

Antenatal Course

| | |
|---|---|
| 27th January 2026 (Tuesday) Class 1 | Labour <ul style="list-style-type: none">• Stages of labour• Positions and breathing for labour• Video of natural birth• Relaxation techniques |
| 2nd February 2026 (Monday) Class 2 | Caesarean section <ul style="list-style-type: none">• Video of Caesarean section• Practical session of labour• Post Natal Depression |
| 9th February 2026 (Monday) Class 3 | <ul style="list-style-type: none">• Breast Feeding |
| 16th February 2026 (Monday) Class 4 | <ul style="list-style-type: none">• Baby Bathing• Immunizations• Post Natal Care• First Aid |

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 **Tuesday 27th January 2026**.

Dates: **Tuesday 27th January 2026**

Monday 2nd February 2026

Monday 9th February 2026

Monday 16th February 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 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 | | | |