

Neonatal Center Parent-to-Parent Partnership

We've been there, too. We understand.

Becoming a parent is one of life's most positive and joyful experiences. When challenges arise that affect your baby's health, your happiness can be overshadowed by uncertainty. During this time, you may find it helpful to talk with other parents who have had similar experiences.

Who We Are

The Parent-to-Parent Partnership (PPP) is a group of volunteer parents sponsored by the Neonatal Center at Helen DeVos Children's Hospital. We are parents who care. Each of us has stood where you are today. Our goal is to make this experience a little easier. Together with the entire staff of the neonatal intensive care unit (NICU), we offer a circle of caring for you, your family and your baby.

How We Connect

- One-to-one partners
- PPP dinners
- Visiting parents

Caring Without Cost

Parent-to-Parent Partnership is free. The program developed out of our own experiences and because we sincerely care about your family's journey. Helen DeVos Children's Hospital offers this program to you as a part of our commitment to meeting the needs of families whose infants are receiving care in the NICU.

Parent Experience

"I felt like I was walking uncharted territory, through a forest without a path. (My parent-to-parent volunteers) showed me that though the forest was thick, there was a path through, and a clearing on the other side. I knew I had someone I could talk to when I wasn't sure how to navigate the uncertainty."

Contact Information

Parent-to-Parent Partnership

Neonatal Center

100 Michigan Street NE
 Grand Rapids, MI 49503
 Phone: 616.391.1896
 Web site: helendevoschildrens.org



Neonatal Center Parent-to-Parent Partnership Invitation

Dear Parent:

We would like to arrange for you to receive a call from a parent-to-parent volunteer who has also experienced having a baby in the Neonatal Center. Please complete the information below and give this card to a staff member, and a parent will contact you as soon as possible.

The following information will be shared with your parent volunteer: Medical information (e.g. baby's diagnosis, gestation, weight, current medical status) and family information (e.g. name, contact information, support systems, other children).

Name: _____ Phone Number(s): _____

Your Baby's Name: _____ Today's Date: _____ E-mail: _____