

# Community Memorial HOSPITAL

Froedtert & Community Health

***Dear Expectant Mom,***

The Birthing Center staff at Community Memorial Hospital congratulates you on your pregnancy and welcomes you to our **Right From The Start Program**. This program starts with your first doctor's office visit. Your doctor and Birthing Center staff work together to provide you with excellent, individualized care throughout your pregnancy and beyond. We are privileged to be part of this very special time in your life.

An experienced Birthing Center RN dedicated to the "Right From The Start" program will monitor all of the information sent in by you and your physician. She may contact you to offer additional information that you may find helpful.

## **IMPORTANT FORMS – FOR ALL MOTHERS-TO-BE:**

To prepare for your admission, and assist us in developing your individualized care plan, please complete the following forms as soon as possible and return them to the hospital in the enclosed postage-paid envelope.

- **Birthing Center Pre-admission Reservation**
- **Your Requests For Personalized Care**

**NOTE:** *Send this form only if you will NOT be attending prenatal class. Those attending the "Childbirth and Newborn Care Series"; "Childbirth and Newborn Care Saturday Express Class; "Childbirth Education for the Young/Single Mom-To-Be", or "We're Having Another Baby" classes will complete this form during class.*

These forms will assist us in simplifying your admission process and will provide important information for your Labor and Delivery nurse who will take care of you when you enter the hospital. If you do not have these forms, please call us.

Use the **Countdown to Parenting** as a guide for completing these forms and for class registration information. We encourage you to sign up for classes early to ensure getting the date(s) of your choice.

## **PATIENT PRIVACY**

Your privacy is important to us. By law, we must keep your private health information confidential and are required to follow the guidelines established by HIPAA (Health Insurance Portability and Accountability Act of 1996). To provide this privacy, your coach and visitors will be asked to step out of your room at certain times during your hospital stay. We thank you for your understanding and cooperation.

We congratulate you on your pregnancy and remind you that we are here for you "right from the start" all the way through the delivery of your baby and beyond. Warm wishes for a wonderful pregnancy and positive hospital experience.

**Birthing Center Staff  
Sue Koenig, RN  
Phone 262.257.5714**

# Countdown to Parenting.....

## Important Points

### FIRST-TIME MOTHERS

I have signed up for prenatal classes to get the dates of my first choice:

- ★  Childbirth Education for the Young/Single Mom-To-Be
- ★  Childbirth and Newborn Care Series
- ★  Childbirth and Newborn Care Saturday Express Class
- ★  Breastfeeding Basics
- Heartsaver CPR & AED for all ages
  
- ★ Classes highly recommended if applicable.

I have:

- Completed** the “Birthing Center Pre-admission Reservation” form.
- Sent** the above form to Community Memorial Hospital in the postage-paid, pre-addressed envelope.

### PLEASE NOTE!

*The “Your Requests for Personalized Care” form will be completed during your birthing classes. \*\*Please bring it to class. Do not complete or send in this form unless you will NOT be attending a birthing class.*

### MOTHERS WITH OTHER CHILDREN

I have signed up for prenatal classes to get the dates of my first choice:

- We’re Having Another Baby
- Big Brother / Big Sister Class (ages 2-7)
- Breastfeeding Basics
- Childbirth and Newborn Care Series or Saturday Express, (if desired)
- Heartsaver CPR & AED for all ages

I HAVE:

- Completed** the “Birthing Center Pre-admission Reservation” form.
- ★  **Completed** the “Your Requests for Personalized Care” form.
- Sent** the above **two** forms to Community Memorial Hospital in the postage-paid, pre-addressed envelope.

### PLEASE NOTE!

★ *“Your Requests for Personalized Care” will be completed during your We’re Having Another Baby or Childbirth and Newborn Care series or Saturday Express class if you attend one. Please bring it to class. Do not complete or send in this form unless you will NOT be attending a birthing class.*