

## Promoting physical activity during pregnancy and the period following childbirth



This resource aligns to the Nursing and Midwifery Council (NMC) 2022 Standards of Proficiency for SCPHN Health Visitors – in particular: Sphere of Influence D: Population health: enabling, supporting and improving health outcomes of people across the life course. See the [NMC website](#) for more details.

**Addressing physical inactivity is a significant public health challenge. It is recognised that a significant life change can cause those who were active to become inactive. Being active throughout pregnancy and after childbirth has significant health benefits in both the short and long-term for both the mother and the baby.**

**At the iHV, in line with the NMC Code, we value the diversity of all people. The content of this GPP aims to help health visitors support all people who have experienced the birth of their baby. This includes the birthing woman or person.**

One of the many barriers to a continued active lifestyle, as part of a life course approach for pregnant women and new mothers, includes a lack of information and specific advice from healthcare professionals (HCPs). Insights from research identify that HCPs report a lack of knowledge and confidence in what advice to give women<sup>1</sup>. Health visitors are well placed to support informed choices about physical activity throughout motherhood when armed with clear evidence-based information.

Data from population-based surveys show that fewer than 30% of pregnant women meet the recommendations for physical activity, compared with around 45–55% of non-pregnant women in most western developed countries<sup>2</sup>. Research shows moderate and vigorous activity decreases from the first and second to the third trimester, does not typically pick up again following childbirth, and rarely returns to pre-pregnancy levels. Inactivity during pregnancy and postpartum may place mothers at risk of continued inactivity<sup>3</sup>.

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**For additional resources see [www.ihv.org.uk](http://www.ihv.org.uk)**

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## Physical activity for pregnant women

**Key messages from the UK Chief Medical Officer (CMO) - [Guidance for Physical Activity during Pregnancy](#)<sup>4</sup>**

### Activities recommended during pregnancy

Walking, swimming, stationary cycling, dancing, low impact aerobic exercise, antenatal yoga (e.g. yoga modified for pregnancy), antenatal Pilates (e.g. Pilates modified for pregnancy), strengthening (e.g. walking uphill, taking the stairs, resistance bands, using weights)<sup>5</sup>.

### Activities not recommended during pregnancy

Activities with an increased risk of falling or trauma (e.g. skiing, horse-riding, gymnastics, surfing), contact sports (e.g. hockey), Physiological risk (e.g. skydiving, scuba-diving) and exercises performed in the supine position for prolonged periods after the first trimester.

**If not already active**, pregnant women should avoid vigorous intensity activities such as racquet sports, running, jogging, and strenuous strength training.



### Absolute and relative contraindications for physical activity in pregnancy

- Absolute contraindications** - Pregnant women can continue with activities of daily living but moderate to vigorous intensity activity is not recommended as the risks outweigh the potential benefits and could potentially result in a life-threatening situation<sup>6</sup>. Examples of absolute contraindications include: severe respiratory diseases; severe acquired or congenital heart diseases with exercise intolerance; uncontrolled or severe arrhythmia; placental abruption; vasa previa; uncontrolled type 1 diabetes; intrauterine growth restriction (IUGR); active preterm labour (i.e. regular and painful uterine contractions before 37 weeks of pregnancy); severe pre-eclampsia; and cervical insufficiency.
- Relative contraindications** - refer to conditions where activity should be approached with caution. The advantages/disadvantages of low to moderate intensity physical activity should be discussed with a healthcare professional and may potentially proceed under supervision and with continuous monitoring<sup>6</sup>. Examples of relative contraindications include: mild respiratory disorders; mild congenital or acquired heart disease; well-controlled type 1 diabetes; mild pre-eclampsia; preterm premature rupture of membranes (PPROMs); placenta previa after 28 weeks; untreated thyroid disease; symptomatic, severe eating disorders; multiple nutrient deficiencies and/or chronic undernutrition; moderate-heavy smoking (>20 cigarettes per day) in the presence of comorbidities.
- If unsure, health visitors should seek advice from a midwife/ consultant.**

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## Pre-activity screening

- Pre-activity screening is an important first step in ensuring safe and enjoyable engagement with physical activities.
- The [Get Active Questionnaire for Pregnancy \(GAQ-P\)- UK Version](#) has been designed to identify the small number of women who need to consult with a healthcare professional before they begin or continue to be physically active, and to help the majority of healthy pregnant women overcome any concerns they might have about getting or staying active.
- If a woman has answered “YES” to any question, they should consult with a healthcare professional before beginning or continuing to be physically active, using the [Healthcare Professional Consultation Form for Prenatal Physical Activity – UK Version](#).

## When to discontinue activity and seek advice

As a rule, if the activity feels pleasant, the woman can continue; if it feels uncomfortable, she should stop and seek advice. Any persistent excessive shortness of breath which does not resolve on rest, severe chest pain, regular and painful contractions, vaginal bleeding, persistent loss of fluid from the vagina indicating rupture of membranes, persistent dizziness or faintness that does not resolve on rest, should always result in discontinuation of physical activity and seeking advice<sup>6</sup>.

