

# Doula & Support Visit Log

Use this to track any support visit: doulas, CHWs, lactation, nutrition, or others. Each provider will bill separately.

Notes								
Location								
Focus (Prenatal, Loss, etc.)								
Role (doula, CHW, etc.)								
Provider Name								
Date								

# Your Medicaid Doula Coverage

- U1 (Prenatal/Postpartum): Up to 9 visits/year (15-min units, max 2 hrs/visit)
- U2 (Loss/Abortion): Up to 9 visits/year
- U3 (Labor & Delivery): 1 visit per birth

## Warning Signs to Watch for

- Heavy bleeding, fluid leaking, or sharp pain
- Swelling of face/hands, blurry vision, headaches
- Baby not moving
- Fever or burning while urinating
- Feeling unsafe or overwhelmed

## Notes & Questions

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**Need Help?** Contact NMDA or your care team. This passport is for YOU — track your care, ask questions, and speak up for what you need.



NEW MEXICO  
DOULA ASSOCIATION

*Designed by the New Mexico Doula Association to center full-spectrum, culturally humble care across New Mexico.*

[www.nmdoula.org](http://www.nmdoula.org)



NEW MEXICO  
DOULA ASSOCIATION



## NMDA Full-Spectrum Care Access Passport

*Supporting Your Journey with Compassionate, Medicaid-Covered Care*

[www.nmdoula.org](http://www.nmdoula.org)



## Your Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_

Pronouns: \_\_\_\_\_

Language: \_\_\_\_\_

Race/Ethnicity/Tribal Affiliation: \_\_\_\_\_

Phone: \_\_\_\_\_

2nd Contact Name: \_\_\_\_\_

2nd Contact Info: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

## Care You're Receiving (Check all that apply)

- ☐ Prenatal ☐ Labor & Birth
- ☐ Postpartum ☐ Stillbirth/Infant Loss
- ☐ Miscarriage/Abortion Support
- ☐ Fertility ☐ Gender-Affirming Care
- ☐ Lactation ☐ Childbirth Education
- ☐ Nutrition Support

## Your Care Team

### Doula #1

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### Doula #2

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### Lactation Specialist

Name: \_\_\_\_\_

Contact: \_\_\_\_\_



## Your Care Team continued...

### Community Health Worker (CHW)

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### Home Visitor

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### Dietitian / Nutrition

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### Medical Provider # 1

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### Medical Provider #2

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

### Other Provider

Name: \_\_\_\_\_

Contact: \_\_\_\_\_

## Your Food & Resource Access

- ☐ WIC ☐ SNAP ☐ Food-as-Medicine
- ☐ Traditional Foods ☐ Community Pantry