

Childbirth Education

The more you know, the more positive your childbirth experience will be.



Childbirth Preparation Class
9:00 a.m. – 4:30 p.m.
Fee: \$55
 (Regional Health Employees will receive a \$15 discount)

This class is designed for the busy expectant family. It is a Childbirth Preparation Class series put into one day. Mothers and their support person(s) are encouraged to attend during the seventh or eighth month of pregnancy. Changes that the body goes through during pregnancy are discussed and explored. Relaxation and breathing techniques are introduced and practiced. Questions will be answered regarding the process of labor, delivery and what happens afterwards. Includes a tour of the Labor/Delivery Room. Mothers who attend this class may attend the Breastfeeding Class free of charge.

Class Schedule

| | |
|------------------|--------------------|
| January 19, 2019 | July 13, 2019 |
| February 9, 2019 | August 17, 2019 |
| March 9, 2019 | September 14, 2019 |
| April 13, 2019 | October 19, 2019 |
| May 11, 2019 | November 9, 2019 |
| June 15, 2019 | December 7, 2019 |

Breastfeeding Class – 10:00 a.m. – 12:00 p.m. (The Saturday following Childbirth Education)

Fee: \$15 (Free if you attend Rapid City Childbirth Prep. Class) - (Includes “Back to Work” Information)
 Explore prenatal preparation, techniques, problem solving following birth, breastfeeding and working mothers, nursing products and much more. The class is taught by registered nurses who are International Board Certified Lactation Consultants, and experienced in the art of breastfeeding. Support person of the mother is encouraged to attend. (Bring a doll or stuffed animal to class). **Note: November class is scheduled for the 12th.**

REGISTRATION (Preregistration and prepayment required for all classes)

Name _____ Address _____
 City _____ State _____ Zip _____
 Phone: (H) _____ (W) _____

I WILL ATTEND

Childbirth Preparation on: (Date): _____ Breastfeeding Class on: (Date): _____

PAYMENT OPTIONS:

- Cash/Check (Checks payable to Rapid City Regional Hospital)
- Title 19/Medicaid (Free - attach copy of card)
- Other (attach voucher if applicable)

CREDIT CARD: Visa MasterCard Discover

Name on Card _____
 No. _____ Exp. Date _____
 Security Code (3-digit on back of card) _____
 Signature _____

Mail registration to: Regional Health Talent Development, 353 Fairmont Boulevard, Rapid City, SD 57701
 For more information, call Talent Development at (605) 755-8015.