

EXERCISE

during pregnancy



While pregnancy is not the time to start a vigorous new exercise regime, exercising is highly recommended for the duration of pregnancy and new routines may be started so long as the exerciser is monitored by a professional and begins slowly. There are, however, a few guidelines to take into consideration:

1. Always obtain your physician's, midwife's or prenatal caretaker's approval with any pre/postnatal exercises.
2. If you have been exercising regularly, it is OK to continue exercising while you are pregnant as long as you have your physician's approval and the program follows ACOG guidelines. (www.acog.org)
3. If you have not been exercising, get your physician's clearance and seek out an instructor or trainer to help you find the appropriate work out.

Trimester One (0-12 weeks)

Pregnancy hormones affect women immediately. Symptoms such as fatigue, light-headedness, nausea, vomiting, tachycardia (increased heart rate) and breathlessness in this trimester may cause some women to temporarily opt out of exercise while others may need to change the intensity and duration of their training. The really lucky ones feel comfortable to carry on exercising 'as normal' which is fine as long as their pregnancy caregivers agree. For most, these symptoms pass and they are able to rejoin class, starting with a low intensity and gradually building up to mainstream intensity again.*

**This advice is consistent with the recommendations of the ACOG (American College of Obstetricians and Gynecologists)*

Trimester Two (13-28 weeks)

During this trimester some women experience a new set of challenges during their exercise routine. Common problems and our suggestions to overcome them are listed here:

- **Supine Hypotensive Syndrome** - The weight of the uterus (womb) on the main abdominal blood vessel can often lead to fainting or a feeling of faintness when pregnant women are lying on their backs. Lying supine after the 20th gestational week can potentially decrease blood flow to the placenta and baby in utero. If this happens you should turn onto your side and rest. You should also modify exercises to lie on your side, kneel or be on all fours.
- **Balance** - The increased size of the uterus and increased weight often affects a pregnant woman's center of gravity. You may need to modify balance work by using walls, beams or bars for support or by placing both feet on the floor for increased balance. You should also stand with feet slightly apart rather than together.
- **Postural Hypotension** - Standing still for long periods or suddenly changing positions from floor to standing can cause a drop in blood pressure and a feeling of faintness or dizziness. To stop this happening, avoid quick changes in position, especially from lying to standing, and keep your feet moving in standing work.
- **Heartburn** - The relaxation of the sphincter between the esophagus and stomach causes stomach acid to increase and the feeling of heartburn. To avoid this keep your head and shoulders above your abdomen throughout class and relax in a seated position.

- **Diastasis recti** - Intense rectus abdominis training (ie core abdominal work when the head is off the ground) after 20 weeks of pregnancy can exaggerate the separation of the linea alba (ie the sheet of fibrous tissues in between the rectus abdominis muscles). While you need to be aware of this it is still important to train the deep abdominal muscles (transversus abdominis and obliques), especially in a slow controlled way, to provide core stability, enhanced posture and pelvic floor strength (ie drawing navel to spine).

Trimester Three (29 weeks – end of pregnancy)

Common difficulties encountered by pregnant women in their final trimester include:

- **Joint mobility** - The hormone relaxin can be the cause of joint pain at this time. It causes increased laxity in the ligaments, increasing pelvic diameters and the mobility of the symphysis pubis (at the front of the pelvis) and sacroiliac joints (on either side of the sacrum). If you are suffering from symphysis pubis dysfunction you should avoid wide squatting positions and try to keep your pelvis level during exercise.
- **Lower back pain** - Changes in the center of gravity, increased spinal curves and raised relaxin levels often result in lower back pain. To avoid this try not to put any extra load on the lower back by leaning back. You should also try to keep your pelvis upright and your tail bone tucked under while keeping your deep abdominals engaged, especially in moves like lunges.

Recommendations for pre-natal exercise

BODYVIVE® and BODYFLOW® are excellent exercise options for pregnant women cleared to exercise who have not been active. For those who have been exercising, all the Les Mills programs have options appropriate to your condition that will facilitate continued heart training, muscular endurance, flexibility, and weight maintenance. Consult your instructor for the options you should take as your pregnancy progresses.

Pre-natal tips

- Keep hydrated with frequent sips of water before, during and after class.
- Have small complex carbohydrate snacks before class.
- Stay cool.
- Rest when you need to.
- Hold stretches at a 'maintenance' level.
- Choose options for any prone positions, twisting or bending forward.

Recommendations for post-natal exercise

You should get the advice of your physician or qualified caregiver before returning to exercise and then gradually build-up to pre-pregnancy fitness levels. If you have had a caesarian delivery you will probably need a longer recovery period before returning to exercise.

Remember to consult a doctor or qualified caregiver before continuing exercise during pregnancy and/or returning to it afterwards.

References:

American College of Obstetricians and Gynecologists www.acog.org
Les Mills International www.lesmills.com



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