



# PARmed-X For Pregnancy

## Physical Activity Readiness Medical Examination



### Part C Contraindications To Exercise (To be completed by your health care provider)

#### GENERAL HEALTH:

Does the patient have:	Y	N
1. Ruptured membranes, premature labour?	<input type="checkbox"/>	<input type="checkbox"/>
2. Persistent second or third trimester bleeding/ placenta previa?	<input type="checkbox"/>	<input type="checkbox"/>
3. Pregnancy induced hypertension or pre-eclampsia?	<input type="checkbox"/>	<input type="checkbox"/>
4. Incompetent cervix?	<input type="checkbox"/>	<input type="checkbox"/>
5. Evidence of intrauterine growth restriction?	<input type="checkbox"/>	<input type="checkbox"/>
6. High-order pregnancy (e.g., triplets)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Uncontrolled Type 1 diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder?	<input type="checkbox"/>	<input type="checkbox"/>

#### RELATIVE CONTRAINDICATIONS:

Does the patient have:	Y	N
1. History of spontaneous abortion or premature labour in previous pregnancies?	<input type="checkbox"/>	<input type="checkbox"/>
2. Mild/moderate cardiovascular or respiratory disease (e.g., chronic hypertension, asthma)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Anemia or iron deficiency? (Hb < 100 g/L)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Malnutrition or eating disorder (anorexia, bulimia)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Twin pregnancy after 28th week?	<input type="checkbox"/>	<input type="checkbox"/>
6. Other significant medical condition?	<input type="checkbox"/>	<input type="checkbox"/>

Please specify: \_\_\_\_\_

Note: Risk may exceed benefits of regular physical activity. The decision to be physically active or not should be made with qualified medical advice.

#### PHYSICAL ACTIVITY RECOMMENDATION:

Recommended / Approved

Contraindicated

## PARmed-X for PREGNANCY

is a guideline for health screening prior to participation in a prenatal fitness class or other exercise.

Healthy women with uncomplicated pregnancies can integrate physical activity into their daily living and can participate without significant risks either to themselves or to their unborn child. Postulated benefits of such programs include improved aerobic and muscular fitness, promotion of appropriate weight gain, and facilitation of labour. Regular exercise may also help to prevent gestational glucose intolerance and pregnancy-induced hypertension.

The safety of prenatal exercise programs depends on an adequate level of maternal-fetal physiological reserve. PARmed-X for PREGNANCY is a convenient checklist and prescription for use by health care providers to evaluate pregnant patients who want to enter a prenatal fitness program and for ongoing medical surveillance of exercising pregnant patients.

#### INSTRUCTIONS:

1. The patient should fill out the section on PATIENT INFORMATION (Part A) and the PRE-EXERCISE HEALTH CHECKLIST (PART B) and give the form to the health care provider monitoring her pregnancy.
2. The health care provider should check the information provided by the patient for accuracy and fill out Page 2 on CONTRAINDICATIONS (Part C) based on current medical information.
3. If no exercise contraindications exist, the HEALTH EVALUATION FORM should be completed, signed by the health care provider, and given by the patient to her prenatal fitness professional.

In addition to prudent medical care, participation in appropriate types, intensities and amounts of exercise is recommended to increase the likelihood of a beneficial pregnancy outcome. PARmed-X for PREGNANCY provides recommendations for individualized exercise prescription and program safety.

## PRESCRIPTION FOR AEROBIC ACTIVITY

### RATE OF PROGRESSION:

The best time to progress is during the second trimester since risks and discomforts of pregnancy are lowest at that time. Aerobic exercise should be increased gradually during the second trimester from a minimum of 15 minutes per session, 3 times per week (at the appropriate target heart rate or RPE) to a maximum of approximately 30 minutes per session, 4 times per week (at the appropriate target heart rate or RPE).

### WARM-UP/COOL-DOWN:

Aerobic activity should be preceded by a brief (10-15 min.) warm-up and followed by a short (10-15 min.) cool-down. Low intensity calisthenics, stretching and relaxation exercises should be included in the warm-up/cool-down.

#### FREQUENCY

Begin at 3 times per week and progress to four times per week

#### INTENSITY

Exercise within an appropriate RPE range and/or target heart rate zone

#### TIME

Attempt 15 minutes, even if it means reducing the intensity. Rest intervals may be helpful

#### TYPE

Non weight-bearing or low-impact endurance exercise using large muscle groups (e.g., walking, stationary cycling, swimming, aquatic exercises, low impact aerobics)

### “TALK TEST”:

A final check to avoid overexertion is to use the “talk test”. The exercise intensity is excessive if you cannot carry on a verbal conversation while exercising.

### PRESCRIPTION/MONITORING OF INTENSITY:

The best way to prescribe and monitor exercise is by combining the heart rate and rating of perceived exertion (RPE) methods.

### HEART RATE RANGES FOR PREGNANT WOMEN

MATERNAL AGE	FITNESS LEVEL OR BMI	HEART RATE RANGE (beats/minute)
Less than 20	-	140-155
20-29	Low	129-144
	Active	135-150
	Fit	145-160
	BMI > 25kg m-2	102-124
30-39	Low	128-144
	Active	130-145
	Fit	140-156
	BMI > 25kg m-2	101-120

Target HR ranges were derived from peak exercise tests in medically prescreened low-risk women who were pregnant. (Mottola et al., 2006; Davenport et al., 2008).

