

Newborn Naturally Class Registration

Name(s): _____

Address: _____

Email: _____ Phone: _____

Guess Date (Due date): _____ Baby's gender: _____

Birth Place: _____ Care Provider: _____

Previous births: _____

How did you hear about me: _____

Please rate the topics below for most/least important to cover in class:

Least Most

Natural methods for pain relief	1	2	3	4	5
Anatomy of Pregnancy	1	2	3	4	5
Stages of Labor	1	2	3	4	5
Comfort Measures	1	2	3	4	5
Nutrition for Pregnancy	1	2	3	4	5
Medical Terminology	1	2	3	4	5
Pain Medication (epidural, IV medications)	1	2	3	4	5
Relaxation	1	2	3	4	5
Videos that show Birth	1	2	3	4	5
Writing a Birth Plan	1	2	3	4	5
Labor Induction	1	2	3	4	5
Cesarean Birth	1	2	3	4	5
Medical Interventions for Labor	1	2	3	4	5
Newborn Characteristics	1	2	3	4	5
Hospital Procedures for the Newborn	1	2	3	4	5
How to deal with the fear of Childbirth	1	2	3	4	5
Breastfeeding Benefits	1	2	3	4	5
Positions for Breastfeeding	1	2	3	4	5
Expressing Milk and using a Breast Pump	1	2	3	4	5
Returning to Work	1	2	3	4	5