

PATIENT EDUCATION



The American College of
Obstetricians and Gynecologists
WOMEN'S HEALTH CARE PHYSICIANS

Exercise During Pregnancy

Exercise is a key part of staying healthy. Everyone needs daily physical activity—including pregnant women. Getting regular exercise during pregnancy benefits both you and your fetus and has few risks. If your pregnancy is healthy, you can do most types of exercise, but you may need to make a few changes.

This pamphlet explains

- *the benefits of exercise during pregnancy and how to get started*
- *the latest guidelines for physical activity*
- *precautions to take*
- *safe exercises for pregnant women*
- *exercises to avoid*
- *exercising after the baby is born*

Benefits of Exercise

Regular exercise during pregnancy benefits you and your fetus in these key ways:

- Reduces back pain
- Eases constipation
- May decrease your risk of **gestational diabetes**, **preeclampsia**, and **cesarean delivery**
- Promotes healthy weight gain during pregnancy
- Improves your overall general fitness and strengthens your heart and blood vessels
- Helps you to lose the baby weight after your baby is born

If you have never exercised before, pregnancy is a great time to begin. Regular physical activity during pregnancy can start you on a path toward a healthier lifestyle for the rest of your life. You also will set a good example for your family about the importance of staying active.

Before You Start

If you are healthy and your pregnancy is normal, it is safe to continue or start regular physical activity. Physical activity does not increase your chances of miscarriage, low birth weight, or early delivery. However, it is important to discuss exercise with your **obstetrician** or other member of your health care team during your early

prenatal visits. Women with the following conditions or pregnancy **complications** should not exercise during pregnancy:

- Certain types of heart and lung diseases
- **Cervical insufficiency** or **cerclage**
- Being pregnant with twins or triplets (or more) with risk factors for **preterm** labor
- **Placenta previa** after 26 weeks of pregnancy
- Preterm labor during this pregnancy or ruptured membranes (your water has broken)
- Preeclampsia or pregnancy-induced high blood pressure
- Severe **anemia**

If your obstetrician gives you the OK to exercise, you can discuss what activities you can do safely.

Guidelines for Physical Activity During Pregnancy

Ideally, pregnant women should get at least 150 minutes of moderate-intensity aerobic activity every week. An aerobic activity is one in which you move large muscles of the body (like those in the legs and arms) in a rhythmic way. Moderate-intensity means you are moving enough to raise your heart rate and start sweating. You still can talk normally, but you cannot sing.

Examples of moderate-intensity aerobic activity include brisk walking and general gardening (raking, weeding, or digging). You can divide the 150 minutes into 30-minute workouts on 5 days of the week or into smaller 10-minute workouts throughout each day. For example, you could go for three 10-minute walks each day.

If you are new to exercise, start out slowly and gradually increase your activity. Begin with as little as 5 minutes a day. Add 5 minutes each week until you can stay active for 30 minutes a day.

If you were very active before pregnancy, you can keep doing the same workouts with your obstetrician's approval. Keep in mind that this type of high-intensity exercise can lead to weight loss. If you are losing weight, you may need to increase the number of calories that you eat.

Exercising Safely

Your body goes through many changes during pregnancy. It is important to choose exercises that take these changes into account:

- Joints—The **hormones** made during pregnancy cause the ligaments that support your joints to become relaxed. This makes the joints more mobile and at risk of injury. Avoid jerky, bouncy, or high-impact motions that can increase your risk of being hurt.
- Balance—The extra weight in the front of your body shifts your center of gravity. This places stress on joints and muscles, especially those in your pelvis

and lower back. Because you are less stable and more likely to lose your balance, you are at greater risk of falling.

- Breathing—When you exercise, **oxygen** and blood flow are directed to your muscles and away from other areas of your body. While you are pregnant, your need for oxygen increases, even when you are at rest. This may affect your ability to do strenuous exercise, especially if you are overweight or obese.

Additional Precautions

There are a few other precautions that pregnant women should keep in mind during exercise:

- Drink plenty of water before, during, and after your workout. When you exercise, you lose water from your body through sweating. You need to replace the water that is lost to avoid **dehydration**. Signs of dehydration include dizziness, a racing or pounding heart, and urinating only small amounts or having urine that is dark yellow.
- Wear a sports bra that gives lots of support to help protect your breasts. Later in pregnancy, a belly support belt may reduce discomfort while walking or running.
- Avoid becoming overheated, especially in the first trimester. To be on the safe side while working out, drink plenty of water, wear loose-fitting clothing, and exercise in a temperature-controlled room. Do not exercise outside when it is very hot or humid. Avoid “hot yoga” and “hot Pilates” during pregnancy.
- Avoid standing still or lying flat on your back as much as possible. When you lie on your back, your uterus presses on a large vein that returns blood to the heart. Standing motionless can cause blood to pool in your legs and feet. These positions may cause your blood pressure to decrease for a short time.

Always listen to your body. If you get tired or winded, stop exercising. And if you have any of the warning signs listed in the box, contact a member of your health care team right away.

