

Pregnant Athlete

Condition: The pregnant athlete is a woman who regularly engaged in vigorous-intensity aerobic activity or regular physical activity before becoming pregnant and continues to exercise during pregnancy and after delivery.

Background: The benefits of exercise during pregnancy greatly outweigh the risks. As many as 88% of women report exercising while pregnant and experts recommend it. In addition to improving overall fitness, exercise during pregnancy can reduce back pain, ease constipation, promote healthy weight gain, and help with weight loss after delivery. Exercise also may decrease the risk of developing gestational diabetes, preeclampsia, and having a cesarean delivery.

Risk Factors: While generally safe, it is important to discuss physical activity with your obstetrician and physical medicine and rehabilitation (PM&R) physician prior to starting. For women with cervical insufficiency, placenta previa after 26 weeks of pregnancy, preeclampsia or pregnancy-induced high blood pressure, and severe anemia, exercise may not be appropriate and should be discussed with their obstetrician. Changes in an athlete's body during pregnancy can increase the risk of overheating, dehydration, and low blood sugar. Pregnancy may also make some problems worse in athletes, such as loss of bone density, anemia, pelvic floor dysfunction, incontinence, and different musculoskeletal problems. Due to the risk of direct blow to the fetus, pregnant women should avoid participating in collision and fall risk sports such as ice hockey, luge, equestrian, and downhill skiing. SCUBA diving should be avoided due to possible risk of fetal deformity or death. If during exercise, a woman experiences discomfort, goes into preterm labor, or their water breaks, they should stop that activity and be evaluated.

History and Symptoms: Exercises during pregnancy may feel that activities are harder to do than when not pregnant. The pregnant athlete may feel their sport performance is worse.

Physical Exam: A thorough clinical evaluation should be completed prior to starting any exercise program. A PM&R physician will perform an examination with specific attention to the patient's axial spine, pelvis, and hips as these are common areas of discomfort during pregnancy.

Diagnostic Process: Routine prenatal care should be maintained with an obstetrician. If needed, a PM&R physician can use several tests, such as ultrasound and MRI, that are safe during pregnancy to evaluate any injuries or conditions that arise.

Rehab Management: Pregnant women of any fitness level should participate in moderate intensity aerobic activity (brisk walking), at least 150 minutes throughout a week. During pregnancy women can continue to train at the same level of exercise as before pregnancy. For uncomplicated pregnancies, both aerobic and strength conditioning are encouraged. For women with obstetric and medical comorbidities recommendations for physical activity should be individualized. For women who were previously inactive, pregnancy is an ideal time to adopt an active lifestyle. Activity should start at mild and progress to moderate intensity with gradual progression of frequency and duration. A PM&R physician, also known as a physiatrist, can assist with treating injuries and conditions in a pregnant athlete with medications, interventions, and therapies when appropriate.

Other Resources for Patients and Families: In addition to an obstetrician and a physiatrist, pregnant athletes should discuss exercise with their coaches, athletic trainers, and other training staff. The Centers for Disease Control and American College of Obstetricians and Gynecologists have additional information about exercising during pregnancy.

Frequently Asked Questions

What is PM&R?

Physical medicine and rehabilitation (PM&R), also known as physiatry, is a primary medical specialty that aims to enhance and restore functional ability and improve quality of life to those with injuries, physical impairments or disabilities affecting the brain, spinal cord, nerves, bones, joints, ligaments, muscles and tendons. PM&R physicians, known as physiatrists, evaluate and treat the whole body, maximize patients' independence in their daily life and are experts in designing comprehensive, patient-centered treatment plans to empower patients to achieve their goals. By taking the whole body into account, they can accurately pin-point problems, decrease pain, assist in recovery from devastating injuries and maximize overall outcomes and performance with non-surgical and peri-surgical options. To learn more, visit www.aapmr.org/aboutpmr.

What makes PM&R physicians unique?

PM&R physicians' training focuses not just on treating medical conditions, but on enhancing the patient's performance and quality of life in the context of those medical conditions. They focus not only on one part of the body, but instead on the development of a comprehensive program for putting the pieces of a person's life back together – medically, socially, emotionally and vocationally – after injury or disease. PM&R physicians make and manage medical diagnoses, design a treatment plan and prescribe the therapies that physical therapists or other allied therapists perform or that are carried out by the patients themselves. By providing an appropriate treatment plan, PM&R physicians help patients stay as active as possible at any age. Their broad medical expertise allows them to treat disabling conditions throughout a person's lifetime.

Why see a PM&R physician?

A PM&R physician will thoroughly assess your condition, needs, and expectations and rule out any serious medical illnesses to develop a treatment plan. By understanding your condition and goals, you and your PM&R physician can develop a treatment plan suited to your unique needs.

How do I find a PM&R physician near me?

Visit www.aapmr.org/findapmrphysician or contact your primary care physician for a referral.