### RATING OF PERCEIVED EXERTION (RPE)

Check the accuracy of your heart rate target zone by comparing it to the scale below. A range of about 12-14 (somewhat hard) is appropriate for most pregnant women.

6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	Very, very light	Somewhat light			Fairly light	Somewhat hard		Hard			Very Hard		Very, very hard	

# PRESCRIPTION FOR MUSCULAR CONDITIONING

It is important to condition all major muscle groups during both prenatal and postnatal periods.

## WARM-UPS & COOL DOWN:

Range of Motion: neck, shoulder girdle, back, arms, hips, knees, ankles, etc.  
 Static Stretching: all major muscle groups  
 (Do not over stretch!)

## EXAMPLES OF MUSCULAR STRENGTHENING EXERCISES

CATEGORY	PURPOSE	EXAMPLE
Upper back	Promotion of good posture	Shoulder shrugs, shoulder blade pinch
Lower back	Promotion of good posture	Modified standing opposite leg & arm lifts
Abdomen	Promotion of good posture, prevent low-back pain, prevent diastasis recti, strengthen muscles of labour	Abdominal tightening, abdominal curl-ups, head raises lying on side or standing position
Pelvic floor ("Kegels")	Promotion of good bladder control, prevention of urinary incontinence	"Wave", "elevator"
Upper body	Improve muscular support for breasts	Shoulder rotations, modified push-ups against a wall
Buttocks, lower limbs	Facilitation of weight-bearing, prevention of varicose veins	Buttocks squeeze, standing leg lifts, heel raises

## PRECAUTIONS FOR MUSCULAR CONDITIONING DURING PREGNANCY

VARIABLE	EFFECTS OF PREGNANCY	EXERCISE MODIFICATIONS
Body position	<ul style="list-style-type: none"> <li>in the supine position (lying on the back), the enlarged uterus may either decrease the flow of blood returning from the lower half of the body as it presses on a major vein (inferior vena cava) or it may decrease flow to a major artery (abdominal aorta)</li> </ul>	<ul style="list-style-type: none"> <li>past 4 months of gestation, exercises normally done in the supine position should be altered</li> <li>such exercises should be done side lying or standing</li> </ul>
Joint laxity	<ul style="list-style-type: none"> <li>ligaments become relaxed due to increasing hormone levels</li> <li>joints may be prone to injury</li> </ul>	<ul style="list-style-type: none"> <li>avoid rapid changes in direction and bouncing during exercises</li> <li>stretching should be performed with controlled movements</li> </ul>
Abdominal muscles	<ul style="list-style-type: none"> <li>presence of a rippling (bulging) of connective tissue along the midline of the pregnant abdomen (diastasis recti) may be seen during abdominal exercise</li> </ul>	<ul style="list-style-type: none"> <li>abdominal exercises are not recommended if diastasis recti develops</li> </ul>
Posture	<ul style="list-style-type: none"> <li>increasing weight of enlarged breasts and uterus may cause a forward shift in the centre of gravity and may increase the arch in the lower back</li> <li>this may also cause shoulders to slump forward</li> </ul>	<ul style="list-style-type: none"> <li>emphasis on correct posture and neutral pelvic alignment. Neutral pelvic alignment is found by bending the knees, feet shoulder width apart, and aligning the pelvis between accentuated lordosis and the posterior pelvic tilt position.</li> </ul>
Precautions for resistance exercise	<ul style="list-style-type: none"> <li>emphasis must be placed on continuous breathing throughout exercise</li> <li>exhale on exertion, inhale on relaxation using high repetitions and low weights</li> <li>Valsalva Manoeuvre (holding breath while working against a resistance) causes a change in blood pressure and therefore should be avoided</li> <li>avoid exercise in supine position past 4 months gestation</li> </ul>	

The original PARmed-X for PREGNANCY was developed by L.A. Wolfe, Ph.D., Queen's University and updated by Dr. M.F. Mottola, Ph.D., University of Western Ontario.

No changes permitted. Translation and reproduction in its entirety is encouraged.

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Physical Activity Readiness Medical Examination



**HEALTH EVALUATION FORM**

( To be completed and given to the Better Shape Fitness Pty Ltd after obtaining medical clearance to exercise )

I, \_\_\_\_\_ ( please print patient's name ), have discussed my plans to participate in physical activity during my current pregnancy with my health care provider and I have obtained his/her approval to begin participation.



.....  
Patient Signature

.....  
Date

.....  
NAME OF HEALTH CARE PROVIDER

.....  
HEALTH CARE PROVIDERS COMMENTS

.....  
ADDRESS

.....  
PHONE

.....  
HEALTH CARE PROVIDER'S SIGNATURE



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Public Health Agency of Canada. The sensible guide to a healthy pregnancy. Minister of Health, 2012. Ottawa, Ontario K1A 0K9. <http://www.phac-aspc.gc.ca/hp-gs/guide/assets/pdf/hpguide-eng.pdf>. HC Pub.: 5830 Cat.: HP5-33/2012E. 1 800 O-Canada (1-800-622-6232) TTY: 1-800-926-9105.

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Davies GAL, Wolfe LA, Mottola MF, MacKinnon C. Joint SOGC / CSEP Clinical Practice Guidelines: Exercise in Pregnancy and the Postpartum Period. *Can J Appl Physiol*. 2003; 28(3): 329-341.

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