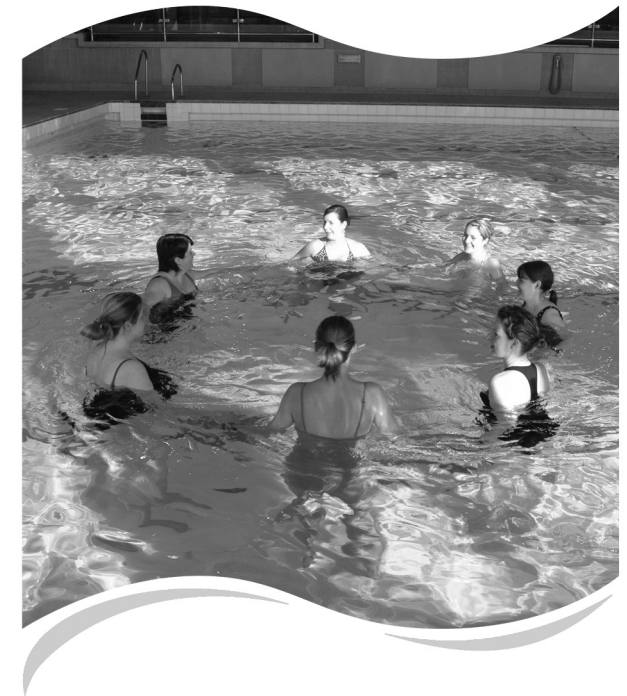


Aquanatal Sessions Guidelines

Information for patients
Maternity Services

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AQUANATAL GUIDELINES

Aquanatal is a way of exercising safely to music during pregnancy, under the supervision of a qualified instructor.

We ask you to follow these simple guidelines :

1. Complete the Aquanatal Health Questionnaire - inform the instructor if you have any health problems and if you cannot swim.
2. If you are not feeling well (*flu, infections or open wounds etc*) it is best to miss a session or if you feel unwell during the work out, inform the instructor immediately.
3. Please tell the instructor if you have any back, neck or pubic pain as this may need special attention.
4. If you develop problems in pregnancy i.e. high blood pressure, contractions, bleeding, inform the instructor before entering the pool.
5. It is advisable to have a light snack 1 hour prior to workout commencing, after each session you may feel thirsty, a cool drink should be available.
6. It will be more comfortable if you have an empty bladder prior to commencing.

7. You may wish to wear a sports bra/ cropped top under your swim suit for added support.
8. It is important to remember that only moderate effort should be put into exercise, start slowly then gradually increase the pace, never push through pain.
9. If at any time during the session you feel that you are over-doing it, slow down your pace, do not exert yourself.

**But most important, remember to
HAVE FUN AND ENJOY YOURSELF**

The sessions run as follows

1. Warm up
2. Aerobic exercise
3. Conditioning exercise
4. Cool down
5. Relaxation

**If further advice is required,
please contact your Community Midwife.**

HEALTH QUESTIONNAIRE

To assist our running of these sessions please complete this questionnaire.

Name

Address

.....

Tel. No.

Expected date of delivery

1. Can you swim? YES/NO*

2. Do you have any medical or pregnancy related problems, past or present? YES/NO*

If YES please state which

3. Do you have any of the following conditions:

Asthma YES/NO*

Diabetes YES/NO*

Epilepsy YES/NO*

High blood pressure YES/NO*

Heart disease YES/NO*

(The above conditions do not necessarily exclude you from aquanatal sessions)

4. Have you read and understood the aquanatal guidelines? YES/NO*

* Delete as appropriate.

Signature

Instructors signature