

The Pregnant Client and Exercise – 10 Myths and Facts



MOVING BEYOND MISCONCEPTIONS AND OUTDATED GUIDELINES

Misinformation and bad advice are still rampant when it comes to exercise advice for pregnant women. To follow are common myths, followed by facts, regarding pregnancy and exercise:

Myth 1. Exercise should never last longer than 15 minutes.

Fact 1. Although it's never a bad idea to use the concept of intermittent exercise – a number of minutes exercising followed by recovery and hydration – the black and white 15-minute limit arose in the initial attempt to set conservative and safe guidelines for women who exercised throughout their pregnancies (American College of Obstetricians and Gynecologists 1985 – ACOG). More current guidelines – buoyed by research that says women with uncomplicated pregnancies can exercise with virtually the same safeguards as non-pregnant women – support that women can exercise for longer periods of time (30 minutes or longer, most if not all days of the week) as long as they remain well hydrated and perceive the exercise as mild to moderate (ACOG 1994, 2002). ACOG guidelines even encourage women who did not exercise prior to their pregnancy, not only to adopt healthy behaviour changes related to nutrition and other lifestyle choices, but to also begin a progressive and moderate exercise programme (ACOG 2002).



Myth 2. Exercise heart rate should never exceed 140 beats per minute.

Fact 2. This definite limit on heart rate also stems from the 1998 ACOG guidelines. Although deemed appropriate in 1985, this recommendation is now outdated. Research has revealed that a blanket recommendation like this was very limiting for women who found a heart rate of 140 beats per minute barely more taxing than a warm-up level of effort. New guidelines tell women they can engage in regular, mild to moderate exercise on most, if not all, days of the week (ACOG 2002). This change in wording is significant because it allows each pregnant woman to gauge her own fitness level and perceived level of effort, which can better match individual fitness needs.

Myth 3. Exercise causes low birth weight babies.

Fact 3. Research findings have been inconsistent with regard to fetal weight in women who exercise (Artal and Sherman 1999). Some studies of exercising pregnant women show lower birth weight, no difference, and heavier babies at birth (Artal and Sherman 1999). One review (Pivarnik 1998, quoted on p. 54 of Artal and Sherman 1999) concluded that “current evidence appears to indicate that participation in moderate to vigorous activity throughout pregnancy may *enhance* birth weight”, although the study cautioned that more severe regimens could result in lighter offspring. According to Pivarnik (1998), sufficient calorie quantification (i.e., is calorie intake sufficient?) is critical to evaluate before definitive conclusions can be made regarding exercise and birth weight. This key, calorie quantification, is missing from most studies. James Clapp (1998) found that vigorous and regular exercise throughout pregnancy decreases fetal fat without decreasing overall growth. In other words, women who exercise don't have low birth weight babies (less than 5 pound 8 ounces) but may have lighter and leaner babies.

Myth 4. Vigorous exercise causes miscarriages or premature labour, and pregnant athletes who exercise hard compromise maternal and fetal health (Kardell and Kase 1998; Bailey, Davies, and Budgett 1998; Hale and Milne 1996).

Fact 4. Anecdotal reports have led many people to believe that exercising during pregnancy leads to a higher incidence of miscarriages. A normal rate of miscarriage is between 15 and 20 percent. The incidence of miscarriage for pregnant exercisers and pregnant non-exercisers is 16 to 17 percent (Clapp 1998). Continuing exercise throughout pregnancy does not lead to a higher incidence of miscarriage or birth defects.

As for premature labour, the concern is that increased norepinephrine and prostaglandin output during exercise (or prolonged standing) could stimulate uterine activity and premature labour. One study concluded, "The observed reduction in risk of pre-term delivery in a general obstetrical population is evidence of the safety, as well as the potential benefits, of exercise during pregnancy" (Artal and Sherman 1999, p. 57).

But what about vigorous exercise? Although a moderate exercise training regime is generally recommended during pregnancy, some highly conditioned pregnant athletes appear able to train safely at very demanding levels of physical exertion (Bailey, Davies, and Budgett 1998; Hale and Milne 1996; Kardel and Kase 1998). Kardel and Kase (1998) found that an intense exercise protocol that was continued nearly to term had no adverse effect on fetal growth. Moderate to vigorous training appears to have no adverse effect on maternal and fetal health, although this type of training certainly pushes the limits of exercise during pregnancy. More research is needed in the area of vigorous exercise and its impact on fetal growth and core temperature during pregnancy (Schnirring 2002).



