## **EVE STUDIO: PRE & POSTNATAL GUIDELINES**

The following guidelines and supporting information has been drawn from a <u>report</u> produced for the Australian Government Department for Health. We encourage you to refer to this report, and other links to specific research, for a deeper understanding of the evidence and research reviewed, and how they may relate to your specific pre and/or postnatal needs.

Guidelines	Notes and evidence grade
Exercise and physical activity during pregnancy and postpartum, is beneficial for the health of the unborn child and woman, is safe, and can minimise the risk of pregnancy related complications.	Health professionals define postpartum as 6-8 weeks following birth.
	Evidence-based recommendation.
#1. Women, without contraindications, should apply the Australian Physical Activity and Sedentary Behaviour Guidelines (see below) to their movement practices before, during and after pregnancy.	See Supporting Information for contradictions, as well as types, and intensity of activities
	Evidence based recommendation.
#2 Physical changes may require modifications to exercises or physical activity as pregnancy progresses. Women are advised to seek advice from a qualified health professional with any concerns, including contraindications or warning signs.	See Supporting Information for contraindications and warning signs.
	Consensus-based recommendation.
#3. Women are advised to do pelvic floor exercises during and after pregnancy.	We encourage you to seek advice on how to do pelvic floor exercises correctly. Speak to our team for recommended Women's Health Physiotherapists.
	Evidence-based recommendation.
#4. Women are encouraged to take an active role in decision-making about their physical activity/exercise during and after pregnancy. Contraindications, or	See Supporting Information for contraindications and warning signs.
signs and symptoms which suggest that physical activity/exercise should be modified or avoided, should be discussed with a health professional.	Consensus-based recommendation.

## Australian Physical Activity and Sedentary Behaviour (APASB) Guidelines for Adults

- Some movement is better than none! Start by doing small amounts, and slowly build to the recommendations specified.
- Aim for some physical activity most, if not all, days of the week.
- Achieve 2½ to 5 hours of moderately intense physical activity, or 1¼ to 2½ hours of vigorous physical activity, or combination of both, each week.
- Aim for 2 days of strengthening exercises/activities each week.
- Minimise prolonged sitting.
- Regularly move or change positions after long periods of sitting.

The full guidelines for adults can be viewed <u>here</u>, and pregnancy <u>here</u>.

## **Supporting information** Types of activity Aerobic exercise - defined as cardiovascular conditioning that uses oxygen to achieve energy demand. This can include dancing, yoga, exercise classes, cycling (stationary bike later in pregnancy), brisk walking, swimming, etc. Strengthening exercise - defined as strength or resistance training designed to improve strength and endurance. Physical exercises can involve lifting weights, body weight or resistance bands. Callisthenics (rhythmic movement), isometrics (static), and plyometrics (power and force). Pelvic floor exercise - defined as the correct technique to contract and release pelvic floor muscles, to improve tone and strength. Practised before and during pregnancy, and continued soon after birth and beyond. Intensity of activity During pregnancy, heart rate reacts differently to exercise/physical activity. The APASB Guidelines (above) recommend that pregnant women use a rating of perceived exertion to judge the intensity of their activities. A combination of moderate and vigorous intensity exercise/physical activity is recommended: Sedentary Light Moderate Vigorous High Intensity The 'test talk' is another way to judge intensity. Women should be able to continue talking during moderate intensity activities. Women would be challenged to maintain a conversation during vigorous activities. Recommendations Listen to your body. Your body is amazing and incredibly wise. If something doesn't feel quite right, don't do it. If you feel like resting, please do. We're here to help, but nobody knows your body as intimately as you do. Aim for moderate intensity while exercising. You should be able to breathe comfortably or hold conversation. (Refer to guidelines for adults here, and pregnancy here) If you find yourself straining or holding your breath while lifting weights, switch to lighter weights with more reps. (Refer to research to learn more) When twisting, opt for open twists that keep your belly relaxed and spacious. instead of closed twists that compress your belly. Move in and out of isometric shapes (eg. plank), rather than static holds for a long time. (Refer to research to learn more) Choose table-top, kneeling or seated positions rather than lying flat on your belly from ten weeks onwards. (Refer to report) Instead of lying flat on your back for extended periods, lie on your left side or in a

semi-reclined position from sixteen weeks onwards. (Refer to guidelines and

don't hesitate to say if you'd like to explore some modifications in class.

Please let your trainer know you're pregnant before each class you attend. And

research to learn more)

Supporting information cont.	
Warning Signs	<ul> <li>Shortness of breath that does not resolve with rest</li> <li>Feeling faint/ dizziness that does not resolve with rest</li> <li>Queasiness or vomiting</li> <li>Chest pain</li> <li>Severe headache</li> <li>Regular uterine contractions</li> <li>Vaginal bleeding</li> <li>Loss of fluid from the vagina</li> </ul>
Contraindications	Absolute Contraindications (requires a qualified health professional to recommend specific exercises and physical activity):  Ruptured membranes Bleeding - second or third trimester Incompetent cervix Pre-eclampsia Preterm labour Placenta previa Intrauterine growth restriction Type 1 diabetes Multiple gestation (triplets or higher number) Hypertension or thyroid disease Other cardiovascular, respiratory or systemic disorder  Relative Contraindications (women who develop, or have a history of the following conditions are to discuss starting/continuing exercise/physical activity with a qualified health professional):  Mild/moderate cardiovascular or chronic respiratory disease Spontaneous miscarriage Pregnancy induced hypertension Preterm labour or fetal growth restriction Type 1 diabetes Seizure disorder Anaemia Malnutrition, eating disorder or significantly underweight Twin pregnancy (28+ weeks) Significant medical conditions