**PART 1: GENERAL HEALTH STATUS**

In the past, have you experienced (check YES or NO):

1. Miscarriage in an earlier pregnancy?  
   - YES [%]  
   - NO [%]
2. Other pregnancy complications?  
   - YES [%]  
   - NO [%]
3. I have completed a PAR-Q within the last 30 days.  
   - YES [%]  
   - NO [%]

If you answered YES to question 1 or 2, please explain:

Number of previous pregnancies? ________

**PART 2: STATUS OF CURRENT PREGNANCY**

Due Date:  

During this pregnancy, have you experienced:

1. Marked fatigue?  
   - YES [%]  
   - NO [%]
2. Bleeding from the vagina (“spotting”)?  
   - YES [%]  
   - NO [%]
3. Unexplained faintness or dizziness?  
   - YES [%]  
   - NO [%]
4. Unexplained abdominal pain?  
   - YES [%]  
   - NO [%]
5. Sudden swelling of ankles, hands or face?  
   - YES [%]  
   - NO [%]
6. Persistent headaches or problems with headaches?  
   - YES [%]  
   - NO [%]
7. Swelling, pain or redness in the calf of one leg?  
   - YES [%]  
   - NO [%]
8. Absence of fetal movement after 6th month?  
   - YES [%]  
   - NO [%]
9. Failure to gain weight after 5th month?  
   - YES [%]  
   - NO [%]

If you answered YES to any of the above questions, please explain:

**PART 3: ACTIVITY HABITS DURING THE PAST MONTH**

1. List only regular fitness/recreational activities:

<table>
<thead>
<tr>
<th>INTENSITY</th>
<th>FREQUENCY</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(times/week)</td>
<td>(minutes/day)</td>
</tr>
<tr>
<td>Heavy</td>
<td>1-2</td>
<td>&lt;20</td>
</tr>
<tr>
<td>Medium</td>
<td>2-4</td>
<td>20-40</td>
</tr>
<tr>
<td>Light</td>
<td>4+</td>
<td>40+</td>
</tr>
</tbody>
</table>

2. Does your regular occupation (job/home) activity involve:

   - YES [%]  
   - NO [%]

   *Heavy Lifting?  
   - YES [%]  
   - NO [%]

   *Frequent walking/stair climbing?  
   - YES [%]  
   - NO [%]

   *Occasional walking (>once/hr)?  
   - YES [%]  
   - NO [%]

   *Prolonged standing?  
   - YES [%]  
   - NO [%]

   *Mainly sitting?  
   - YES [%]  
   - NO [%]

   *Normal daily activity?  
   - YES [%]  
   - NO [%]

3. Do you currently smoke tobacco?*  
   - YES [%]  
   - NO [%]

4. Do you consume alcohol?*  
   - YES [%]  
   - NO [%]

**PART 4: PHYSICAL ACTIVITY INTENTIONS**

What physical activity do you intend to do?

Is this a change from what you currently do?  
   - YES [%]  
   - NO [%]

*NOTE: PREGNANT WOMEN ARE STRONGLY ADVISED NOT TO SMOKE OR CONSUME ALCOHOL DURING PREGNANCY AND DURING LACTATION.*
PARmed-X for PREGNANCY

C CONTRAINDICATIONS TO EXERCISE: to be completed by your health care provider

<table>
<thead>
<tr>
<th>Absolute Contraindications</th>
<th>Relative Contraindications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the patient have:</td>
<td>Does the patient have:</td>
</tr>
<tr>
<td>1. Ruptured membranes, premature labour?</td>
<td>YES NO</td>
</tr>
<tr>
<td>2. Persistent second or third trimester bleeding/placenta previa?</td>
<td>YES NO</td>
</tr>
<tr>
<td>3. Pregnancy-induced hypertension or pre-eclampsia?</td>
<td>YES NO</td>
</tr>
<tr>
<td>4. Incompetent cervix?</td>
<td>YES NO</td>
</tr>
<tr>
<td>5. Evidence of intrauterine growth restriction?</td>
<td>YES NO</td>
</tr>
<tr>
<td>6. High-order pregnancy (e.g., triplets)?</td>
<td>YES NO</td>
</tr>
<tr>
<td>7. Uncontrolled Type I diabetes, hypertension or thyroid disease, other serious cardiovascular, respiratory or systemic disorder?</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

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

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 calesthenics, 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.

The original PARmed-X for PREGNANCY was developed by L.A. Wolfe, Ph.D., Queen’s University. The muscular conditioning component was developed by M.F. Mottola, Ph.D., University of Western Ontario. The document has been revised based on advice from an Expert Advisory Committee of the Canadian Society for Exercise Physiology chaired by Dr. N. Gledhill, with additional input from Drs. Wolfe and Mottola, and Gregory A.L. Davies, M.D., FRCS(C) Department of Obstetrics and Gynaecology, Queen’s University, 2002.

