

# Who should exercise during pregnancy?

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150 minutes of moderate-intensity physical activity spread over 3 or more days of the week.





**Traditionally pregnant women were required to be “cleared” by their health care provider before continuing or beginning exercise during pregnancy.**





**Based on extensive research demonstrating the safety and benefits of prenatal exercise, “clearance” is no longer recommended.**

**BUT identifying the small group of individuals with contraindications remains important.**



# The Get Active Questionnaire for Pregnancy

## GET ACTIVE QUESTIONNAIRE FOR PREGNANCY



NAME (+ NAME OF PARENT/GUARDIAN IF APPLICABLE) (PLEASE PRINT):

TODAY'S DATE (DD/MM/YYYY):

YOUR DUE DATE (DD/MM/YYYY):

NO. OF WEEKS PREGNANT:

AGE:

Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Please answer YES or NO to each question to the best of your ability. If your health changes as your pregnancy progresses you should fill in this questionnaire again.

1. In this pregnancy, do you have:			
a. Mild, moderate or severe respiratory or cardiovascular diseases (e.g., chronic bronchitis)?		Y	N
b. Epilepsy that is not stable?		Y	N
c. Type 1 diabetes that is not stable or your blood sugar is outside of target ranges?		Y	N
d. Thyroid disease that is not stable or your thyroid function is outside of target ranges?		Y	N
e. An eating disorder(s) or malnutrition?		Y	N
f. I twins (28 weeks pregnant or later)? Or are you expecting triplets or higher multiple births?		Y	N
g. Low red blood cell number (anemia) with high levels of fatigue and/or light-headedness?		Y	N
h. High blood pressure (preeclampsia, gestational hypertension, or chronic hypertension that is not stable)?		Y	N
i. A baby that is growing slowly (intrauterine growth restriction)?		Y	N
j. Unexplained bleeding, ruptured membranes or labour before 37 weeks?		Y	N
k. A placenta that is partially or completely covering the cervix (placenta previa)?		Y	N
l. Weak cervical tissue (incompetent cervix)?		Y	N
m. A stitch or tape to reinforce your cervix (cerclage)?		Y	N
2. In previous pregnancies, have you had:			
a. Recurrent miscarriages (loss of your baby before 20 weeks gestation two or more times)?		Y	N
b. Early delivery (before 37 weeks gestation)?		Y	N
3. Do you have any other medical condition that may affect your ability to be physically active during pregnancy? What is the condition? Specify:		Y	N
4. Is there any other reason you are concerned about physical activity during pregnancy?			

Go to Page 2 Describe Your Physical Activity Level

## British Journal of Sports Medicine

Why can't I exercise during pregnancy? Time to revisit medical 'absolute' and 'relative' contraindications: systematic review of evidence of harm and a call to action

Victoria L Meah ,<sup>1</sup> Gregory A Davies,<sup>2</sup> Margie H Davenport <sup>1</sup>

**Previous recommendations  
have been challenged and  
empirical evidence is  
desperately needed.**



# Pregnancy

## and Physical Activity

Moderate-vigorous physical activity can have numerous health benefits without significant risks. **However, pre-existing conditions or complications from pregnancy may mean pregnant women should avoid Moderate-vigorous physical activity to prevent adverse outcomes.**



### Pregnant women with these conditions

Can enjoy day-to-day activities, but should **not engage in moderate or vigorous exercise**

- Severe respiratory disorders
- Severe cardiovascular disorders
- Arrhythmias
- Placental abruption
- Vasa previa
- Uncontrolled type 1 diabetes
- Intrauterine growth restriction
- Active preterm labour
- Severe preeclampsia
- Cervical insufficiency

### Pregnant women with these conditions

Can continue with physical activity, but may need to **reduce intensity and/or duration**

- Mild cardiovascular disorders
- Mild respiratory disorders
- Mild preeclampsia
- Well-controlled type 1 diabetes
- Premature rupture of membranes
- Placenta previa after 28 weeks
- Untreated thyroid disease
- Severe and symptomatic eating disorders
- Undernutrition
- Heavy smoking (≥20 cigarettes per day) in the presence of other complications



