

Date: [Insert Date]

Patient Name: [Mother's Full Name]

Date of Birth: [Mother's DOB]

Date of Delivery: [Date]

Delivery Type: [Vaginal / Cesarean Section]

Infant Name: [Infant's Full Name]

Infant DOB: [Date]

Birth Weight: [Weight]

To Whom It May Concern,

This letter serves as formal notification of discharge for the above-named patients following postpartum and newborn care. Both mother and infant have been evaluated and are cleared for discharge to their home.

Maternal Discharge Summary:

- **Clinical Status:** Stable with normal recovery progress.
- **Activity:** [Light activity / Pelvic rest / Specific restrictions].
- **Follow-up:** Scheduled for postpartum evaluation on [Date] at [Time].

Newborn Discharge Summary:

- **Clinical Status:** Stable, feeding well, and meeting neonatal milestones.
- **Screenings:** [Hearing / Metabolic / Bilirubin] completed.
- **Pediatric Follow-up:** Scheduled for [Date] with Dr. [Name].

Urgent Red Flags (Seek immediate medical attention if):

- **Mother:** Excessive bleeding, severe headache, fever over 100.4F, or chest pain.
- **Infant:** Poor feeding, lethargy, yellowing of skin (jaundice), or difficulty breathing.

Please contact our office at [Phone Number] for any questions regarding this transition of care.

Sincerely,

[Provider Signature]

[Provider Name and Title]

[Facility Name]