

Jersey City Medical Center RWJBarnabas Health



Prenatal Child Birth Classes At Jersey City Medical Center 2018 Schedule

Program will include: 2 hrs / 4 classes—combination lecture and movie presentations.

Topics :

- ◆ Third Trimester Changes, Signs and Symptoms of Labor
- ◆ Labor & Delivery “What to Expect”
- ◆ “Pain Management”
- ◆ A tour of Labor & Delivery / Postpartum

•Although light refreshments will be served, Please be sure to eat prior to coming class

•Fee: \$125.00 **CASH or CHECK**/per couple

Registration Forms/payments MUST be received 2 weeks prior to the 1st class date.

July 2018		6:00 – 8:00pm		2018 Class Dates	October 2018		6:00 – 8:00pm	
July 18, 2018		4 East Conf Rm			October 1, 2018		4 East Conf Rm	
July 23, 2018		4 East Conf Rm			October 10, 2018		4 East Conf Rm	
July 25, 2018		4 East Conf Rm			October 15, 2018		4 East Conf Rm	
July 30, 2018		4 East Conf Rm			October 24, 2018		4 East Conf Rm	
August 2018		6:00 – 8:00pm			November 2018		6:00 – 8:00pm	
August 8, 2018		4 East Conf Rm			November 14, 2018		4 East Conf Rm	
August 13, 2018		4 East Conf Rm			November 19, 2018		4 East Conf Rm	
August 15, 2018		4 East Conf Rm			November 21, 2018		4 East Conf Rm	
August 27, 2018		4 East Conf Rm			November 28, 2018		4 East Conf Rm	
September 2018		6:00 – 8:00pm			December 2018		6:00 – 8:00pm	
September 12, 2018		4 East Conf Rm			December 3, 2018		4 East Conf Rm	
September 17, 2018		4 East Conf Rm			December 10, 2018		4 East Conf Rm	
September 19, 2018		4 East Conf Rm			December 12, 2018		4 East Conf Rm	
September 24, 2018		4 East Conf Rm			December 17, 2018		4 East Conf Rm	

Contact for any question:
Class Registration: 201-521-5900
Eufemia Rios, RN,C CCE, IBCLC
Email: eufemia.rios@rwjbh.org

Jersey City Medical Center
RWJBarnabas Health
Child Birth Education Classes
Registration Form

Please complete and return with the registration fee either check or cash at least 2 weeks before the 1st class to:

April Major RN, IBCLC
(4East)

Mail: 355 Grand Street Jersey City, NJ 07302

Hand Delivery: Make arrangements by calling 201-521-5900

Please remember to eat prior to the class, as only a snack will be served during the class.

Cost: \$125.00 per couple CASH or CHECK

Checks made payable to:

Jersey City Medical Center

Class/Date: _____

Name: _____

Date of birth: _____

Address: _____

Telephone# _____

Cell# _____

Email : _____

Physician/Midwife: _____

Due Date: _____

Signature: _____

Coach/Support Person _____

Circle: Breast feeding or Bottle feeding

Any prior Medical Condition: _____

Any Questions please call:
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