

Pregnancy and exercise: keeping both bodies safe

By Jill Timm, MSPT, LAT, CMTPT

Wow – you’re pregnant. Congratulations! Welcome to a change in your life. Whether this is your first pregnancy or your last, your body is going to be changing as well. Keep in mind that each pregnancy is different and may require different rules of activity. Hopefully your pregnancy is easy and “normal.”

Good physical fitness during pregnancy has multiple positive benefits for both the mother and baby. For the mother, research shows that moderate exercise during pregnancy can improve sleep, prevent low-back pain, prevent excessive fat gain, reduce the risk of gestational diabetes, lead to an easier labor and delivery, as well as faster recovery. Babies of mothers who exercise during pregnancy have been shown to have less fat but the same lean mass as other babies. Also, by decreasing the risk of gestational diabetes, the baby is at less danger of early delivery. APGAR scores are higher in these babies with a shorter length of labor and hospital stay.

It used to concern healthcare providers to see expecting mothers exercising because of unfounded myths. Some of these included:

- **Premature labor** – Doctors used to believe that exercise would lead to premature labor. However, since we know that a due date is not an exact science, this has been declared a myth.
- **Low fetal birth weight** – Birth weight for babies of exercising mothers is 5% less. However, a study followed these children for 12 years and found children had higher IQ scores and no more developmental problems than children of non-exercising mothers.
- **Impaired blood flow to the uterus from the body sending the blood to the exercising muscles** – This goes back to a very poorly done study in 1923. There were too many variables to draw a strong conclusion, and the study has never been repeated.

There *are* times that exercise should be avoided. Those circumstances include:

- Significant heart and/or lung disease.
- Incompetent cervix.
- Multiple babies.
- Persistent 2nd or 3rd trimester bleeding.
- Placenta previa after 28 weeks.
- Premature labor.
- Preeclampsia, or ruptured membranes.

Exercise should be cleared by the mother’s physician and monitored closely when these conditions present themselves:

- Sickle cell anemia.
- Certain cardiac arrhythmias.
- Chronic bronchitis.

- Poorly controlled type 1 diabetes.
- Extreme obesity or extreme underweight.
- History of extreme sedentary lifestyle.

Your body is intelligent. It does give you signs of when to end exercise, some of which include:

- Vaginal bleeding.
- Dizziness.
- Headache.
- Chest pain.
- Calf pain or swelling.
- Preterm labor.
- Decreased fetal movement.
- Amniotic fluid leakage.

Sports that should be avoided are the contact and pounding kinds, such as ice hockey, gymnastics, diving and skiing. Women should choose activities that minimize the risk of loss of balance and fetal trauma. After the fourth month, avoid lying on the back due to risk of compressing the vena cava – a large blood vessel in the abdominal region. Modifying the position is a good alternative.

In general, a healthy pregnant female should be encouraged to participate in aerobic and strength conditioning exercise as part of a healthy lifestyle during her pregnancy. Reasonable goals should be to maintain a good fitness level throughout the pregnancy without trying to reach peak fitness or training for an athletic competition.

In summary, a healthy pregnant woman should exercise with the same caution as a non-pregnant woman. The only difference is that now you are exercising for two!

Keywords: Women's Health, physical therapy, exercise, pregnancy, baby, patient education