

Class Dates

Program starts May 6, 2025.
Tuesdays and Thursdays
from 4:00-6:00pm

- Optional Parent Skill Builder*:
Thursday, May 1 (*open to community - see below*)
- Session 1: Tuesday, May 6
- Session 2: Thursday, May 8
- Session 3: Tuesday, May 13
- Session 4: Thursday, May 15

Johnston County Public Health
517 North Brightleaf Blvd
Smithfield, NC 27577

FREE Parent Skill Builder*

Thursday, May 1, 2025

4:00-5:00pm: Bring your child car seat(s) for a free check by a certified car seat tech! Children are encouraged to join. In partnership with Safe Kids Johnston County.

5:00-6:00pm: Free Breastfeeding Deep Dive with a JCPHD Registered Nurse. This portion of the class is open to anyone in the community who wants breastfeeding encouragement. Any mother is welcome to attend at any point in her breastfeeding journey (the baby is also welcome)!

***You do not need to be registered for childbirth classes to attend.**

Topics

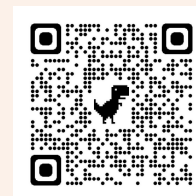
- Relaxation
- Breathing Techniques
- Medications
- Self Care
- Methods of Childbirth
- Baby Care



Johnston County Public Health



Childbirth Classes



Johnston CountyNC
Public Health

May 2025

Why take a Childbirth Class?

Childbirth classes are recommended during the third trimester of pregnancy. This class will help you and your partner prepare for the birth. You will receive approximately 8-10 hours of class instruction.

This class is open to everyone. If you have Medicaid, your doctor will need to fax a referral form. If you are a non-Medicaid client or have private insurance, you will need to bring proof of household income to JCPHD.

JCPHD does not file private insurance.
Cashiers are open Monday-Friday 8AM-5PM.

Childbirth class is taught by Kimetha Fulwood, Health Educator. Call 919-989-5200 with questions.

Registration

Name:

Date of Birth:

Address:

Phone:

Your Baby's Due Date:

Support Person Name:

Complete this form and bring it to the Johnston County Public Health Department Women's Health Clinic or have your doctor fax the form to:
919-989-5266

Method of Payment

Check one 

Medicaid

Plan Name:

ID #:

Your Provider/Doctors Office:

Doctor's Office Phone #:

Must provide doctor's NPI #:

Private Insurance

Plan Name:

Policy ID #:

Bring proof of income for every working person in your home to JCPHD Cashiers.

Self Pay/Sliding Scale

Bring proof of income for every working person in your home to JCPHD Cashiers.