

## The Pregnant Pelvis - Guidelines for Safe Exercise During Pregnancy 1.0

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There are usually many questions that come to mind when planning how to exercise during pregnancy.

Many women in their reproductive years want to start or continue exercising during and after pregnancy to maintain their health and quality of life. Traditional medical advice has advised

exercising women to lessen their usual levels of activity when pregnant, and non-exercising women to avoid beginning intense exercise programmes. This recommendation was given mostly due to worries that exercise could alter pregnancy outcomes in the early and late stages.

**Figure 1**

### Pre-exercise screening and referral

Before Preceding for any PHYSICAL ACTIVITY DURING PREGNANCY, Registered Exercise Professionals should complete a suitable pre-exercise health screening questionnaire by the pregnant

mother such as The Physical Activity Readiness Medical Examination for Pregnancy i.e. The Canadian Society for Exercise Physiology's PARmed-X for Pregnancy is also a good resource for screening and referral.

## Pre-natal guidelines

### Past exercise history

Pregnant women who had previously exercised may continue to do so, but they should be counselled to modify their exercise in accordance with the basic physiological changes connected with pregnancy as well as their specific circumstances. Clients who have been inactive in the past should begin at a low level and work their way up.

### Warning signs

If their client experiences any of the following, it is recommended that Registered Activity Professionals discontinue the exercise and refer them to a health care practitioner for medical advice:

- Excessive shortness of breath
- Dizziness or feeling faint
- Fainting
- Headaches
- Chest pain or palpitations
- Blurred vision
- New or persistent nausea or vomiting
- Calf pain or swelling, or unusual muscle weakness
- Any kind of pain or numbness
- Excess fatigue after exercise
- Vaginal bleeding
- Abdominal cramps or pain
- Intense or new back pain
- Contractions
- Leaking of amniotic fluid
- Reduced movements of baby.

### Intensity

According to the most recent studies, both aerobic and resistance exercise at a moderate intensity is regarded safe and have no negative effects during pregnancy. Rather than utilising heart rate to monitor exercise intensity in pregnant women, a rating of perceived exertion (RPE) scale such as the Borg scale is preferable. Pregnant women who exercise should aim for a score of 12-14 on a scale of 6-20 to avoid elevated maternal core temperature and unnecessary musculoskeletal stress.

## Duration and frequency

To avoid hypoglycemia and overheating, it is recommended that session length be reduced. However, both intensity and duration must be considered, i.e., Low-intensity exercise can be done for longer periods of time than moderate-intensity exercise.

### The following activities are recommended

- Gradual warm-ups and cool-downs to improve circulation and prevent blood accumulating in the womb.
- General muscle building, with a special emphasis on pregnancy-specific muscles such pelvic floor core and postural muscle strengthening.
- Supine and stationary standing modifications, such as four-point kneeling, sitting on a fitball, and side laying.
- Flexibility training should be confined to a range of motion that is comfortable for you.
- Relaxation.
- Labour preparation.
- Appropriate low impact exercise styles.
- When the risk of overheating is high, modified workout routines are used
- If you have a musculoskeletal condition connected to pregnancy, incorporate workouts that either do not exacerbate or help the condition.

### It is advisable to avoid following activities

- Jerky or ballistic movements with high impact.
- Intensities or durations of exercise that make the client feel hot, fatigued, or sweat excessively.
- Changes in intensity and position that occur suddenly.
- Any workout that requires you to hold your breath or perform the Valsalva maneuver.
- Any exercise that places significant load on the abdominals or pelvic floor including abdominal curls, sit ups, planks, and hovers.
- Extending the range of motion beyond what is comfortable to avoid overstretching due to improved joint and ligament flexibility.
- Weight-bearing activities that extend beyond a safe range of motion.

- Starting around 16 weeks, reclining supine exercises are recommended.
- Static standing exercises (particularly upper body strengthening) that raise the risk of fainting.
- Activities involving contact (to minimize risk of falls and blows to the abdomen).

Absolute contraindications	Relative contraindications
Ruptured membranes	Recurrent pregnancy loss
Premature labour	Gestational hypertension
Unexplained PV bleeding	A history of spontaneous preterm birth
Placenta previa after 28 weeks	Mild/moderate cardiovascular or respiratory disease
Pre-eclampsia	Symptomatic Anaemia
Incompetent cervix	Malnutrition
Intrauterine growth restriction	Eating disorder
Higher-order multiple pregnancy (e.g., twins, triplets etc.)	Twin pregnancy after the 28th week
Uncontrolled high blood pressure, type 1 or type 2 diabetes or thyroid disease	Other significant medical conditions
Other serious cardiovascular, respiratory or systemic disorders	Recurrent pregnancy loss

**Table 1:** Absolute contraindications and relative contraindications to physical activity during pregnancy.

**Reasons for stopping physical activity**

- Excessive shortness of breath that does not go away with rest.
- Severe chest pain.
- Regular and painful uterine contractions.
- Vaginal bleeding.
- The leakage of fluid from the vaginal canal on a regular basis indicates that the membranes have ruptured.
- Consistent dizziness or faintness that does not go away when you sit down.

**What physical activity is recommended during pregnancy?**

- **Recommendation 1:** To achieve clinically substantial reductions in pregnancy problems, pregnant women should engage in at least 150 minutes of moderate-intensity physical activity per week.
- **Recommendation 2:** Physical activity should be done for at least three days each week, although being active every day is suggested.
- **Recommendation 3:** To reap the most benefits, pregnant women should engage in a variety of aerobic and resistance training activities. Yoga and/or mild stretching may be beneficial as well.
- **Recommendation 4:** To lessen the risk of urine incontinence, PFMT (e.g., Kegel exercises) can be done daily.
- **Recommendation 5:** Pregnant women who experience dizziness, nausea, or other symptoms when exercising flat on their back should change their exercise position to avoid supine.

Maternal age	Intensity	Heart rate range (beats/min)
<29	Light	102-124
	Moderate	125-146
	Vigorous	147-169
30+	Light	101-120
	Moderate	121-141
	Vigorous	142-162

**Table 2:** Heart rate ranges for pregnant women.

\*Moderate intensity physical activity (40%-59%) heart rate reserve (HRR); Vigorous intensity physical activity (60%-80% HRR)

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