

Labour Preparation & Support Registration Form

Name: _____ Age: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

How did you hear about our Maternity Massage Therapy? Friend – (who?) _____

Internet Rack card/Business Card MD/Midwife Other _____

Emergency Contact: _____ Phone #: _____

What are you interested in learning about? (check as many as you'd like)

- Creating a birth plan
- Creating an ideal atmosphere for the birth experience in the hospital or at home
- Obtaining the information needed to make informed decisions about childbirth
- Normal development of the body through the stages of pregnancy
- Postural & structural support throughout pregnancy
- Self-care throughout pregnancy
- Pregnancy massage techniques
- Labour preparation techniques
- True versus preterm labour signs & symptoms
- Medical & natural methods of induction
- Stages of labour
- Early & active labour comfort techniques
- Labour massage techniques
- Physical recovery in the initial postpartum period
- Self-care after childbirth
- Postpartum massage techniques
- How a birthing partner can help throughout pregnancy, labour, & postpartum

Why are you interested in labour preparation & support lessons?

What times/days of the week are you (and your birthing partner) available for lessons?