Myth 5. If you've never exercised, don't start an exercise programme during pregnancy. You'll do more harm than good.

Fact 5. Years ago this statement reflected a commonsense attitude toward women who were inactive prior to pregnancy and who considered starting an exercise programme during pregnancy. Pregnancy should not be an excuse to remain sedentary or a reason to gain unnecessary weight (ACOG 2002). Exercise potentially can reduce the likelihood of gestational diabetes (ACOG 2002; Shnirring 2002), especially in obese pregnant women (Artal 1998). Exercise has the potential to reduce insulin resistance and increase insulin action (effectiveness).

Once the pregnant client has physician approval to start an exercise programme, it is appropriate to do so. Additional benefits include improved postnatal recovery time, appropriate weight gain, and decreased fatigue. You should start slow, listen to your body, and use commonsense with regard to exertion levels and discomfort. Pregnancy, and the heightened awareness of self-care and fetal care that naturally comes with it, might be an excellent time to begin an exercise programme that can positively affect a mother's health for a lifetime (Schnirring 2002; ACOG 2002)!

Myth 6. Running is contraindicated or never advised during pregnancy.

Fact 6. Recommended exercise regimes should emphasise low-impact activities such as stationary bicycling, swimming, walking or low-impact aerobics. However, running is not off limits and is very much a self-limiting exercise. You should be in touch with your body enough to be able to honestly discern when running no longer feels good. Generally, this occurs around the third trimester as the fetus increases in size. Note that one elite marathon runner continued to train an average of 66.5 miles (107 kilometers) weekly up to three days before the birth of healthy twins (Bailey, Davies, and Budgett 1998).

Myth 7. Strength or resistance training is inappropriate during pregnancy.

Fact 7. Participation in a full range of activities is generally safe. But, contact sports or those that have a high risk of falling or could cause abdominal trauma (soccer, basketball, netball, skiing) and scuba diving (puts baby at higher risk of decompression sickness) should be avoided.

Until quite recently, resistance training during pregnancy was seldom recommended. But it is now known that women can continue their strength routines with an emphasis on correct

exercise mechanics. Generally, moderate to light loads that maintain muscular fitness while minimizing the potential for ligament or joint injury are encouraged. Heavy loads should be avoided unless appropriately prescribed and simultaneously supervised.



Myth 8. A woman can eat anything she wants during pregnancy, and nutritional supplements are not necessary during pregnancy because so many calories are being consumed.

Fact 8. Some pregnant women will over-eat and some will under-eat. Others will make poor food selections, miss out on nutrients, and not drink enough fluids. Generally 200 to 300 extra calories should be added to daily intake by the middle of the second trimester to help ensure a healthy weight gain of 25 to 35 pounds and adequate caloric intake. Excessive weight gain is not encouraged (ACOG 2002). Protein needs are about 75 to 100 grams per day, calcium 1,000 to 1,200 milligrams, and iron 30 milligrams; the B vitamins become increasingly important because they help facilitate maternal and fetal energy metabolism (energy needs increase greatly during pregnancy). Folic acid (folate) needs double during pregnancy to 800 micrograms per day and can help prevent neural tube defects (e.g., spina bifida) or anencephaly (an often fatal condition related to the brain not fully developing) in the fetus. Folate supplementation before and during the first few weeks of pregnancy is critical. Good nutritional habits should start before an anticipated pregnancy and continue for the rest of your – and your baby’s – life.

Myth 9. Exercise will harm your baby.

Fact 9. Because knowledge in this area is far from complete, concerns remain about the well-being of the developing fetus when the mother participates in exercise during her pregnancy. Until definite answers are available guidelines will continue to err on the side of conservative.

Ultimately, you should heed your own common sense. Most pregnant women who exercise during pregnancy see this as a time to maintain some degree of fitness and to bring their newborn safely into the world

Myth 10. Exercise is unsafe and yields no benefit to the baby and the mother-to-be.

Fact 10. Experts agree that during a normal, healthy pregnancy, moderate to vigorous exercise is safe for the baby and can provide benefits to the pregnant exerciser. Pregnant women who exercise are less likely to experience back pain, fatigue, varicose veins, and hemorrhoids. Exercise can enhance maternal well-being and self-esteem and make labour more tolerable. The bottom line is that pregnant mums feel better and stay fit when they exercise.



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