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No. 129, June 2003 (Reaffirmed February 2018)

No. 129-Exercise in Pregnancy and the Postpartum Period

This guideline has been approved for use by the Clinical Practice Obstetrics Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada, and approved by the Board of Directors of the Canadian Society for Exercise Physiology.

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Key Words: Pregnancy, exercise, fetus, neonate, outcomes, aerobic, strength

Abstract

Objective: To design Canadian guidelines advising obstetric care providers of the maternal, fetal, and neonatal implications of aerobic and strength-conditioning exercises in pregnancy.

Outcomes: Knowledge of the impact of exercise on maternal, fetal, and neonatal morbidity, and of the maternal measures of fitness.

Evidence: MEDLINE search from 1966 to 2002 for English language articles related to studies of maternal aerobic and strength conditioning in a previously sedentary population, maternal aerobic and strength conditioning in a previously active population, impact of aerobic and strength conditioning on early and late pregnancy outcomes, and impact of aerobic and strength conditioning on neonatal outcomes, as well as for review articles and meta-analyses related to exercise in pregnancy.

Values: The evidence collected was reviewed by the Society of Obstetricians and Gynaecologists of Canada (SOGC Clinical Practice Obstetrics Committee) with representation from the Canadian Society for Exercise Physiology, and quantified using the evaluation of evidence guidelines developed by the Canadian Task Force on the Periodic Health Exam.

Recommendations:

1. All women without contraindications should be encouraged to participate in aerobic and strength-conditioning exercises as part of a healthy lifestyle during their pregnancy (II-1,2B).
2. Reasonable goals of aerobic conditioning in pregnancy should be to maintain a good fitness level throughout pregnancy without trying to reach peak fitness or train for an athletic competition (II-1,2C).

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Women have the right and responsibility to make informed decisions about their care in partnership with their health care providers. In order to facilitate informed choice women should be provided with information and support that is evidence based, culturally appropriate and tailored to their needs. The values, beliefs and individual needs of each woman and her family should be sought and the final decision about the care and treatment options chosen by the woman should be respected.

3. Women should choose activities that will minimize the risk of loss of balance and fetal trauma (III-C).
4. Women should be advised that adverse pregnancy or neonatal outcomes are not increased for exercising women (II-1,2B).
5. Initiation of pelvic floor exercises in the immediate post partum period may reduce the risk of future urinary incontinence (II-IC).
6. Women should be advised that moderate exercise during lactation does not affect the quantity or composition of breast milk or impact infant growth (I-A).

Validation: This guideline has been approved by the SOGC Clinical Practice Obstetrics Committee, the Executive and Council of SOGC, and the Board of Directors of the Canadian Society for Exercise Physiology.

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