

## Antenatal Course

<b>26<sup>th</sup> October 2026</b>  <b>Class 1</b>	Labour <ul style="list-style-type: none"><li>• Stages of labour</li><li>• Positions and breathing for labour</li><li>• Video of natural birth</li><li>• Relaxation techniques</li></ul>
<b>2<sup>nd</sup> November 2026</b>  <b>Class 2</b>	Caesarean section <ul style="list-style-type: none"><li>• Video of Caesarean section</li><li>• Practical session of labour</li><li>• Post Natal Depression</li></ul>
<b>9<sup>th</sup> November 2026</b>  <b>Class 3</b>	<ul style="list-style-type: none"><li>• Breast Feeding</li></ul>
<b>16<sup>th</sup> November 2026</b>  <b>Class 4</b>	<ul style="list-style-type: none"><li>• Baby Bathing</li><li>• Immunizations</li><li>• Post Natal Care</li><li>• First Aid</li></ul>

ST GEORGES HOSPITAL  
Mother & Baby Clinic  
40 Park Drive  
Port Elizabeth. 6000  
Practice No. 8817189

## **HELEN WARD ANTENATAL CLASSES**

Ante Natal Classes will be commencing on **Monday 26<sup>th</sup> October 2026.**

Dates: **Monday 26<sup>th</sup> October 2026**  
**Monday 2<sup>nd</sup> November 2026**  
**Monday 9<sup>th</sup> November 2026**  
**Monday 16<sup>th</sup> November 2026**

Class times: 17h15 to +/- 19h00

All classes may be attended by Moms and Dads / Partners.

The course fee is R 1300.00, payable on the first night, if possible. Some medical aids do reimburse you for these classes. Please chat to me with pleasure if you have a problem with payment.

The course covers all topics as stipulated in the class layout as well as education on choking and CPR for infants, children and adults.

Please visit my website at [www.antenatalclinic.co.za](http://www.antenatalclinic.co.za) for additional information, or contact me should you have any questions beforehand. I look forward to meeting you.

Please confirm your attendance by completing the registration form and emailing it to me, or contact me on 0832709020 during office hours.

Love,  
Helen

P.S: If there is a problem with the dates, please contact me.

## HELEN WARD ANTE NATAL CLASSES

Date	Due Date
Name	Age
Husband / Partner	Age
Address	Email address
	Husband / Partner Email address
Telephone Number	Cellphone Number
Obstetrician	
Medical Aid	Membership Number
Main Member	Plan / Option
Do you suffer from any health problems?	

Class Dates			
	Date	Paid	Remarks
1			
2			
3			
4			
5			
6			