Safe Exercises During Pregnancy

Experts agree these exercises are safest for pregnant women:

- Walking—Brisk walking gives a total body workout and is easy on the joints and muscles.
- Swimming and water workouts—Water workouts use many of the body's muscles. The water supports your weight so you avoid injury and muscle strain.
- Stationary bicycling—Because your growing belly can affect your balance and make you more prone to falls, riding a standard bicycle during pregnancy can be risky. Cycling on a stationary bike is a better choice. Spinning classes offered at local gyms give a good aerobic workout set to music.

- Modified yoga and modified Pilates—Yoga reduces stress, improves flexibility, and encourages stretching and focused breathing. There are prenatal yoga and Pilates classes designed for pregnant women. These classes often teach modified poses that accommodate a pregnant woman's shifting balance. You also should avoid poses that require you to be still or lie on your back for long periods.

If you are an experienced runner, jogger, or racquet-sports player, you may be able to keep doing these activities during pregnancy. Discuss these activities with your obstetrician or other member of your health care team. Try to avoid any racquet sport in which you need to move and pivot quickly.

Exercises to Avoid

Some types of exercise involve positions and movements that may be uncomfortable or harmful. While pregnant, do not do any activity that puts you at increased risk of injury, such as the following:

- Contact sports and sports that put you at risk of getting hit in the abdomen, including ice hockey, boxing, soccer, and basketball
- Skydiving
- Activities that may result in a fall, such as downhill snow skiing, water skiing, surfing, off-road cycling, gymnastics, and horseback riding
- “Hot yoga” or “hot Pilates,” which may cause you to become overheated
- Scuba diving
- Activities performed above 6,000 feet (if you do not already live at a high altitude)

Warning Signs to Stop Exercise

Whether you're a seasoned athlete or a beginner, watch for the following warning signs when you exercise. If you have any of them, stop and call your obstetric care provider:

- Bleeding from the vagina
- Feeling dizzy or faint
- Shortness of breath before starting exercise
- Chest pain
- Headache
- Muscle weakness
- Calf pain or swelling
- Regular, painful contractions of the uterus
- Fluid gushing or leaking from the vagina

Kegel Exercises

Kegel exercises help tone the muscles that support your **urethra**, **bladder**, **uterus**, and **rectum**. Strengthening these muscles may help improve bladder control. After delivery, they may help tighten vaginal muscles that are stretched from childbirth. Here is how they are done:

- Squeeze the muscles that you use to stop the flow of urine. This pulls the vagina and rectum up and back.
- Hold for 3 seconds, then relax for 3 seconds.
- Do 10 contractions three times a day.
- Increase your hold by 1 second each week. Work your way up to 10-second holds.

Make sure you are not squeezing your stomach, thigh, or buttock muscles. You also should breathe normally. Do not hold your breath as you do these exercises.

You can do Kegel exercises anywhere—while working, driving in your car, or watching television. But you should not do these exercises when you are urinating.

Exercising After the Baby Is Born

Exercising after your baby is born may help improve mood and decreases the risk of **deep vein thrombosis**, a condition that can occur more frequently in women in the weeks after childbirth. In addition to these health benefits, exercise after pregnancy can help you lose the extra pounds that you may have gained during pregnancy.

If you had a healthy pregnancy and a normal vaginal delivery, you can start exercising as soon as you feel up to it and your obstetrician gives the OK. It is best to start slowly and gradually build up to 150 minutes a week of physical activity. If you had a cesarean delivery or other complications, it may take you longer to return to a regular exercise routine.

Finally...

Pregnant women who exercise regularly have lower risks of gestational diabetes and excess weight gain. They also have fewer aches, more energy, and better muscle tone. Talk to your obstetrician or other member of your health care team about the best way to start and maintain a healthy exercise routine during your pregnancy.

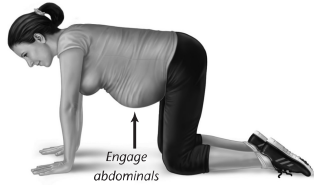
Exercises During Your Pregnancy

Repeat all exercises 4–6 times.

1. 4-Point Kneeling

Strengthens and tones the abdominal muscles.

- Kneel on all fours. Position your hips directly over your knees and position your shoulders directly over your hands. Your back should be straight.
- Inhale deeply. Then exhale. As you exhale, pull your abdominal muscles in. This is called engaging your abdominal muscles. Do not hold your breath. Keep your back straight.



2. Seated Leg Raises

Strengthens abdominal muscles and helps with balance and stability.

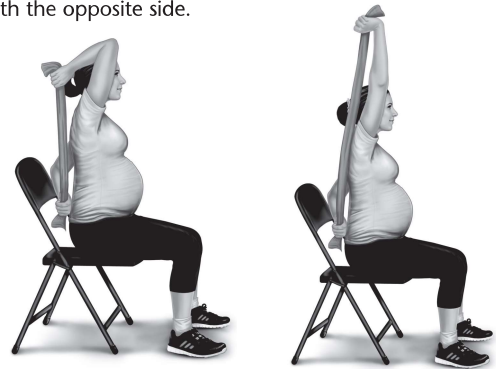
- Sit on a chair, keeping your back in a neutral position. Your feet should be flat on the floor, about as wide as your hips.
- Engage your abdominal muscles. Keep your arms and tailbone relaxed. Do not hold your breath.
- Raise your left foot off the ground by extending your knee. At the same time, raise your right arm. Hold for a few seconds.
- Repeat with your right leg and left arm.