# Absolute & Relative Contraindications to Prenatal Exercise



# Screening for Contraindications

## GET ACTIVE QUESTIONNAIRE FOR PREGNANCY



NAME ( NAME OF PARENT/GUARDIAN IF APPLICABLE) (PLEASE PRINT)			
TODAY'S DATE (DD/MM/YYYY)	YOUR DUE DATE (DD/MM/YYYY)	NO. OF WEEKS PREGNANT	AGE

Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Please answer YES or NO to each question to the best of your ability. **If your health changes as your pregnancy progresses you should fill in this questionnaire again.**

<b>1. In this pregnancy, do you have:</b>		
a. Mild, moderate or severe respiratory or cardiovascular diseases (e.g., chronic bronchitis)?	Y	N
b. Epilepsy that is not stable?	Y	N
c. Type 1 diabetes that is not stable or your blood sugar is outside of target ranges?	Y	N
d. Thyroid disease that is not stable or your thyroid function is outside of target ranges?	Y	N
e. An eating disorder(s) or malnutrition?	Y	N
f. Twins (28 weeks pregnant or later)? Or are you expecting triplets or higher multiple births?	Y	N
g. Low red blood cell number (anemia) with high levels of fatigue and/or light-headedness?	Y	N
h. High blood pressure (preeclampsia, gestational hypertension, or chronic hypertension that is not stable)?	Y	N
i. A baby that is growing slowly (intrauterine growth restriction)?	Y	N
j. Unexplained bleeding, ruptured membranes or labour before 37 weeks?	Y	N
k. A placenta that is partially or completely covering the cervix (placenta previa)?	Y	N
l. Weak cervical tissue (incompetent cervix)?	Y	N
m. A stitch or tape to reinforce your cervix (cerclage)?	Y	N
<b>2. In previous pregnancies, have you had:</b>		
a. Recurrent miscarriages (loss of your baby before 20 weeks gestation two or more times)?	Y	N
b. Early delivery (before 37 weeks gestation)?	Y	N
<b>3. Do you have any other medical condition that may affect your ability to be physically active during pregnancy? What is the condition? Specify:</b>	Y	N
<b>4. Is there any other reason you are concerned about physical activity during pregnancy?</b>		

Go to Page 2 Describe Your Physical Activity Level

## Describe Your Physical Activity Level



During a typical week, what types of physical activities do you take part in (e.g., swimming, walking, resistance training, yoga)?

During the same week, please describe ON AVERAGE how often and for how long you engage in physical activity of a light, moderate or vigorous intensity. See definitions for intensity below the box.

ON AVERAGE	FREQUENCY (times per week)	INTENSITY (see below for definitions)	DURATION (minutes per session)
How physically active were you in the <b>six months before pregnancy</b> ?	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> vigorous	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60
How physically active have you been <b>during this pregnancy</b> ?	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> vigorous	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60
What are your physical activity goals for the <b>rest of your pregnancy</b> ?	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> vigorous	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60

**Light intensity physical activity:** You are moving, but you do not sweat or breathe hard, such as walking to get the mail or light gardening.

**Moderate intensity physical activity:** Your heart rate goes up and you may sweat or breathe hard. You can talk, but could not sing. Examples include brisk walking.

**Vigorous intensity physical activity:** Your heart rate goes up substantially, you feel hot and sweaty, and you cannot say more than a few words without pausing to breathe. Examples include fast stationary cycling and running.

## General Advice for Being Physically Active During Pregnancy

Follow the advice in the 2019 Canadian Guidelines for Physical Activity throughout Pregnancy: [csepguidelines.ca/pregnancy](http://csepguidelines.ca/pregnancy)

It recommends that pregnant women get at least 150 minutes of moderate-intensity physical activity (resistance training, brisk walking, swimming, gardening), spread over three or more days of the week. **If you are planning to take part in vigorous-intensity physical activity, or be physically active at elevations above 2500 m (8200 feet), then consult with your health care provider.** If you have any questions about physical activity during pregnancy, consult a Qualified Exercise Professional or your health care provider beforehand. This can help ensure that your physical activity is safe and suitable for you.

