

Perinatal Education Registration

Name: _____ Partners Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ E-Mail Address: _____

Physician/Midwife: _____ Expected Due Date: _____

Future Baby Crawl Participation: Y / N

*If you have any questions about classes or dates, please call the Perinatal Education Coordinator at (304) 598-1484 or E-Mail poep@monhealthsys.org.

The first two classes of the series (weeks #1 and #2) focus on birth as a natural process (as opposed to a “medical procedure.”) We will cover a number of topics designed to assist labor progress while helping mother cycle through the process. These topics include the stages of labor, anatomy, a natural birth film, relaxation, breathing, massage and comfort techniques, positioning for labor.

The second two classes (weeks #3 and #4) focus on epidurals, narcotic analgesics, medical interventions, cesarean birth, labor rehearsal and birth video, newborn procedures and a tour of the Birth Center. **Please be aware that just because you take the weeks 3 & 4 classes does not guarantee that you will receive an epidural at your request. You may still have to employ comfort techniques in labor until the anesthesiologist and your health care provider deem if/when it is appropriate to receive an epidural.**

	<u>Class</u>	<u>Preferred Dates</u>	<u>Cost</u>
_____	Labor and Birth Series (1-4 or 3-4) (call 304-598-1484 for Mon Health Employee discount)	_____	\$60/30
_____	Sibling Class	_____	\$10
_____	Breast Feeding	_____	\$10
_____	Baby Basics	_____	\$10
_____	Infant CPR (per person)	_____	\$15
_____	Infant CPR (per couple)	_____	\$25
	Your Total	_____	_____

Please be aware that CPR classes fill up very quickly and there is usually a wait list for this particular class months in advance. **We can no longer offer a refund or transfer to another class unless a documented medical reason exists.** Please ensure that the class you sign up for fits into your scheduled calendar of events **prior** to signing up.

*Payment and/or payment arrangements must be made at time of registration.

*A non-refundable \$5 fee will be charged for any cancellation.

*No refunds will be given after the second night of any class series.

_____ Check enclosed (Make checks payable to: Mon Health Medical Center) Mail to above Business Office address.

_____ VISA No: _____ Expiration Date: _____

Cashier's Use: _____