3. Seated Overhead Triceps Extension

Stretches and strengthens the triceps (upper arm muscle) and chest muscles. Also works abdominal and hip muscles.

- While seated, keep your back straight and your feet flat on the floor.
- Hold a resistance band in your right hand and raise your arm, then bend it at the elbow. Reach your left hand behind your back and hold the other end of the resistance band at the back of your waist.
- With your elbow close to your head, raise and lower your right arm by bending your elbow. Keep the other end of the resistance band anchored behind your waist.
- Repeat with the opposite side.



4. Ball Wall Squat

Stretches the muscles of the legs and buttocks. If you have any knee pain, do not do this exercise. If you can, work up to repeating this exercise 10 to 12 times.

- Place exercise ball against wall. Stand and firmly press the ball into the wall using your lower back.
- Distribute your weight between both feet.
- With a slow, controlled movement, squat down while firmly pressing against the ball. Do not let your knees collapse inward. Keep your feet flat. Maintain an open chest and avoid rounding your shoulders. Start with squatting halfway if you cannot squat all the way down.



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Repeat all exercises 4–6 times.

5. Ball Shoulder Stretch

Stretches the upper back, arms, and shoulders.

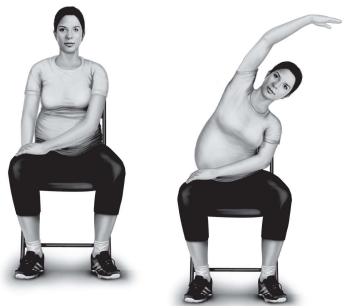
- Kneel on the floor with the exercise ball in front of you. Put your hands on either side of the ball.
- Move your buttocks back toward your hips while rolling the ball in front of you. Keep your eyes on the floor. Do not arch your neck. Go only as far as comfortable to feel a gentle stretch. Hold for a few seconds.



6. Seated Side Stretch

Eases tension on the sides of your body and stretches your hip muscles.

- Sit up tall on a chair, keeping your back in a neutral position and your abdominals pulled in. Your feet should be flat on the floor, about as wide as your hips. Put your left hand on your right knee.
- Raise your right arm and bend it toward your left side until you feel a gentle stretch. Breathe normally. Do not hunch down or round your shoulders. Hold for a few seconds.
- Repeat with the opposite side.



7. Kneeling Heel Touch

Tones muscles of the upper back, lower back, and abdomen.

- Kneel on an exercise mat.
- Using a slow, controlled movement, rotate your torso to the right. Bring your right hand back and touch your left heel. Extend your left arm above your head for balance.
- Repeat with the opposite side.



8. Standing Back Bend

Helps counteract the forward bending that happens during pregnancy as your uterus grows.

- Stand with your palms on the back of each hip.
- Slowly bend back about 15 to 20 degrees. Hold for 20 seconds.



Glossary

Anemia: Abnormally low levels of red blood cells in the bloodstream. Most cases are caused by iron deficiency (lack of iron).

Bladder: A hollow, muscular organ in which urine is stored.

Cerclage: A procedure in which the cervical opening is closed with stitches to prevent or delay preterm birth.

Cervical Insufficiency: A condition in which the cervix is unable to hold a pregnancy in the second trimester.

Cesarean Delivery: Delivery of a fetus from the uterus through an incision made in the woman's abdomen.

Complications: Diseases or conditions that happen as a result of another disease or condition. An example is pneumonia that occurs as a result of the flu. A complication also can occur as a result of a condition, such as pregnancy. An example of a pregnancy complication is preterm labor.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Dehydration: A condition that happens when the body does not have as much water as it needs.

Gestational Diabetes: Diabetes that starts during pregnancy.

Hormones: Substances made in the body that control the function of cells or organs.

Obstetrician: A doctor who cares for women during pregnancy and their labor.

Oxygen: An element that we breathe in to sustain life.

Placenta Previa: A condition in which the placenta covers the opening of the uterus.

Preeclampsia: A disorder that can occur during pregnancy or after childbirth in which there is high blood pressure and other signs of organ injury. These signs include an abnormal amount of protein in the urine, a low number of platelets, abnormal kidney or liver function, pain over the upper abdomen, fluid in the lungs, or a severe headache or changes in vision.

Preterm: Less than 37 weeks of pregnancy.

Rectum: The last part of the digestive tract.

Urethra: A tube-like structure. Urine flows through this tube when it leaves the body.

Uterus: A muscular organ in the female pelvis. During pregnancy, this organ holds and nourishes the fetus.

This information was designed as an educational aid to patients and sets forth current information and opinions related to women's health. It is not intended as a statement of the standard of care, nor does it comprise all proper treatments or methods of care. It is not a substitute for a treating clinician's independent professional judgment. Please check for updates at www.acog.org to ensure accuracy.

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