

Dr Hayley Mills and Dr Marlize de Vivo

Physical Activity During and Beyond Pregnancy

The importance of consistent and clear messages



Background: UK Guidance

NO NATIONAL GUIDANCE IN THE UK

2006 RCOG Position Statement

UNTIL...

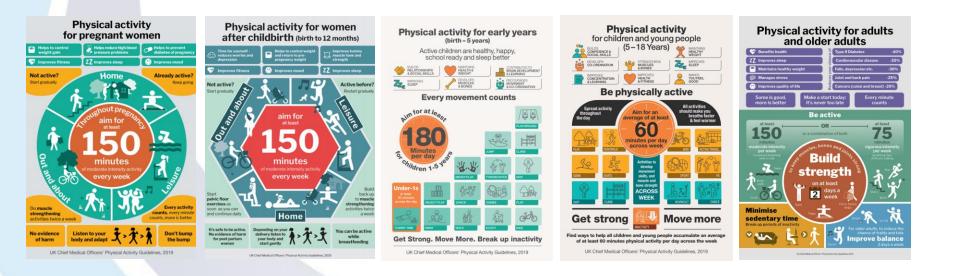
2017 CMO Physical activity for pregnant women

2019 CMO Physical activity for pregnant women (update)

2019 CMO Physical activity for women after childbirth (birth to 12 months).



Background: The life course approach



https://www.gov.uk/government/publications/physical-activity-guidelines-infographics



Research shows...uncertainty

"I worried I would be responsible for something going wrong" (Pregnant woman)

"No information on exercise, didn't get information from the health visitor or the midwife...spoke to other mums who carried on...." (New mother)

"You just wanted to be told it's ok to do and find your place within that" (Pregnant woman)

"Used google but don't know who to trust" (New mother)

"Focus on what you can do not what you can't...I wanted specific advice, some tips and ideas" (Pregnant woman)

"...said drink lots of water and didn't ask about activity..."

(New mother)

"My gym instructor didn't think I should do body pump..." (Pregnant woman)



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Aim of session

- Raise awareness of the NEW CMO physical activity guidance during and beyond pregnancy.
- Unify messages across exercise and health professions.
- 3. Signpost to resources to support practice and further knowledge.











Pregnant women with uncomplicated pregnancies should aim to:

- accumulate at least 150 minutes of moderate intensity physical activity throughout the week*
- engage in 8–12 repetitions of muscle strengthening activities involving all major muscle groups twice per week*

*EVERY ACTIVITY COUNTS! There is no minimum amount of physical activity required to achieve some health benefits.





Already active? Keep going

- Encourage maintenance of physical activity levels
- Adaptation of activities may be required as pregnancy progresses

Not active? Start gradually

- Emphasize gradual introduction of physical activities
- Avoid prolonged periods of sitting
- Incorporate into daily living





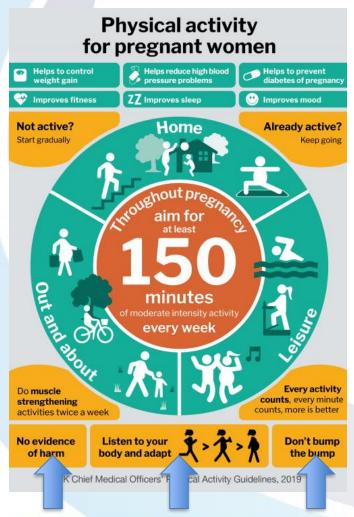
Key evidence-based messages:

- Helps to control gestational weight gain (GWG
- 2. Improves cardiorespiratory fitness
- 3. Helps reduce hypertensive disorders
- Helps to prevent gestational diabetes (GDM)

Adopted benefit messages:

- 1. Improves sleep
- 2. Improves mood



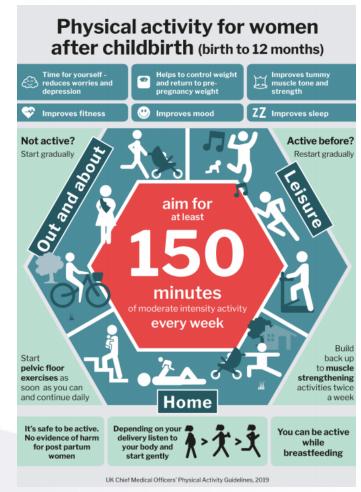


Key safety messages:

- No evidence of harm
- 2. Listen to your body and adapt
- 3. Don't bump the bump









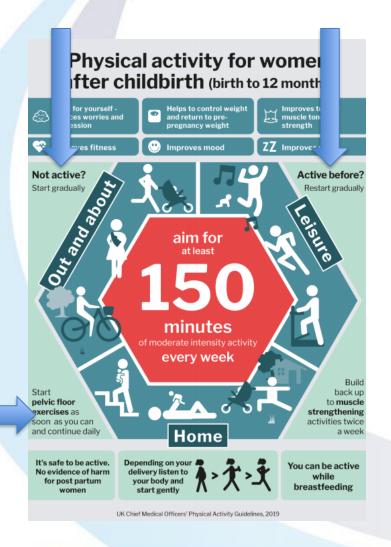


After childbirth, women should aim to gradually build up to:

- accumulating 150 minutes of moderate intensity physical activity throughout the week*
- muscle strengthening activities involving all major muscle groups twice per week*

*EVERY ACTIVITY COUNTS! There is no minimum amount of physical activity required to achieve some health benefits.