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

Disponible en français sous le titre «Examen médical sur l’aptitude à l’activité physique pour les femmes enceintes (X-AAP pour les femmes enceintes)»

Additional copies of the PARmed-X for PREGNANCY, the PARmed-X and/or the PAR-Q can be downloaded from: [http://www.csep.ca/forms.asp](http://www.csep.ca/forms.asp)

For more information contact the:

Canadian Society for Exercise Physiology
185 Somerset St. West, Suite 202, Ottawa, Ontario CANADA K2P 0J2
tel.: 1-877-651-3755    FAX (613) 234-3565    www.csep.ca
Physical Activity Readiness
Medical Examination for Pregnancy (2002)

PRECAUTIONS FOR MUSCULAR CONDITIONING DURING PREGNANCY

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>EFFECTS OF PREGNANCY</th>
<th>EXERCISE MODIFICATIONS</th>
</tr>
</thead>
</table>
| Body Position                 | • 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) | • past 4 months of gestation, exercises normally done in the supine position should be altered  
  • such exercises should be done side lying or standing |
| Joint Laxity                  | • ligaments become relaxed due to increasing hormone levels  
  • joints may be prone to injury | • avoid rapid changes in direction and bouncing during exercises  
  • stretching should be performed with controlled movements |
| Abdominal Muscles             | • presence of a rippling (bulging) of connective tissue along the midline of the pregnant abdomen (diastasis recti) may be seen during abdominal exercise | • abdominal exercises are not recommended if diastasis recti develops |
| Posture                      | • 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  
  • this may also cause shoulders to slump forward | • 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. |
| Precautions for Resistance Exercise | • emphasis must be placed on continuous breathing throughout exercise  
  • exhale on exertion, inhale on relaxation using high repetitions and low weights  
  • Valsalva Manoeuvre (holding breath while working against a resistance) causes a change in blood pressure and therefore should be avoided  
  • avoid exercise in supine position past 4 months gestation | |

EXAMPLES OF MUSCULAR STRENGTHENING EXERCISES

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

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)

PARmed-X for PREGNANCY - Health Evaluation Form
(to be completed by patient and given to the prenatal fitness professional 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.

Signed: ________________________ (patient’s signature)  Date: ________________________

Name of health care provider: ____________________________
Address: ____________________________________________
__________________________________________________________________________
Telephone: __________________________________________

HEALTH CARE PROVIDER’S COMMENTS:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(health care provider’s signature)
Advice for Active Living During Pregnancy

Pregnancy is a time when women can make beneficial changes in their health habits to protect and promote the healthy development of their unborn babies. These changes include adopting improved eating habits, abstinence from smoking and alcohol intake, and participating in regular moderate physical activity. Since all of these changes can be carried over into the postnatal period and beyond, pregnancy is a very good time to adopt healthy lifestyle habits that are permanent by integrating physical activity with enjoyable healthy eating and a positive self and body image.

**Active Living:**
- see your doctor before increasing your activity level during pregnancy
- exercise regularly but don’t overexert
- exercise with a pregnant friend or join a prenatal exercise program
- follow FITT principles modified for pregnant women
- know safety considerations for exercise in pregnancy

**Healthy Eating:**
- the need for calories is higher (about 300 more per day) than before pregnancy
- follow Canada’s Food Guide to Healthy Eating and choose healthy foods from the following groups: whole grain or enriched bread or cereal, fruits and vegetables, milk and milk products, meat, fish, poultry and alternatives
- drink 6-8 glasses of fluid, including water, each day
- salt intake should not be restricted
- limit caffeine intake i.e., coffee, tea, chocolate, and cola drinks
- dieting to lose weight is not recommended during pregnancy

**Positive Self and Body Image:**
- remember that it is normal to gain weight during pregnancy
- accept that your body shape will change during pregnancy
- enjoy your pregnancy as a unique and meaningful experience

For more detailed information and advice about pre- and postnatal exercise, you may wish to obtain a copy of a booklet entitled *Active Living During Pregnancy: Physical Activity Guidelines for Mother and Baby* © 1999. Available from the Canadian Society for Exercise Physiology, 185 Somerset St. West, Suite 202, Ottawa, Ontario Canada K2P 0J2 Tel. 1-877-651-3755 Fax: (613) 234-3565 Email: info@csep.ca (online: www.csep.ca). Cost: $11.95

For more detailed information about the safety of exercise in pregnancy you may wish to obtain a copy of the Clinical Practice Guidelines of the Society of Obstetricians and Gynaecologists of Canada and Canadian Society for Exercise Physiology entitled *Exercise in Pregnancy and Postpartum* © 2003. Available from the Society of Obstetricians and Gynaecologists of Canada online at www.sogc.org

For more detailed information about pregnancy and childbirth you may wish to obtain a copy of *Healthy Beginnings: Your Handbook for Pregnancy and Birth* © 1998. Available from the Society of Obstetricians and Gynaecologists of Canada at 1-877-519-7999 (also available online at www.sogc.org) Cost $12.95.

For more detailed information on healthy eating during pregnancy, you may wish to obtain a copy of *Nutrition for a Healthy Pregnancy: National Guidelines for the Childbearing Years* © 1999. Available from Health Canada, Minister of Public Works and Government Services, Ottawa, Ontario Canada (also available online at www.hc-sc.gc.ca).

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**SAFETY CONSIDERATIONS**
- Avoid exercise in warm/humid environments, especially during the 1st trimester
- Avoid isometric exercise or straining while holding your breath
- Maintain adequate nutrition and hydration — drink liquids before and after exercise
- Avoid exercise while lying on your back past the 4th month of pregnancy
- Avoid activities which involve physical contact or danger of falling
- Know your limits — pregnancy is not a good time to train for athletic competition
- Know the reasons to stop exercise and consult a qualified health care provider immediately if they occur

**REASONS TO STOP EXERCISE AND CONSULT YOUR HEALTH CARE PROVIDER**
- Excessive shortness of breath
- Chest pain
- Painful uterine contractions (more than 6-8 per hour)
- Vaginal bleeding
- Any “gush” of fluid from vagina (suggesting premature rupture of the membranes)
- Dizziness or faintness