

# Pre & Postnatal Classes

## Application Form & Class Information

Beau Sejour are proud to offer a range of pre- and postnatal classes led by our fully-qualified BodyZone staff, to help you keep active during and after your pregnancy.

Please fill in and return this form before attending your first class. After this, a member of the pre- and postnatal team will be in touch.



Physical activity during pregnancy has many health benefits and is generally not a risk for you and your baby.

### **Prenatal benefits**

- Maintains general fitness levels
- Reduces risk of hypertension
- Lowers gestational weight gain
- Improves sleep and mood
- Improves posture and reduces back pain
- May reduce risk of gestational diabetes
- Increases body awareness and improves self image

### **Postnatal benefits**

- Faster postnatal recovery
- May reduce the risk of postnatal depression
- Aids the return to normal weight
- Improves sleep, mood and energy levels
- Provides functional fitness
- Helps to strengthen and tone abdominal muscles
- Increases body awareness and improves self-image

However, for some conditions, physical activity is not recommended. This questionnaire is to help determine whether you should speak to your GP or midwife before you begin (or continue to be) physically active.

Please complete and return this form before your first class. After this, a member of the pre- and postnatal team will be in touch.



## Applicant details

Name: .....	Date of birth: .....
Address: .....	
..... Postcode: .....	
Email:.....	Phone no: .....
Doctor's name: .....	Phone no: .....
Referred by: .....	Due date: .....

**Have you ever experienced any of the following, past or present? (Please tick)**

<input type="checkbox"/>	Shortness of breath	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>	Diabetes
<input type="checkbox"/>	Chest pains	<input type="checkbox"/>	Hypoglycaemia	<input type="checkbox"/>	Multiple births
<input type="checkbox"/>	Miscarriage	<input type="checkbox"/>	Pelvic/abdominal cramps	<input type="checkbox"/>	High blood pressure
<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	Vaginal bleeding	<input type="checkbox"/>	Knee problems or pain
<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Back problems or pain
<input type="checkbox"/>	Vaginal disorder	<input type="checkbox"/>	Incompetent cervix	<input type="checkbox"/>	Neck problems or pain
<input type="checkbox"/>	Blood disorder	<input type="checkbox"/>	Multiple gestation	<input type="checkbox"/>	Previous pregnancies

**If you have answered 'yes' to any of the above, please provide more information:**

**Are you taking any medication? If 'yes', please specify below.**

**Previous exercise history:**

Is there anything about your pregnancy or birth you feel is relevant to your participation in an exercise programme? If 'yes', please specify below.

Do you have any concerns about pregnancy, birth or the postnatal period?

For postnatal use only:

Date baby was born:		Type of delivery	
Did you have an episiotomy?		Are you breastfeeding?	
Are you getting up at night?		Are you napping during the day?	

If you answered 'no' to all of the questions:

It is reasonably safe for you to participate in physical activity. Please sign the Applicant Declaration below.

If you answered 'yes' to one or more questions:

You should consult with your GP or midwife to clarify that it is safe for you to begin or continue to be physically active at this current time and in your current state of health. Please tick the box to confirm the following statement and sign the Applicant Declaration.

"I have sought medical advice and my GP or midwife has recommended that I take part in physical activity during or after my pregnancy."

## Applicant declaration

I have read, understood and accurately completed this questionnaire. By signing I consent to the pre- and postnatal terms and conditions (available on our website or in the Centre), and to my details to be retained in accordance with GDPR\*.

**Print name:** .....

**Please return the application form to us at:**

Beau Sejour Leisure Centre, Amherst, GY1 2DL

or email us at **ActiveHealth@gov.gg**

**Signature:** .....

For more information, please contact the Active Health team on the email address above, or by calling **220508**.

**Date:** .....

Website: **www.beausejour.gg**

\* We collect information to help manage your account. All personal information we collect will be used and recorded by us in accordance with the Data Protection Law 2017 and the General Data Protection Regulation (GDPR).