If a woman has had a straightforward birth, gentle exercises such as gentle stretches, pelvic floor exercises can resume as soon as she feels up to it.

After the 6-8 week postnatal check, advice should be tailored to whether a woman was active before or during their pregnancy.

Active before? Restart gradually

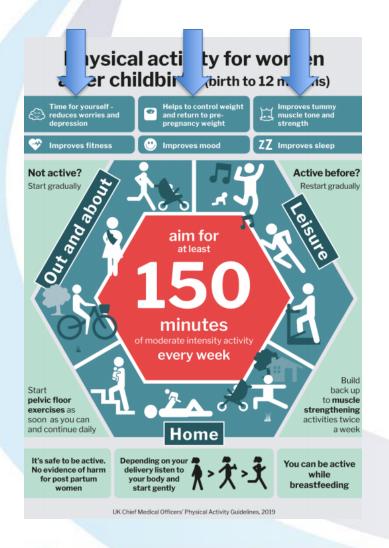
If a woman was active before, encourage a gradual reintroduction of physical activities. However, emphasise that they may need to change or <u>adapt</u> the type of activity undertaken initially.

Not active? Start gradually

If a woman was inactive, encourage her to start gradually. Pelvic floor exercises should be discussed and encouraged, and should be continued daily.

After having built up moderate intensity physical activities over a minimum period of three months and in the absence of any signs or symptoms of pelvic floor or abdominal wall dysfunction, more intense activities can gradually resume e.g. NHS Couch to 5k could be advised.





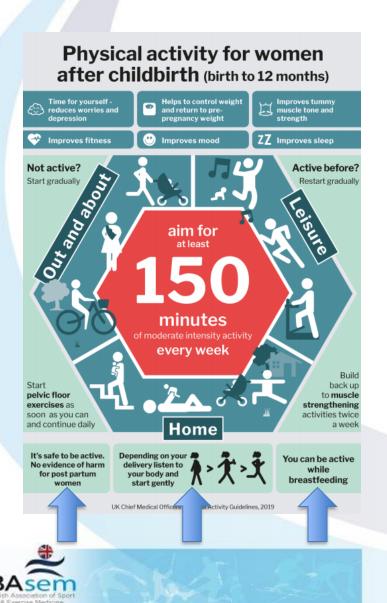
Key evidence-based messages:

- 1. Reduction in depression
- 2. Improved emotional wellbeing
- 3. Improved physical conditioning
- 4. Reduction in postpartum weight gain and a faster return to pre-pregnancy weight.

Adopted benefit messages:

1. Improves sleep





Key safety messages:

- No evidence of harm for postpartum women
- Depending on your delivery, listen to your body and start gently
- 3. You can be active while breastfeeding

calms me..."



Active with baby and/or time away to be encouraged "Found walking really good, calms her and

Play and tummy time — 'Infants should be physically active several times every day in a variety of ways, including interactive floor-based activity'

Active with others "Time to chat to other mums, learn new things..."



Behaviour maintenance or change?

- Dispel misconceptions
- Challenges and Opportunities
- Context
 - Already active = behaviour maintenance (e.g. TMM VBA, MECC)
 - Previously sedentary/inactive = behaviour change
 (e.g. Moving Medicine motivational interviewing)



Dispelling myths and perceptions can help to reassure

'Exercise will cause an early birth'

'Weight strengthening is dangerous '

'You selfish cow'

'Exercise will take nutrients from the baby'

'Don't let
your heart
rate rise over
140 bpm
during
exercise'

Myths and Fears
Mums Hear

rs

Feet up- you just need to rest'

'You will
starve the
baby of
oxygen'

'Running will' jar the baby'

'Shaken baby syndrome' 'If you weren't active before, you shouldn't start anything new'



Moving forward

- Epigenetics benefits extending to baby/child
- Trimester specific guidance energy requirements of pregnancy
- Fertility and ART guidance
- Surveillance and communication
- Resources and training



Resources

- CMO Guidance and Infographics
- 2019 Canadian Guideline for Physical Activity throughout Pregnancy
- Returning to running postnatal
- Pelvic, Obstetric & Gynaecological
 Physiotherapy Resources
- This Mum Moves (TMM)

Coming soon:

- <u>E-learning for Healthcare</u>
- Motivate 2 Move
- Moving Medicine

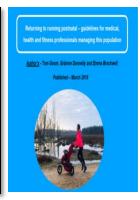
Support the cause:

The Active Pregnancy Foundation



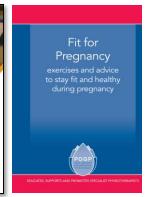
















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 - Dr Jamie O'Driscoll, cardiovascular physiologist. Research on preeclampsia, obese pregnancies and gestational diabetes.
 - Stacey Draper, PhD student. Research on physical activity and assisted reproductive treatments.

