

Exercise during pregnancy

Recommendations suggest that, in the absence of medical or obstetric complications, exercise should be encouraged during pregnancy (1). Safe, appropriate exercise has minimal risks and many confirmed benefits for most women (3).

How does exercise benefit the pregnant woman?

- Helps to maintain cardiovascular fitness and physical conditioning required for labour and motherhood
- Reduces the risk of gestational obesity, diabetes and associated complications
- Reduces the risk of pregnancy-induced hypertension and pre-eclampsia
- Prevents and alleviates musculoskeletal conditions such as back and pelvic pain
- Prevents and alleviates many pregnancy ailments such as fatigue and constipation
- Enhances mental well-being, self-esteem and body image
- Promotes faster recovery from labour and birth

Exercise should be avoided during pregnancy when the following are present

- Hypertension or pre-eclampsia
- Premature rupture of the membranes, an incompetent cervix
- Placenta Previa
- Persistent second- or third-trimester bleeding
- Uncontrolled diabetes
- Breech position in the third trimester

What are the signs and symptoms to stop exercising?

Always seek advice from a doctor or midwife in the case of the following (1):

- Vaginal bleeding or fluid loss
- Shortness of breath, dizziness, feeling faint or headaches
- Muscles weakness
- Calf pain or swelling (need to rule out thrombophlebitis)
- Decreased fetal movement
- Pain in the lower back, pelvic/pubic area or abdomen (potentially indicating preterm labour)

Evidence-based practical guidelines for exercise during pregnancy

Recommendations suggest that, in the absence of complications, 30 minutes or more of moderate exercise on most days of the week should be the targets during pregnancy(1).

Safe exercises	Unsafe exercises
<ul style="list-style-type: none"> • Perform a gradual and prolonged warm-up and cool down • Exercise intensity should feel comfortable • Submaximal resistance training is safe • Transfer exercises to a fitness ball or incline bench for postural support • Include core stability, pelvic floor and labour-specific exercises • Controlled stretching • Ensure adequate hydration, calorie-consumption and sleep 	<ul style="list-style-type: none"> • Activities that increase the risk of falls or physical injury • Becoming overheated or too hot • Avoid heavy or maximal lifting • Avoid exercises lying on the back • Avoid overhead exercise if unable to maintain neutral spine • Avoid traditional abdominal exercises

References and further information

Exercise is Medicine Australia www.exerciseismedicine.org.au

Find an Accredited Exercise Physiologist www.essa.org.au

Exercise Right www.exerciseright.com.au

1. Pregnancy and the postpartum period. *Obstetrics and Gynaecology*, 99 (1) 171-173.
2. Dynamed (2013). Exercise during pregnancy. Dynamed website <http://search.ebscohost.com/login.aspx?direct=true&db=dme&AN=115107&site=dynamed-live&scope=site>. Accessed April 18, 2013.
3. Royal College of Obstetricians and Gynaecologists (2006). Exercise in pregnancy. RCOG statement 4. <http://www.rcog.org.uk/womens-health/clinical-guidelines/exercise-pregnancy>. Accessed April 18, 2013.
4. Pivamik, JM., & Mudd, L. (2009). Oh baby! Exercise in pregnancy and the postpartum period. *ACSMs Health Fitness Journal*, 13(3), 8-13.
5. Kramer, MS., & McDonald, SW. (2006). Aerobic exercise for women in pregnancy. *Cochrane Database System Review*, (3). Doi:10.1002/14651858.CD000180.pub2.
6. Impact of physical activity during pregnancy and postpartum on chronic disease risk. (2006). *Medicine & Science in Sports & Exercise*, 38 (5), 989-1006.

For more detailed information, please read the full version of this factsheet at www.exerciseismedicine.org.au

