

Congratulations!

“Fitness For Two” is a program designed to help you gain a better state of health, comfort, and fitness during this critical and changing time in the lives of you and your unborn child.

Body Changes

Your body will undergo many changes during your pregnancy...

- Blood volume, stroke volume, and heart rate increase
- Metabolic rate and core temperature increase
- Center of gravity shifts with increased size
- Joint and tissue changes occur in preparation for birth

The Benefits of Exercise

An exercise class has been designed especially for you. Our program seeks to improve...

- Maternal fitness level
- Cardiovascular fitness
- Circulation
- Muscle strength for supporting larger breasts and for carrying the baby
- Energy level
- Self-image
- Appearance and posture
- Sleep
- Postpartum recovery time

For your comfort, the program will help to reduce...

- Water retention
- Leg aches
- Varicose veins
- Backaches
- Fatigue and insomnia
- Constipation and hemorrhoids
- Heartburn and gas
- Stress

Join Us For Class

Our Certified Instructors will lead you through safe and appropriate exercises in a variety of class formats. Enjoy working out with other expectant women and sharing information and experiences.

Step Aerobics

For those who want to continue “stepping” during pregnancy, this class is for you, with simple patterns using the step to increase heart rate and keep the body toned.

Water Aerobics

A wonderful way to get a great workout! Because of the body’s buoyancy in water, you are able to get an intense workout without the effects of gravity.

Mind/Body Stretch

A gentle class focusing on flexibility, breathing, and mental focus. Take some time for you and your baby in this yoga-inspired class.

Questions about our program?

Please call **985-6730** for additional information, for the current class schedule, and to schedule an introductory tour.

A Note From Your Doctor

We require that your physician give consent for you to participate in our program.

Always consult your physician prior to any change in your activity level or physical condition.

Please complete the form below and have it signed by your doctor. The doctor can fax it to us at 985-0918, or you can bring it to your first class.

Participant Name

Address

City, State, Zip

Phone: (home)

e-mail address:

My patient _____ has my consent to participate in the TriHealth Pavilion’s “Fitness For Two” prenatal exercise program
___ without any restrictions
___ with the following restrictions:

Physician Signature

Date