## Health visitors can use antenatal contacts to:

- Provide details on what constitutes moderate intensity activity - an activity that makes you breathe faster or where breathing rate increases while still being able to hold a conversation. Pregnant women should also be advised to keep cool, comfortable and hydrated – being active for long durations (over an hour) is not recommended.
- Tailor the advice they provide to pregnant women, dependent on whether the woman is currently active or inactive:
  - **If already active**, encourage her to keep going (in line with CMO guidance<sup>4</sup>), listen to her body and adapt (not stop) activity. Adaptations could include vigorous running which can be replaced with moderate jogging or walking; contact sports which can be replaced with non-contact sports or a suitable alternative activity. Activities performed whilst lying flat on the back for prolonged periods after the first trimester can be adapted to side or sitting exercises.
  - **If currently inactive**, encourage her to start gradually (in line with CMO guidance<sup>4</sup>), break up sitting time, and incorporate activity into daily living. Encourage the woman with messaging such as “some is better than none” and “everything counts”. Look at how the woman can increase activity by incorporating physical activity in her daily routines.



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## Physical activity for women after childbirth (birth to 12 months)

Key messages from the UK Chief Medical Officer (CMO) - [Guidance for Physical Activity following Childbirth<sup>2</sup>](#)

### Signs and symptoms of pelvic floor or abdominal wall dysfunction<sup>8</sup>:

- Urinary and/faecal incontinence; urinary and/faecal urgency that is difficult to defer; heaviness/pressure/ bulge/dragging in the pelvic area; pain with intercourse; obstructive defecation; pendular abdomen, separated abdominal muscles and/or decreased abdominal strength and function; and musculoskeletal lumbopelvic pain.
- If a woman experiences any of these signs or symptoms, more intense physical activities should not resume and referral to a specialist pelvic health physiotherapist is advised.

### Activities recommended following childbirth:

- Being active with baby (play and tummy time), being active with others to develop new social networks, incorporating physical activity into daily routines (walking and getting out with baby), specific postnatal activity (e.g. postnatal yoga or Pilates), etc.

### Activities not recommended following childbirth:

- Those that place strain on pelvic floor, stomach, back muscles and include rapid twisting or lifting (as core muscles may be weaker and ligaments / joints are softer).
- High intensity physical activity (e.g. racquet sports, running, jogging, strenuous strength training) without a gradual increase first of at least 3 months of moderate intensity (as a risk of pelvic floor/ abdominal wall dysfunction).

**Physical activity for women after childbirth (birth to 12 months)**

Time for yourself - reduces worries and depression  
Helps to control weight and return to pre-pregnancy weight  
Improves tummy muscle tone and strength

Improves fitness  
Improves mood  
Improves sleep

**Not active?** Start gradually  
**Active before?** Restart gradually

**Out and about**  
**Leisure**

**aim for at least**  
**150 minutes**  
of moderate intensity activity every week

**Home**

Start pelvic floor exercises as soon as you can and continue daily  
Build back up to muscle strengthening activities twice a week

It's safe to be active. No evidence of harm for post partum women  
Depending on your delivery listen to your body and start gently  
You can be active while breastfeeding

UK Chief Medical Officers' Physical Activity Guidelines, 2019

### Health visitors should tailor the advice they provide to women following childbirth:

#### New birth visit:

- If a woman has had a straightforward birth, activities such as walking, gentle stretches, and pelvic floor exercises can resume as soon as she feels up to it.
- In the case of surgical intervention or other birth complications, recovery may be longer.

#### 6-8-week review:

- Advice should be tailored to whether a woman was previously active.

- If a woman had an active pregnancy, encourage a gradual reintroduction of physical activities. However, emphasise that activities may need to change or be adapted initially.
- If not active during pregnancy, encourage a gradual introduction of activities and building up of activity levels over time.

#### Three months:

- After having built up moderate intensity physical activities over a minimum period of three months, and in the absence of any signs and symptoms of pelvic floor or abdominal wall dysfunction, a woman can progress to more intense activities such as running, gradually resuming her previous activity levels<sup>8,9</sup>.

# Promoting physical activity during pregnancy and the postnatal period

## The 'This Mum Moves' approach

- The 'This Mum Moves' approach to promoting physical activity during pregnancy and the postnatal period is based on the principles of Making Every Contact Count<sup>10</sup> and providing Very Brief Advice<sup>11</sup>). It does not mean adding another tick box to your working day, being a specialist in this area or, in fact, telling women what to do.

### Top tips:

- Ask exploratory questions to determine capability, motivation, and opportunities.

- Provide nuggets of information (key messages) that align with CMO guidance.
- Language matters! Pitch information in such a way that it matches the individual's lifestyle, e.g. avoid words such as "exercise" and "sport" unless it fits their profile.
- Focus on the positives by emphasising benefits and providing reassurance around safety concerns.
- Signpost to trusted resources, activities, and support.
- Try and revisit physical activity at every contact...keep the discussion going!

## RESOURCES:

### FOR HEALTH VISITORS

**Active Pregnancy Foundation:** <https://bit.ly/3iVBzRf>

A charity organisation supporting women to stay active throughout pregnancy and beyond by providing expertise and advice, changing culture and challenging policy.

**elearning for healthcare module – Pregnancy and Postnatal Period: Being Active:** <https://bit.ly/2Ceh7eC>

**Moving Medicine:** <http://bit.ly/47nYe5k>

A Tommy's/ Oxford University Hospitals collaboration featuring 1 min, 5 min, longer consultations on physical activity – go to pregnancy section.

**UK Chief Medical Officer:** <https://bit.ly/3673YPx>

### FOR PREGNANT WOMEN AND NEW MOTHERS

**Active Pregnancy Foundation:** <https://bit.ly/3iVBzRf>

A charity organisation supporting women to stay active throughout pregnancy and beyond by providing expertise and advice, changing culture and challenging policy.

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