



Clinician Summary - Physical Activity Throughout Pregnancy

This tool provides information to facilitate physical activity recommendations
for pregnant women without contraindications

Focused examination



1. Patient History

- Identify absolute and relative contraindications to exercise.

Absolute Contraindications:

- Ruptured membranes, premature labor, unexplained persistent vaginal bleeding, placenta praevia after 28 weeks gestation, pre-eclampsia, incompetent cervix, intrauterine growth restriction, high-order multiple pregnancy (e.g. triplets), uncontrolled type I diabetes, uncontrolled hypertension, uncontrolled thyroid disease, and other serious cardiovascular, respiratory or systemic disorders

Relative Contraindications:

- Recurrent pregnancy loss, gestational hypertension, a history of spontaneous preterm birth, mild/moderate cardiovascular or respiratory disease, symptomatic anaemia, malnutrition, eating disorder, twin pregnancy after the 28th week, and other significant medical conditions



2. Physical Examination

- Determine the existence of diastasis recti.
 - Women who develop diastasis recti should avoid abdominal strengthening exercises as this may worsen the condition, increasing the likelihood of requiring postnatal repair.
 - Continuing aerobic exercise, such as walking, is associated with decreased odds of developing diastasis recti .
- Women considering athletic competition or exercising significantly above the recommended guidelines are advised to seek supervision from an obstetric care provider.

3. Management

- The Physical Activity Readiness Medical Examination for Pregnancy ([PARmed-X for Pregnancy](#)) is recommended for use as a health screening prior to participation in physical activity.
- Discuss the range of physical activity recommendations with the patient and, together, select the option this is right for them.

4. Reevaluation and discharge

- Reassess the patient at every visit.
- Monitor for any emerging contraindications to exercise.

Incorporate one or more valid and reliable outcome measurements when assessing and monitoring patients

• [Patient-specific Functional Scale](#)

• [Pittsburgh Sleep Quality Index](#)

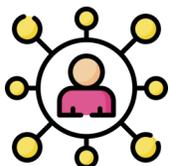
• [10-item PROMIS Global Health Form](#)

Visit our website for more [outcome measurements](#)



5. Referrals and collaboration

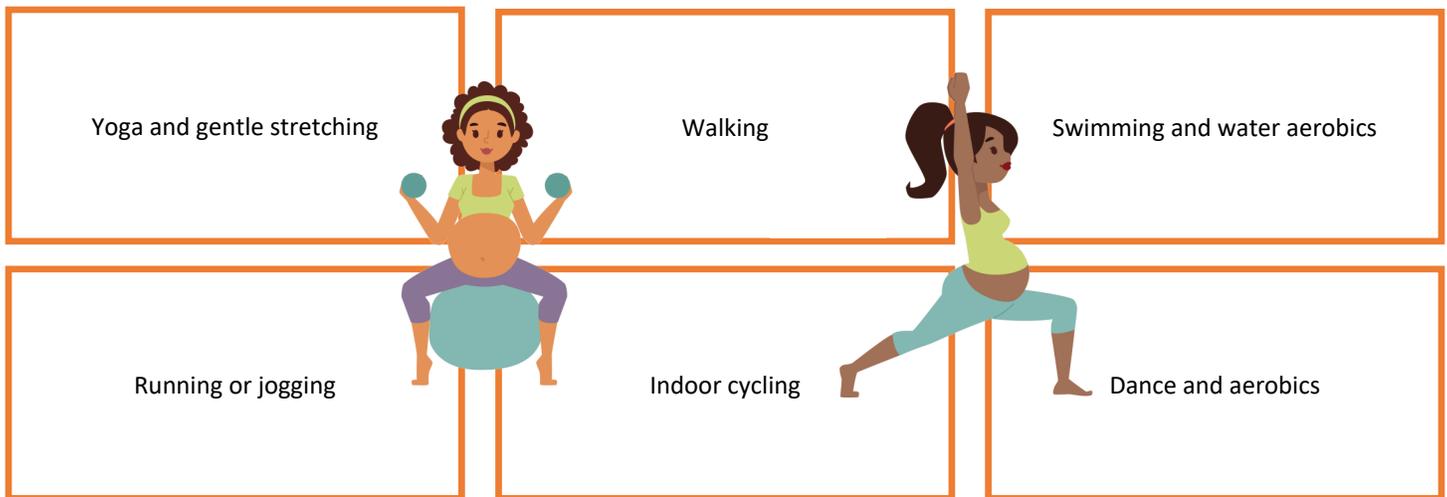
- Refer the patient to an appropriate healthcare provider for further evaluation at any time during their care if they develop new or worsening contraindications or psychological symptoms.



Exercise recommendations

- All women without contraindication should be physically active throughout pregnancy including women who were previously inactive, women diagnosed with gestational diabetes mellitus, women categorized as overweight or obese (pre-pregnancy body mass index ≥ 25 kg/m²)
- Complete at least 150 min of moderate-intensity physical activity each week
- Physical activity should be accumulated over a minimum of 3 days per week; however, being active every day is encouraged
- Incorporate a variety of aerobic and resistance training activities to achieve greater benefits. Adding yoga and/or gentle stretching may also be beneficial
- Pelvic floor muscle training (PFMT) (e.g., Kegel exercises) may be performed on a daily basis to reduce the risk of urinary incontinence
- Modify exercise position to avoid the supine position light-headedness, nausea or unwell feeling is experienced while lying flat on back

Exercise examples



Sleep hygiene examples

