** [Mother's Name]

**Infant Name:** [Infant's Name]

**Date of Birth:** [Infant's DOB]

**Service Period:** [Start Date] to [End Date]

Dear [Client Name/Family],

This letter serves as formal notification of your discharge from [Agency Name] home health maternity and newborn support services. Our clinical team has completed the scheduled postnatal care plan as of [End Date].

**Summary of Care Provided:**

- Postpartum maternal physical assessment and recovery monitoring.
- Newborn vital signs and weight tracking.
- Breastfeeding/Lactation support and nutritional guidance.
- Infant hygiene, cord care, and sleep safety education.
- Emotional support and postpartum depression screening.

**Final Assessment Status:**

At the time of discharge, both mother and infant have met the established goals of the care plan. Vital signs are within normal limits, and the home environment is deemed stable for continued independent care.

**Follow-Up Instructions:**

- Keep your scheduled postpartum appointment with your OB/GYN on [Date/Time].
- Keep the infant's next wellness check with the Pediatrician on [Date/Time].
- Continue following the prescribed medication or vitamin regimen provided at hospital discharge.

**When to Call a Physician:**

Seek medical attention immediately if the mother experiences heavy bleeding, fever, or severe headaches. Seek medical attention for the infant if there is a fever over 100.4°F, poor feeding, or lethargy.

It has been a privilege to assist your family during this transition. If you have any questions regarding your records, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Staff Name and Title]

[Agency Name]