

Physical activity throughout pregnancy safety checklist and recommendations

For healthcare providers

Healthcare providers should:

✓ Know the contraindications



Absolute contraindications	Relative contraindications
<ul style="list-style-type: none"> ▪ Ruptured membranes, premature labour ▪ Unexplained persistent vaginal bleeding ▪ Placenta previa after 28 weeks' gestation ▪ Pre-eclampsia ▪ Incompetent cervix ▪ Intrauterine growth restriction ▪ High-order multiple pregnancy (eg. triplets) ▪ Uncontrolled type I diabetes, uncontrolled hypertension or uncontrolled thyroid disease ▪ Other serious cardiovascular, respiratory or systemic disorder 	<ul style="list-style-type: none"> ▪ Recurrent pregnancy loss ▪ History of spontaneous preterm birth ▪ Gestational hypertension ▪ Symptomatic anaemia ▪ Malnutrition ▪ Eating disorder ▪ Twin pregnancy after the 28th week ▪ Mild/moderate cardiovascular or respiratory disease ▪ Other significant medical conditions

✓ Identify red flags



Patients should stop their activity and call their healthcare provider if they experience:
<ul style="list-style-type: none"> ▪ Persistent excessive shortness of breath that does not resolve on rest ▪ Severe chest pain ▪ Regular and painful uterine contractions ▪ Vaginal bleeding ▪ Persistent loss of fluid from the vagina indicating rupture of the membranes ▪ Persistent dizziness or faintness that does not resolve on rest

✓ Remind patients of the safety precautions



<ul style="list-style-type: none"> ✓ Avoid physical activity in excessive heat, especially with high humidity ✓ Avoid activities which involve physical contact or danger of falling ✓ Avoid scuba diving ✓ Training at altitude: <ul style="list-style-type: none"> ○ Avoid training at altitude if they have never done so ○ If patients need to train at altitude, they should be monitored closely by their healthcare provider ✓ Those considering athletic competition or exercising significantly above the recommended guidelines should seek supervision from an obstetric care provider with knowledge of the impact of high-intensity physical activity on maternal and fetal outcomes ✓ Maintain adequate nutrition and hydration – drink water before, during and after physical activity

Adapted with permission from: Mottola MF, Davenport MH, Ruchat S, et al. 2019 Canadian guideline for physical activity throughout pregnancy. Br J Sports Med. 2018;52(21),1339-46.

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Recommendations:



1. All women without contraindications should be encouraged to be physically active throughout pregnancy.
2. Pregnant women should accumulate at least 150 minutes of moderate-intensity physical activity each week to achieve meaningful health benefits and reductions in pregnancy complications.
3. Physical activity should be accumulated over a minimum of 3 days per week; however daily activity should be encouraged.
4. Pregnant women should incorporate a variety of aerobic exercise and resistance training activities to achieve greater benefits. The addition of yoga and/or gentle stretching may also be beneficial.
5. Pelvic floor muscle training (PFMT) (e.g., Kegels) may be performed daily to reduce the risk of urinary incontinence. To achieve optimal benefit, instructions on the proper technique is recommended.
6. Pregnant women who experience light-headedness, nausea or feel unwell when they exercise flat on their back should modify their exercise position.

How you can help:



- Develop a physical activity program in partnership with patient, instruct on proper technique and consider:
 - Frequency (minimum 3 days/week)
 - Intensity (know heart rate training zones)
 - Time (150 minutes/week of moderate-intensity physical activity)
 - Type (strength, cardiovascular, yoga/stretch)