

Conditions requiring medical supervision while undertaking exercise in pregnancy

Guidelines according to the Royal College of Obstetricians and Gynaecologists. (RCOG Statement 4)

- Cardiac disease
- Restrictive lung disease
- Persistent bleeding in the second and third trimesters
- Pre-eclampsia or pregnancy-induced hypertension
- Preterm labour (previous/present)
- Intrauterine growth restriction
- Cervical weakness/cerclage
- Placenta praevia after 26 weeks
- Preterm prelabour rupture of membranes
- Heavy smoker (more than 20 cigarettes a day)
- Orthopaedic limitations
- Poorly controlled hypertension
- Extremely sedentary lifestyle
- Unevaluated maternal cardiac arrhythmia
- Chronic bronchitis
- Multiple gestation (individualised and medically supervised)
- Poorly controlled thyroid disease
- Morbid obesity (body mass index greater than 40)
- Malnutrition or eating disorder
- Poorly controlled diabetes mellitus
- Poorly controlled seizures
- Anaemia (haemoglobin less than 100 g/l).

Healthcare professionals should use their professional judgement as to what extent and duration exercise should be undertaken in the above circumstances.

Warning signs to terminate exercise

- Excessive shortness of breath
- Chest pain or palpitations
- Presyncope or dizziness
- Painful uterine contractions or preterm labour
- Leakage of amniotic fluid
- Vaginal bleeding
- Excessive fatigue
- Abdominal pain, particularly in back or pubic area
- Severe pelvic girdle pain
- Reduced fetal movement
- Dyspnoea before exertion
- Headache
- Muscle weakness
- Calf pain or swelling.

Women should be advised to seek medical advice should any of the above symptoms occur.

“Listen To Your Body” and talk to your Physiotherapist Instructor

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