



De-Stress with Yoga

Prenatal Yoga

Why Prenatal Yoga?

In Prenatal yoga, you will learn yoga postures to ease back tension, sciatica, breathing techniques to use for labor and motherhood.

Practicing Yoga in pregnancy helps to strengthen and stretch muscles, release tension and maintain good posture.

Prenatal yoga also teaches you to relax and keep a positive outlook while clearing the mind of the stresses associated with pregnancy and motherhood.

Regular attendance assures that you will consistently practice these exercises for greater benefits.

When can I begin attending class?

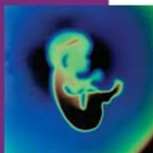
Our classes are open to pregnant women in their 2nd and 3rd trimesters.

We recommend that women take it easy the first 12 weeks of their pregnancy and allow their body that time to become accustomed to the changes of pregnancy.

Beginners are welcome, no previous yoga experience is required.

If you practiced yoga before becoming pregnant this does not mean you have to stop your practice all together.

Unique: Minimum size of class is 4, Maximum is 8



Contact:
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De-Stress with Yoga - Prenatal Class



"Take Time to Take Care of Yourself & Your Baby"

Basic Guidelines

Using yoga to prepare for the birth of your baby.

When to Start Practicing

Women should take it easy in the first 12 weeks of pregnancy to allow their bodies to adjust to the changes of pregnancy. Our prenatal yoga class is for healthy women in their 2nd and 3rd trimesters and can be safely attended right up until you go into labor. Consult with your physician/midwife before starting any exercise program. Women who have a history of miscarriage or had trouble conceiving should wait until 16 weeks to give the pregnancy time to settle. Talk to Mimi, your Yoga Instructor (RYT®), about some simple and safe exercises that can be practiced in the first trimester.

Guidelines for Practice

The first thing to remember is that every pregnancy is different, even for the same woman, so it is best to listen to your body at all times and only do what feels right to you. If you are new to yoga, now is not the time for over-achieving, so take it easy, especially when trying a new pose.

What to Wear

Wear lightweight, non-restrictive clothing. Many women wear sweatpants, leggings and t-shirts/tank tops. Yoga is practiced with bare feet; please do not wear socks during class because this can pose a risk of slipping and falling. Some women like to put on socks and blankets before relaxation.

We Provide a yoga mat (if you have one of your own, please bring it with you), chairs, blocks, yoga straps, blankets and bolsters.

Please Bring 2 pillows & a bottled water.

Before Class: Please eat a small snack of complex carbohydrates and/or protein 30 minutes to 1 hour before class to prevent blood sugar from falling.

Please empty the bladder before class and feel free to visit the bathroom as often as needed during class.

Things You Will Not be Practicing in Prenatal Yoga Class

We do not practice any twists or backbends. Also, we do not lay on our bellies or backs.

Listen to Your Body

You must remember during any exercise, should you feel uncomfortable, discontinue the movement. You must listen to your body. If it's tired or fatigued, do not push it. Your body is doing enough work creating your baby, be gentle with yourself. Know that you can come out of a pose at anytime to rest. Report any pregnancy concerns to your health care provider.

Stop exercising immediately and contact your physician/midwife if you experience any of the following:

Vaginal Bleeding, fever of 100 degrees or higher, vomited more than a few times in 1 hour, uterine contractions with 20 minute or shorter intervals, sudden dimmed or blurred vision, sudden dizziness or faintness, severe persistent headache, leaking of fluid from vagina, reduced fetal activity, heart rhythm abnormalities, shortness of breath not associated with exercise, any other unusual symptoms, and pain of any kind: back, pubic bone, chest, abdominal.



Health Care Provider Release Form

Yoga Student/Patient Name **(Print)**: _____

Student Address: _____

Estimated Due Date: _____

I am having a healthy pregnancy. I am under a physician's/midwife's care and have his/her written consent to participate in this prenatal yoga. I am aware I must call my physician/midwife in case of any health problems or concerns. I will keep my yoga teacher updated on any changes in my pregnancy. I understand that my participation in the prenatal yoga exposes myself and my fetus to such risks which are inherent in any exercise program.

Yoga Student/Patient Signature: _____

Date: _____

Physician/Midwife's Name: _____

Physician/Midwife's Address: _____

Physician/Midwife's Phone Number: _____

Brief history:

I understand that my patient, _____, is enrolled as a student and will be doing yoga classes for the remainder of her pregnancy or until I recommend that she no longer participate. I know of no contraindication to her participation in such classes at this time. I will notify the student and the instructor should any arise. I consent to the above named patient's participation in prenatal yoga classes.

Physician/Midwife Signature: _____

Date: _____

Prenatal Registration & Health Form

Please complete this form prior to your first class
(Please Print)

I am committed to protecting your privacy. No information will be provided to any outside parties. The information you provide is strictly for me so that I can get a general understanding of your needs/goals.

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell _____

Email Address _____

Would you like to receive my e-mail Newsletters & informational updates? Yes No (circle one)

*Please know that your email address is never shared to anyone else.

Have you practiced yoga before? _____ If yes, please describe: _____

Emergency Information:

Emergency Contact Name: _____ Relationship _____

Phone # _____ (911 will be dialed for emergencies if needed)

How did you hear about De-Stress with Yoga? _____

Please list any injuries, illness, surgeries, arthritic areas or any other medical conditions you have including high blood pressure and asthma. This is very important!

Release of Liability:

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present to myself and my fetus and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. To reduce the risk of injury of any kind, never force, strain or overstretch/exert yourself unnaturally. I understand that I know my body's strengths and limitations better than anyone, and I will not push myself beyond my limits. This is very important!

De-Stress with Yoga, "Mimi" Michelle Strzelewicz requires you to have your physician/midwife complete the consent form before starting the prenatal class. Safety precautions and proper use of the yoga environment are rigorously practiced. Please use discretion while practicing yoga, as the instructor cannot be held responsible for personal bodily injury or the loss of any property belonging to students participating in the yoga class. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I also understand that an emergency protocol has been planned. In the event an emergency situation occurs, I am financially responsible for any emergency services that may be necessary. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against (Mimi) Michelle Strzelewicz, De-Stress with Yoga. Please sign below to show that you understand the above statements and agree with these terms and conditions. The information I have given on this form is to be best of my knowledge complete and accurate.

Signature: _____ **Date:** _____

Signature of Parent/Guardian if under 18 years of age

By signing above, the participants of this program disclaim any liability and/or loss in connection with the Yoga exercises demonstrated or the instructions and advice expressed within the class sessions by the authorized instructor, Mimi Strzelewicz and De-Stress with Yoga.

Missed Class Policy: Each session runs for 6 weeks. There is no "make-up" class; however if you deliver your baby during a session, you will receive a Class Coupon Pass for each class remaining to use after you have your baby (this can be used 4 weeks after your baby is born or six weeks if you had a cesarean birth - and you must have consent from your physician). These Class Coupon Passes do not expire.

Refunds: Refunds will only be given up to one week prior to the class if you choose not to participate. Refunds will be issued in full if the minimum of 2 people do not sign up.