PRENATAL OUTREACH PROGRAM

*ORGANIZATION NAME*

**Dear \_\_,**

ORGANIZATION NAME has provided support to new parents of children with Down syndrome for the past *insert #* of years, and our outreach has primarily focused on hospitals and social services. However, ORGANIZATION NAME recognizes that physicians must increasingly deliver the news about a possible prenatal Down syndrome diagnosis.

Therefore*, ORGANIZATION NAME* wants to establish a collaborative relationship with local OB/GYN groups and offer reliable information and support to new and expectant parents learning about Down syndrome. Consequently, *ORGANIZATION NAME* is providing complimentary, medically-reviewed, accurate, and up-to-date materials from the National Center for Prenatal and Postnatal Resources. We are also including our contact information for those parents who might want to speak with another parent or representative of our organization for more support.

Please contact us with any questions. We are also available to offer presentations and training resources.

The parent representative contacts assigned for \_\_\_ are provided below:

**Thank You,**

***Contact Name***

***Title***

***Phone Number***

***Email***

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