

EXERCISE AND PREGNANCY

Physical fitness and active recreation are integral parts of the lifestyles of many women. In the absence of medical or obstetrical complications, pregnant women can maintain muscular and cardiovascular fitness throughout pregnancy.

Pregnancy produces certain changes in the female body that alter its response to exercise. These changes include an increase in the resting heart rate, hormonal changes which make the joints and connective tissues more lax and susceptible to injury, increase in the blood volume, and a change in the center of gravity which may result in a loss of balance. These changes may interfere with the ability to engage safely in certain forms of exercise.

Most women who perform regular weight-bearing exercise prior to pregnancy note a progressive decline in performance beginning in early pregnancy. Reasons for this include fatigue, nausea, vomiting and body changes. Women who began non-weight-bearing exercise (cycling, swimming) were able to maintain a high-intensity, moderate-duration regimen of exercise training throughout the third trimester. Non-weight-bearing exercise is preferred over weight-bearing exercise in pregnancy.

There are no data to indicate that pregnant women should limit exercise intensity and lower heart rates because of potential adverse effects on the fetus. For women who do not have any risk factors, the following recommendations have been made by the American College of Obstetricians and Gynecologists:

1. Regular exercise, at least three times per week, is preferable to intermittent activity.
 - Avoid vigorous exercise.
 - If already active, maintain moderate-intensity activities; if sedentary, start at low intensity and gradually increase to moderate intensity.
 - If previously sedentary, start with 15 minutes of moderate-intensity exercise and increase in 5 minute increments up to 30 minutes.
 - The “talk test” can be utilized to ensure that the exercise does not exceed moderate-intensity; you are exercising at a moderate-intensity if you are able to maintain a conversation during exercise.
2. Women should avoid exercise while lying flat on their backs after the first trimester.
3. As pregnant women have less oxygen available for exercise, they should stop exercising when fatigued and not exercise to the point of exhaustion.

4. Exercise which could cause loss of balance should be avoided in the third trimester. Any exercise involving the potential for even mild abdominal trauma should be avoided.
5. Pregnancy requires an additional 300 calories per day. Women who exercise during pregnancy should be careful to eat an adequate diet.
6. Women who exercise in the first trimester should take precautions to keep their body temperature down. This can be accomplished by drinking plenty of water and wearing appropriate clothing.
7. Many pregnancy changes persist for four to six weeks after the baby is born. Pre-pregnancy exercise programs should be gradually resumed at this time.

The recommendations listed above are for women who do not have any risk factors. If you have any of the following conditions, you should not exercise.

1. Pregnancy-induced high blood pressure.
2. Ruptured amniotic membranes (bag of waters).
3. Pre-term labor during this or a previous pregnancy.
4. Incompetent cervix or cerclage.
5. Vaginal bleeding in the second or third trimester.
6. If there is a question about appropriate growth of your baby.

In addition, certain other medical conditions may interfere with your ability to exercise safely. These include high blood pressure, thyroid disease, and heart and lung disease. If you have any of these conditions, please ask your doctor if an exercise program is appropriate. If you have any other questions, please feel free to discuss them with your doctor.