



Healthcare Provider Approval Form

Pregnancy can be a great time to become active — even for women who haven't exercised in a while. Regular exercise can help women cope with the physical changes of pregnancy, prepare them for birth and help them get back in shape after delivery.

Our programs are led by trainers who are experts in their field and mothers themselves. All classes follow ACOG standards for safe exercise.

MOVE IT BABY! PRENATAL AND POSTPARTUM YOGA

Yoga is a multifaceted approach to exercise that encourages stretching, mental centering and focused breathing. Prenatal yoga may also help prepare women for labor and promote their baby's health. Research suggests that yoga is safe and can have many benefits for pregnant women and their babies. For example, studies have suggested that prenatal yoga can improve sleep, reduce stress and anxiety, and increase the strength, flexibility and endurance of muscles needed for childbirth. Women who participate in prenatal yoga may experience decreased lower back pain, nausea, carpal tunnel syndrome, headaches and shortness of breath. Post partum yoga exercises help to restore the muscles used during pregnancy and birth. Prenatal and Postpartum yoga classes include focused breathing, gentle stretching, postures, relaxation and a cool down.

Patient Name: _____ **Patient Date of Birth:** _____

_____ Patient should not engage in an exercise program at this time.

_____ Patient has my permission to engage in the following exercise program without limitations.

_____ Prenatal Yoga

_____ Postpartum Yoga - Mom and Baby Yoga

Healthcare Provider Signature: _____ **Date:** _____

Healthcare Provider Name: _____

Provider approval is required for participation in these programs and must be renewed every six week session. Patients can hand carry the completed form to their first class or it can be faxed to Women's Education at 314-251-6782



MOVE IT BABY! PRENATAL AND POSTPARTUM YOGA PROGRAM PARTICIPATION WAIVER

I voluntarily agree to participate in the Mercy Hospital St. Louis *Move It Baby! Prenatal and Post Partum Mom and Baby Yoga Program*. I acknowledge that it is my responsibility to provide written approval by my healthcare provider before beginning any of these exercise programs to ensure that I am physically fit and able to participate in the weekly fitness training. I acknowledge that by participating in the *Move It Baby! Prenatal and Post Partum Mom and Baby Yoga Program* that I assume all risk of injury, illness, damage and loss which may arise in connection with such participation. By signing my name below, I release and discharge Mercy Hospitals East Communities d/b/a Mercy Hospital St. Louis and its employees, affiliates, agents and representatives (collectively, "Mercy") from any and all claims or causes of action, known or unknown, arising in connection with my participation in the *Prenatal and Post Partum Mom and Baby Yoga* will hold each of them harmless. I waive any rights that I might have to bring legal action to assert any kind of a claim against Mercy.

I acknowledge that I have carefully read this Agreement and Release and fully understand that it is a legally binding waiver and release of liability.

Signature

Print Name

Address

City

State

Zip

Phone Number

Date