

Mama ON THE MOVE

RENÉE VINCENT IDENTIFIES THE BARRIERS TO EXERCISE IN PREGNANCY, AND SUGGESTS WAYS OF BREAKING THROUGH.



Are you unsure about what level of exercise is safe during pregnancy? Or perhaps you're wondering how on earth anyone manages to even get off the couch while pregnant, let alone continue their fitness routines. Then this article is for you.

Mounting scientific evidence shows us that exercising during pregnancy has important health benefits for both mother and baby. *The Journal of American Medicine Association* and *BMC Pregnancy and Childbirth* both report that physical exercise during pregnancy helps reduce the risk of gestational diabetes, pre-eclampsia and excessive pregnancy weight gain for a mother. It has also been shown

to have an impact on improving birth outcomes, including labour duration, preterm delivery and need for operative delivery, and has been associated with reduced occurrence of lower back pain and urinary incontinence. According to the journal *Kinesiology Review*, exercise has also been shown to provide substantial psychological benefits including reduced levels of depression and anxiety, and improved body image and self-esteem.

Yet despite the research clearly showing how important regular exercise is for pregnant women, many mums-to-be still receive conflicting advice from health professionals about whether or not to

exercise and what intensity of exercise they should do. This, combined with other pregnancy-related challenges, leads to many women simply not exercising. An Australian study reported only 32% of women were actually exercising enough to get the health benefits for themselves and their baby.

So what are the experts recommending? The American College of Obstetricians and Gynecologists recommends that pregnant women adopt an exercise programme that leads to an eventual goal of moderate-intensity exercise for at least 20–30 minutes per day on most or all days of the week. In other words, women

that have uncomplicated pregnancies without any specific contra-indications to exercise (see below) should aim to do the same amount of exercise as non-pregnant women. If a woman is already exercising at this level, they should continue, and if they haven't been exercising, then they should start at an appropriate level and gradually build up to it. The intensity should aim to be moderate, although it should be analysed for each woman and controlled throughout the session.

A recent study carried out by experts from Camilo José Cela University in Spain has further confirmed the benefits of exercise during pregnancy. The authors indicate that exercise should start after the first pregnancy check-up at six to nine weeks and continue until two to three weeks before full term. This study stresses the importance of combining

aerobic and strength training in each session, and also highlights the need for exercise to be at a moderate level of intensity. Total exercise per week should be around 150 minutes. The authors also advise that exercise that is excessively strenuous (90% of maximum heart rate) is to be avoided as it may increase the risk of hyperthermia, dehydration or reduced uterine blood flow. Similarly, long-distance running, intense weight and isometric contraction training, jumps, and exercises in an out-stretched position while lying on your back or those with risk of falling should all be avoided. Which I'm sure won't disappoint too many pregnant ladies out there!

POWER AHEAD

Walking, swimming, stationary cycling, low-impact aerobics, modified Pilates and modified yoga (avoiding positions that result in decreased venous return and hypotension) are all examples of activities that are safe to initiate or continue in women with uncomplicated pregnancies (in consultation with your LMC), according to the American College of Obstetricians and Gynecologists. They also state it is safe to continue running or jogging, racquet sports and strength training (in consultation with your LMC) if you participated in these activities regularly before pregnancy.

GIVE IT A MISS

Contact sports (for example, hockey, boxing, soccer and basketball), activities with a high risk of falling (eg skiing, water skiing, surfing, off-road cycling, gymnastics and horse riding), scuba diving, sky diving, and hot yoga or hot Pilates are listed as examples of activities that should be avoided.

WHAT'S THE BLOCK?

So, given all the evidence that exercise is good for women during pregnancy, what gets in the way of women meeting these recommendations, and what can you do to get around these barriers?

The most common barriers to exercise during pregnancy that women report are a change in the experience of exercise, work-related factors, tiredness, nausea and vomiting, pregnancy-related pain, and lack of knowledge of recommendations. I'll look at each of these and offer some strategies to get around them.

