

Notification of Maternity Care Information Update

Dear [Recipient's Name],

We hope this message finds you well. We are reaching out to inform you of an important update regarding your maternity care information.

As part of our commitment to providing you with the best possible care, we have recently updated our records to include the following information:

- **Due Date:** [Insert Due Date]
- **Healthcare Provider:** [Insert Provider's Name]
- **Preferred Method of Communication:** [Insert Preferred Method]
- **Emergency Contact:** [Insert Emergency Contact Details]

If any of the information listed above is incorrect or needs further clarification, please do not hesitate to contact us at [Insert Contact Information].

We appreciate your cooperation and look forward to continuing to support you during this important time.

Warm regards,

[Your Name]

[Your Title]

[Your Organization]

[Contact Information]