



Exercising for Two

Howard A. Winston, MD, CCFP, FCFP, Dip. Sport Med. (CASM)



Jill, 29, is healthy and 10 weeks pregnant (G1P0). She comes to you asking about

your understanding of how she should be exercising. Like so many women, Jill's body is changing before her which can throw a real wrench in the exercising demands of her body. Jill was fit leading into her pregnancy, but does she have any hidden risk factors that would modify how she should exercise during the next 30 weeks?

You follow the structure of the P.A.R.-medX for pregnancy. It is always important to ask the usual questions related to the potential complications of any pregnancy. The usual questions include:

- Has there been any vaginal bleeding (spotting)?

- Is there any marked fatigue?
- Is there any unexplained fainting or dizziness?
- Is there any unexplained abdominal pain?
- Is there any sudden swelling of the ankles, hands or face?
- Are you suffering from persistent headaches?
- Do you suffer from swelling and pain in the calf?
- Have you noticed an absence of fetal movement after the 24th week? Or
- Have you been unable to gain weight after the 20th week?

Jill reassures you that she has had no problems in her pregnancy.

Before her pregnancy, she jogged 30 minutes, three times a week. She is wondering if she can keep up this routine.

You explain to her that she can continue her regular running schedule, as long as she doesn't have any relative or absolute contraindications to exercising. The relative contraindications include:

- History of a spontaneous abortion
- Mild to moderate cardiac or respiratory disease
- Anemia or iron deficiency
- Eating Disorder
- Twin pregnancy after 28th week
- Any other underlying medical condition

The absolute contraindications include:

- Ruptured membranes and premature labour
- Prolonged bleeding into the second or third trimester (*i.e.*/placenta previa)
- Pregnancy induced



hypertension and preeclampsia

- Incompetent cervix
- Intrauterine growth restriction
- High order pregnancy (*i.e.*/triplets)
- Any other uncontrolled systemic medical condition

Jill asks whether she should follow a special diet to cover her own needs and the needs of the fetus?

Following Canada's Food

Following Canada's Food Guide to Healthy Eating, is the best recipe for success.

Guide to Healthy Eating, is the best recipe for success. Jill will have to consume more calories per day than she did before she became pregnant. On average, this would amount to about 250 to 500 calories. Individuals can be quite academic about determining calorie intake by calculating how many calories are used during an activity and being sure to replenish them.

Hydration is equally important to calorie intake. Jill should consume about six to eight glasses of water per day. As well, she should avoid caffeinated drinks, not be too restrictive in her salt intake and be sure to take the appropriate recommended dose of folic acid, vitamin B and complex vitamins to act preventatively for the fetus.

Jill asks whether she can increase her frequency intensity time type (FITT) during her pregnancy.

You explain to her that pregnancy is not the time to develop new exercise routines because it is too stressful to the body. Clearly, certain types of exercises are not ideal during pregnancy. There are alterations in balance and flexibility, which can lead to unnecessary injuries.

The best advice is to consult an experienced personal trainer, who can help guide in the appropriate prenatal exercise program.

Lastly, Jill inquires about the benefits of maintaining her exercise routine throughout her pregnancy.

The significant benefits include improving her overall cardiorespiratory fitness, ensuring an appropriate

weight gain and the facilitation of labour.

You caution Jill to avoid:

- exercising in very warm and humid climates, holding her breath during an isometric type exercise,
- contact sports and activities and
- to stop exercising and report if she becomes symptomatic (*i.e.*, chest pain, shortness of breath, dizziness, heart palpitations, ruptured membranes or vaginal bleeding).

Jill thanks you for your guidance and your recommendations for "exercising for two."

CME

Dr. Winston is an Assistant Professor, Department of Family & Community Medicine, University of Toronto, and Medical Director, Centre for Health and Sports Medicine, North York, Ontario.