## Declaration

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. **If my health changes, I will complete this questionnaire again.**

I answered **NO** to all questions on Page 1. Sign and date the declaration below. Physical activity is recommended.

I answered **YES** to one or more questions on Page 1 and I will speak with my health care provider before beginning or continuing physical activity. The Health Care Provider Consultation Form for Prenatal Physical Activity can be used to start the conversation ([csep.ca/ga-q-p](http://csep.ca/ga-q-p)).

I have spoken with my health care provider who has recommended that I take part in physical activity during my pregnancy. Sign and date the declaration below.

NAME ( NAME OF PARENT/GUARDIAN IF APPLICABLE) (PLEASE PRINT)		SIGNATURE (SIGNATURE OF PARENT/GUARDIAN IF APPLICABLE)	
TODAY'S DATE (DD/MM/YYYY)	TITLE (OPTIONAL)	FINAL (OPTIONAL)	

# Screening for Contraindications

## GET ACTIVE FOR PREGNANCY

NAME ( NAME OF PARTNER/GUARDIAN)

TO DAY'S DATE (DD/MM/YYYY)

Physical activity during pregnancy and is generally not risky for most women. In some conditions, physical activity is safe. This questionnaire is to help your Obstetric Health Care Provider (midwife) before you begin.

1. In this pregnancy, do you have:
  - a. Mild, moderate or severe respiratory or cardiovascular diseases (e.g., chronic bronchitis)?
  - b. Epilepsy that is not stable?
  - c. Type 1 diabetes that is not stable or your blood sugar is outside of target ranges?
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  - e. An eating disorder(s) or malnutrition?
  - f. Twins (28 weeks pregnant or later)? Or are you expecting triplets or higher multiple births?
  - g. Low red blood cell number (anemia) with high levels of fatigue and/or light-headedness?
  - h. High blood pressure (preeclampsia, gestational hypertension, or chronic hypertension that is not stable)?
  - i. A baby that is growing slowly (intrauterine growth restriction)?
  - j. Unexplained bleeding, ruptured membranes or labour before 37 weeks?
  - k. A placenta that is partially or completely covering the cervix (placenta previa)?
  - l. Weak cervical tissue (incompetent cervix)?
  - m. A stitch or tape to reinforce your cervix (cerclage)?
2. In previous pregnancies, have you had:
  - a. Recurrent miscarriages (loss of your baby before 20 weeks gestation two or more times)?
  - b. Early delivery (before 37 weeks gestation)?
3. Do you have any other medical condition that may affect your ability to be physically active during pregnancy? What is the condition? Specify:
4. Is there any other reason you are concerned about physical activity during pregnancy?

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<input type="checkbox"/> 20-30	<input type="checkbox"/> >60
<input type="checkbox"/> <20	<input type="checkbox"/> 31-60
<input type="checkbox"/> 20-30	<input type="checkbox"/> >60

**Physical activity:** Your heart rate is elevated, you feel hot and sweaty, you breathe more than a few breaths, you feel out of breath. Examples include cycling and running.

...e, all of the questions on this questionnaire, I will complete

...ions on Page 1. Please read the questions on Page 1 carefully. Please read the questions on Page 1 carefully. Please read the questions on Page 1 carefully. Please read the questions on Page 1 carefully.

...th care provider who will be part in physical activity. Please read the questions on Page 1 carefully.

...HAMIL CASLE:





**Prenatal physical activity is recommended in complex pregnancies including gestational diabetes, obesity, gestational hypertension etc**

**ADDITIONAL, SPECIALIZED TRAINING IS CRITICAL**



# Acknowledgements

