



Prenatal Classes 2016



CASS COUNTY
HEALTH SYSTEM

Atlantic Medical Center | Cass County Memorial Hospital | Eye Associates
Southwest Iowa Mental Health Center | Southwest Iowa Surgery



We know that as your due date gets closer, the excitement is building every day. But along with that excitement comes a lot of questions, worries and even fears. Our prenatal class is designed to answer all of those questions and soothe any anxieties. You'll leave feeling confident and prepared, ready to welcome your new son or daughter into the world!

Prenatal Classes 2016

Recommended by the
Cass County Memorial Hospital Medical Staff

For: Expectant moms and their support person

Where: Cass County Memorial Hospital
Conference Room 2
1501 East 10th Street
Atlantic, IA 50022

Cost: \$30 if delivering at CCMH
\$45 if not delivering at CCMH
Payment arrangements can be made.

Instructors: CCMH OB Staff

Registration: Advance registration is required by 5 pm
the Thursday before each Saturday class.

Please select one session to attend:

Saturday Sessions (9 am - 1 pm):

- January 9th
- March 12th
- May 14th
- July 16th
- September 10th

(Snack and drink provided at all sessions; lunch on your own.)



Topics Included

- Discomforts of Pregnancy
- Warning Signs
- Understanding Labor and Delivery
- Stages of Labor
- Labor Procedures
- Pain Control
- Newborn Characteristics and Procedures
- Breathing and Relaxation
- Breastfeeding

Please return the registration form with payment to:

Cass County Memorial Hospital
Attn: Obstetrics Department
1501 East 10th Street
Atlantic, IA 50022

I/We plan to attend the Prenatal Class on Saturday:

- January 9th March 12th May 14th July 16th September 10th

Returning this form verifies your registration in the class.

If you should have any questions, please call 712-250-8862.

Please make your check payable to Cass County Memorial Hospital (CCMH).



CCHS
Cass County Memorial Hospital

Mother: _____ Relationship: _____

Support Person: _____ Relationship: _____

Address: _____ Phone: _____

Delivering Doctor: _____ Expected Due Date: _____