

## BENEFITS OF EXERCISE

Regular exercise builds bones and muscles, helps energy levels, and is important when a woman is pregnant. Most women are tired, gaining weight, and not feeling their best during pregnancy. Exercising 30 minutes on most days of the week can benefit a pregnant woman's health in many ways:

- Reduce backaches
- Reduce constipation
- Reduce bloating and swelling
- Helps prevent or treat gestational diabetes
- Increase energy
- Improve mood
- Improve posture
- Promote muscle tone, strength and endurance
- Improve sleep
- Improve return of pre-baby shape after the baby is born



## PROGRAM DETAILS

This class is open to expectant mothers with a doctor's written approval (see consent form). During the weekly session, flexibility, strength, circulation, balance, breathing awareness, and posture strengthening will be addressed.

Performing exercises in the water allows fitness to be achieved and maintained without stress or strain on the body. Exercising in the water also helps the mother-to-be stay cool and helps prevent legs from swelling.

Classes are ongoing, and include participants in various stages of pregnancy. Participants join the Prenatal Health & Fitness Program for 8-weeks. Program includes a weekly session in the pool with the instructor and a full 8-week membership to the Oaklawn Life Improvement Center, working with Fitness Specialists as needed.

Weekly class will meet in the pool on Monday evenings at 6:30PM.

\$120.00 for the 8-week Program or \$48 for an 8-class punch card.

Current Oaklawn Life Improvement Center members receive a discount.

## YOUR INSTRUCTOR

This class is taught by Deb Codde, a certified Lifeguard and Water Safety Instructor at OLIC. Deb has received educational courses in physiology of pregnancy, as well as healthy eating and exercise.

All exercises performed will follow the guidelines set by the American College of Obstetricians and Gynecologists (ACOG), as well as guidelines set by the American College of Sports Medicine (ACSM).



**CONSENT FORM FOR  
PRENATAL HEALTH & FITNESS**

**Treating Physician Section**

I have reviewed the information on the maternity fitness program offered by the Oaklawn Life Improvement Center. I have discussed the benefits and risks of such participation with my patient,

\_\_\_\_\_ and have assessed her ability to safely perform the exercises involved. I approve of my patient's participation in the class and will reassess this approval for each month that she wishes to participate.

Gestational week as of this date:

\_\_\_\_\_ List any limitations or recommendations you may have discussed with your patient:

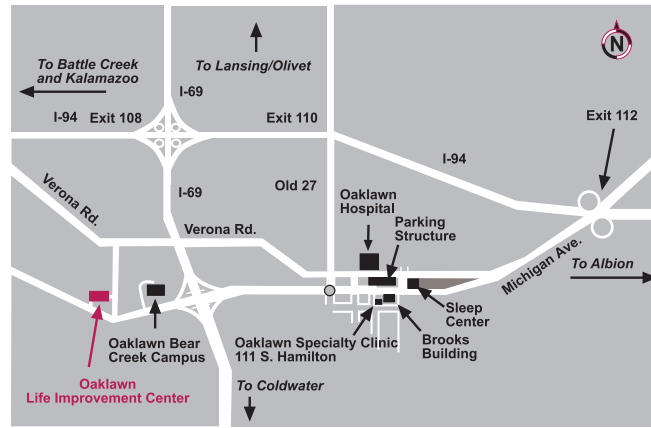
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Signature of Treating Physician, Date

Print Name

Office Telephone

\*This completed form must accompany participant's registration.



**OaklawnHospital**

*Advancing medicine. Compassionate care.*

Life Improvement Center

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***Prenatal  
Health &  
Fitness  
Class***



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