



## 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.

### DANCING FOR BIRTH™

Dancing For Birth™ class—combines feel-good prenatal fitness, cutting-edge birth wisdom, and a celebration of pregnancy and birth, all rolled into one class that supports every pregnancy stage, from pre-conception through postpartum. Each signature move and dance technique is designed to guide the baby into the optimal fetal position, and enable the woman to effectively work with her baby and her body for a birth experience she'll love. After birth women, come full circle and wear their baby to class for postpartum fitness, mothering wisdom and bonding with their baby.

Patient Name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_

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\_\_\_\_ 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 Infant Yoga

\_\_\_\_ Dancing for Birth™

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 AND DANCING FOR BIRTH PROGRAMS**

**PARTICIPATION WAIVER**

I voluntarily agree to participate in the Mercy Hospital St. Louis *Move It Baby! Prenatal and Post Partum Mom and Baby Yoga and/or Dancing for Birth 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 and/or Dancing for Birth Class* 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 and/or Dancing for Birth Program* 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