



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. | WEST AUD. IN RAPID CITY HOSPITAL

FEE: \$55 (Monument 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 11, 2020
February 8, 2020
March 14, 2020
April 11, 2020
May 9, 2020
June 13, 2020
July 11, 2020
August 15, 2020
September 12, 2020
October 10, 2020
November 14, 2020
December 12, 2020

BREASTFEEDING CLASS (Scheduled the Saturday following Childbirth Preparation class)

10:00 A.M. - 12:00 P.M. | WEST AUD. IN RAPID CITY HOSPITAL

FEE: \$15 (Free if you attend Rapid City Childbirth Preparation class)

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.* This class includes "back to work" information.

REGISTRATION (Preregistration and prepayment required for all classes)

FULL NAME _____ **PHONE #** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

I WILL ATTEND:

☐ Childbirth preparation class on: (Date:) _____ ☐ Breastfeeding class on: (Date:) _____

PAYMENT OPTIONS:

☐ **Cash/check** (Make checks payable to Monument Health)

☐ **Credit card** (Fill out the form on the right)

☐ **Title 19/Medicaid** (Free - attach copy of card)

☐ **Other** (Attach voucher if applicable)

CREDIT CARD: ☐ Visa ☐ Mastercard ☐ Discover

Name on card _____

_____ **Exp. date** _____

Security Code (3-digit on back of card) _____

Signature _____

MAIL REGISTRATION TO: Monument Health Talent Development, 353 Fairmont Boulevard, Rapid City, SD 57701