Dear Mother-to-be,

On behalf of Southampton Hospital’s Kathleen D. Allen Maternity Center, we would like to extend our congratulations to you and let you know that we are looking forward to being a part of one of the most important and special times in your life.

We would also like to personally invite you to visit our Maternity Center so that you’ll have the opportunity to see our beautiful and comfortable birthing rooms and our state-of-the-art baby Nursery. You’ll also have a chance to meet our skilled and experienced nursing staff and to ask them any questions you may have about your baby’s birth and what you can expect. Please call (631) 726-8630 to make an appointment.

Please note the following important information ...

- Maternity Education Calendar and Description of Programs – you’ll find our programs helpful and we encourage you to take advantage of this opportunity to better prepare for the arrival of your baby. To register for any of these classes, please call (631) 726-8531 and leave a message. Someone on our Maternity Center staff will return your call.
- Please complete the enclosed forms by the 7th month of your pregnancy so that your admission to the Hospital will be as smooth as possible.
- Pre-registration – prior to your delivery date, please visit the Admitting Office, located just off the Hospital’s front entrance lobby. Bring your completed forms with you, along with your health insurance card(s) and policy number(s), as this will greatly assist the process of submitting your insurance claim. At this time, you will also sign both your chart and your baby’s chart. If you have any questions regarding your pre-registration, please call the Admitting Office at (631) 726-8380 and they will be happy to assist you.

Please feel free to call me at (631) 726-8633 if you need further assistance or have questions about the Kathleen D. Allen Maternity Center.

Sincerely,

Stacey Brosnan, CNM, MS
Nurse Manager, Obstetrics
2016 Schedule of
Maternity Education Classes

Baby Care Basics
One 90-minute session, No fee
Room 362, Maternity Center
Monday, 7:00-8:30 pm
Jan 11 May 9 Sept 12
Feb 8 June 13 Oct 10
Mar 14 July 11 Nov 14
Apr 11 Aug 8 Dec 12

Breast Feeding
One 90-minute session, No fee
Room 362, Maternity Center
Tuesday, 5:00-6:30 pm
Jan 5 May 10 Sept 6
Feb 2 June 7 Oct 4
Mar 1 July 12 Nov 1
Apr 5 Aug 2 Dec 6

Beyond Delivery Orientation
One 2-hour session, No fee
Room 362, Maternity Center
Tuesday, 7:00-9:00 pm
Jan 19 July 19
March 15 Sept 20
May 24 Nov 15

Sibling Class
One session, No fee
Maternity Center Lounge
Tuesday, 4:00-5:00 pm
Call for individual appointment: (631) 726-8633

Lamaze Class
Two 3-hour sessions, Fee $150, Bring 2 pillows
3rd Floor Teaching Center
Wednesday, 6:00-9:30 pm
Jan 6, 13 July 6, 13
Feb 3, 10 Aug 3, 10
Mar 2, 9 Sept 7, 14
Apr 6, 13 Oct 5, 19
May 4, 11 Nov 2, 9
June 1, 8 Dec 7, 14

For class registration, please call:
(631) 726-8531

Baby Safe CPR
One 2-hour session, Fee $60/couple
3rd Floor Teaching Center
Monday, 7:00-9:00 pm
Jan 4 May 2 Sept 5
Feb 1 June 6 Oct 3
Mar 7 July 11 Nov 7
Apr 4 Aug 1 Dec 5

For class registration, please call:
(631) 726-8531

240 Meeting House Lane, Southampton, NY 11968
631.726.8630 | southamptonhospital.org
An Affiliate of Stony Brook Medicine | Member East End Health Alliance
Maternity
Pre-Admission Registration

(Please complete and mail to Southampton Hospital or deliver to the Hospital’s Patient Access Department, near the main lobby)

NAME _______________________________________________ AGE _________________ DATE OF BIRTH (MO/DAY/YR) _________________

ADDRESS ________________________________________________________

                                  Street  City State Zip Code

MAILING ADDRESS ____________________________________________________________

                                  Street or PO Box  City State Zip Code

PHONE (        ) _______________________________________ EMAIL ____________________________________________________________