CHANGE IN HOW EXERCISE FEELS

During pregnancy a woman's body shape, body chemistry and circulation all undergo dramatic changes. Not only do women usually put on weight, but their joints become more elastic and the spinal curve and rib cage change. All this affects how exercise feels. However, the body is amazing at adapting, and despite all these changes, research shows that (in uncomplicated pregnancies) women who exercise at a moderate level don't suffer any negative outcomes. This is where the knowledge that exercise is beneficial and safe (unless you have complications or one of the contra-indications listed in the box on the left) is really important. Waiting until you've seen your LMC at six weeks is a good idea, so they can check for contra-indications.

WORK-RELATED FACTORS

The most commonly reported barrier to exercising during pregnancy is work. Women feel like they don't have time, and that they're using all their energy at work. It's therefore really important to work out how you can fit your exercise into your day, and then make it a priority. Some women ask their employer if they can extend their

CONDITIONS INHIBITING AEROBIC EXERCISE DURING PREGNANCY

- Anaemia
- Unevaluated maternal cardiac arrhythmia
- Chronic bronchitis
- Poorly controlled type 1 diabetes
- Extreme morbid obesity
- Extremely low weight (BMI less than 12)
- History of extremely sedentary lifestyle
- Intrauterine growth restriction in current pregnancy
- Poorly controlled hypertension
- Orthopaedic limitations
- Poorly controlled seizure disorder
- Poorly controlled hyperthyroidism
- Heavy smoker

*American College of Obstetricians and Gynecologists.

lunch break in order to exercise, or start 30 minutes later in the morning, or leave slightly earlier. It's also possible to add in incidental exercise around work, such as walking 15 minutes from your car park, or taking the stairs, or getting up every hour to walk for five minutes – which adds up to 30 minutes by the end of the day. Just remember to wear supportive shoes.

TIREDDNESS AND NAUSEA

It's hard to describe just how exhausted you can feel in the first trimester, and when combined with morning sickness, it can be difficult just to get through the day. In the first trimester this fatigue is associated with hormonal and body chemistry changes, and in the third trimester it's often associated with bodily discomfort and poor sleep during the night. Research has found that social support is a vital component for managing fatigue and nausea while continuing to exercise. This

had more energy and suffered less from fatigue and nausea. Exercise also helps you feel better psychologically, which can then make everything seem a little easier.

PREGNANCY-RELATED PAIN

Many women suffer from lower back pain or pelvic girdle pain during pregnancy, which can make it hard to continue your normal exercise routine. It's really important to see a women's health physio if you're thinking of stopping exercise due to pain. Research has shown that generally exercise helps with pain, but you may need some treatment or to learn how to modify exercise so that it doesn't make your pain worse. Water-based exercise can be helpful, as can breaking up your daily walk into 10-minute stints through the day. You may need to slow your pace or mix up how you exercise during the week. Pilates and yoga are often recommended during pregnancy,

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means recruiting help from partners, family and friends. Help them understand how important exercise is for you and the baby. If you have young children, you may need family and babysitting support to free you up.

It won't help to neglect yourself and push through tiredness – keeping up your usual busy social schedule, for example, or staying up late. This is a time to slow down and look after yourself – pace yourself during the day and care for yourself really well. Accept that you're exhausted and get to bed early or take naps when you need them. Nourishing yourself well with good healthy food and keeping up your water intake will also make you more likely to be able to get your exercise in. If your nausea is extremely limiting, seek help from your LMC or GP to manage it. It can be motivating to know that research has shown that pregnant women who exercised actually felt they

but these don't suit everybody. Try different forms of exercise. Pregnancy-specific exercise led by qualified instructors will often be best, as the instructor will look for ways to modify the exercise to help you.

LACK OF KNOWLEDGE

This can be a really big barrier. Historically, pregnant women were told to minimise exercise to be safe. We now know that exercise during pregnancy is really important, and unless there's a specific reason for limiting exercise, women should make every effort to keep it up.

Hopefully you're now feeling motivated to get out and enjoy your daily quota of exercise, knowing that you're doing the best thing for your baby as well as for you. If you get stuck, don't just give up. Seek help from a medical professional to overcome any barriers. •

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