BIRTHPLACE ________________________________________ RELIGION  _________________________________________________________

OCCUPATION ________________________________________  EMPLOYER NAME _________________________________________________

ADDRESS ____________________________________________________________

                                  Street  City State Zip Code

ALLERGIES (FOOD) ____________________________________ (DRUGS)________________________________________________________

MEDICAL CONDITIONS ___________________________________________________________

NAME OF NEAREST CONTACT ______________________ RELATIONSHIP __________ PHONE (        ) _________________

               □ SINGLE   □ MARRIED   □ WIDOW   □ SEPARATED   □ DIVORCED

SPOUSE/PARTNER NAME ____________________________________________________________ DATE OF BIRTH _________________

PATIENT’S MOTHER’S MAIDEN NAME _____________________________ PATIENT’S FATHER’S NAME _____________________________

OBSTETRICIAN’S NAME/GROUP ______________________________________________________________

HAVE YOU BEEN A PATIENT IN SOUTHAMPTON HOSPITAL BEFORE?   □ YES   □ NO

APPROX. DATE _______________________________________ PHYSICIAN’S NAME _______________________________________________

DUE DATE (MO/DAY/YR) __________________________________________

BABY’S LAST NAME ____________________________ BABY’S PEDIATRICIAN OR PHYSICIAN _______________________________________

INSURANCE INFORMATION: PLEASE ATTACH A COPY OF YOUR INSURANCE CARD/S (FRONT AND BACK) TO THIS FORM

PRIMARY INSURANCE ___________________________________________ POLICY# _______________________ GROUP# _________________

POLICY HOLDER’S NAME ________________________________________ RELATIONSHIP TO PATIENT _____________________________

POLICY HOLDER’S EMPLOYER __________________________________ PHONE (        ) _____________________________

SECONDARY INSURANCE ___________________________________________ POLICY# _______________________ GROUP# _________________

SECONDARY POLICY HOLDER’S NAME ________________________________

SECONDARY POLICY HOLDER’S EMPLOYER ____________________________ PHONE (        ) _____________________________

HAVE YOU NOTIFIED INSURANCE?   □ YES   □ NO  AUTHORIZATION # _____________________________

MEDICAID PATIENT CARD # ________________________________ BABY CARD # ________________________________

PATIENT’S SOCIAL SECURITY # ____________________ SPOUSE/PARTNER SOCIAL SECURITY # ____________________

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631.726.8630 | southamptonhospital.org
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After your baby is born at Southampton Hospital, his/her care in the Nursery will be under the supervision of one of the physicians listed below. Only the physicians listed below will be able to care for your baby while in the Nursery. The physician on duty will be in charge of your baby’s care. However, once your baby leaves the Hospital, you may take him/her to the physician of your choice.

Prior to your delivery, you must choose a physician practice that you will use to care for your infant after you leave the Hospital. CONTACT YOUR INSURANCE PROVIDER TO SEE IF THE PHYSICIAN IS COVERED BY YOUR INSURANCE PLAN. Call the physician’s office in advance of delivery to make an appointment to discuss any questions you may have regarding nursing, bottle-feeding, or general baby care.

By the 7th month of your pregnancy, 1) check the box next to the physician you have selected below, 2) enter the physician’s name on the Pre-Admission Registration form on the line “Baby’s Pediatrician or Physician,” and 3) forward this Nursery Pre-Admission form and the Pre-Admission Registration to Southampton Hospital in the enclosed self-addressed envelope.

**Pediatricians**

**HAMPTON PEDIATRICS**

444 North Sea Road  
Southampton, NY 11968  
(631) 283-4843  
☐ Nadia Persheff, MD

**EAST END PEDIATRICS**

200 Pantigo Road, Suite E  
East Hampton, NY 11937  
(631) 324-8030  
☐ Gail Schonfeld, MD  
☐ David Lado, MD  
☐ Antony Perry, MD

**SOUTHAMPTON PEDIATRICS**

325 Meeting House Lane, Suite B  
Southampton, NY 11968  
(631) 283-7733  
☐ Joseph Quinn, MD  
☐ Robert Gottlieb, MD  
☐ Alexandra Halitsky, MD  
☐ Fay Mokhtari, MD
Dear Parent-to-be,

The staff of the Kathleen D. Allen Maternity Center is looking forward to welcoming you and your baby. The safety of mothers and their babies is our most important priority and we would like to inform you about an important vaccination for Pertussis, or whooping cough as it is commonly called.

New York State Governor Andrew Cuomo has signed a law that requires all hospitals with newborn nurseries to offer and provide vaccination against whooping cough to parents and anticipated caregivers of all newborns being treated in the hospital following their births. Whooping cough is an acute infectious disease. It is highly communicable and newborns are at high risk. Fortunately, it is a vaccine preventable disease, and by offering parents and caregivers the vaccination, we will be protecting vulnerable babies.

Mothers will be offered the vaccine, known as Tdap, after the birth of their baby. If you have a significant other or there are others who will be caring for your baby and wish to be vaccinated, we will make arrangements for them to receive the vaccine in the Hospital.

Some primary care physicians may also be offering the Tdap vaccine in their offices. Please contact your physician if you would like to receive the vaccine in his or her office instead of the Hospital.

It is important to protect yourself and your newborn against this disease. If you have any questions or concerns, please do not hesitate to contact me at (631) 726-8633.

Sincerely,

Stacey Brosnan, CNM, MS
Nurse Manager, Obstetrics