

UNIVERSITY OF LOUISIANA-MONROE  
DEPARTMENT OF ATHLETICS  
PREGNANCY GUIDELINES

The following information is being provided to you for your protection and the protection of your unborn child should you become pregnant while you are a student-athlete at ULM. We, the Sports Medicine staff cannot require you to inform us if you become pregnant. However, we trust that you will do what is in your own best interest and that of your unborn child. Please allow us to assist you in protecting your health and your baby's health by informing us if you become pregnant.

**American College of Obstetricians and Gynecologists (ACOG)  
Guidelines for Exercise During Pregnancy\*\***

An exercise prescription in pregnancy should be individualized and should include a health assessment. It must be emphasized that none of these recommendations has a firm basis in prospective, randomized, clinical trials.

These guidelines follow from a critical analysis of the available physiologic data regarding exercise and pregnancy and represent reasonable extrapolations from such knowledge.

**Recommendations for Exercise in Pregnancy and Postpartum**

There are no data in humans to indicate that pregnant women should limit exercise intensity and lower target heart rates because of potential adverse events. For women who do not have any additional risk factors for adverse maternal or prenatal outcomes, the following recommendations may be made.

1. During pregnancy, women can continue to exercise and derive health benefits even from mild-to-moderate exercise routines. Regular exercise (at least three times per week) is preferable to intermittent activity.
2. Women should avoid exercise in the supine position after the first trimester. Such a position is associated with decreased cardiac output in most pregnant women because the remaining cardiac output will be preferentially distributed away from splanchnic beds (including the uterus) during vigorous exercise; such regimens are best avoided during pregnancy. Prolonged periods of motionless standing should also be avoided.
3. Women should be aware of the decreased oxygen available for aerobic exercise during pregnancy. They should be encouraged to modify the intensity of their exercise according to maternal symptoms. Pregnant women should stop exercising when fatigued and not exercise to exhaustion. Weight-bearing exercises may under some circumstances be continued at intensities similar to that prior to the pregnancy and throughout pregnancy. Non-weight bearing exercises such as cycling or swimming will minimize the risk of and facilitate the continuation of exercise during pregnancy.
4. Morphologic changes in pregnancy should serve as a relative contraindication to types of exercise in which loss of balance could be detrimental to maternal or fetal well-being, especially in the third trimester. Further, any type of exercise involving the potential for even mild abdominal trauma should be avoided.

\*\*copied from ACSM's Handbook for the Team Physician, Table 29-2, February 1994

**I have read the recommendation of the American College of Obstetricians and Gynecologists.**

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Athlete Signature

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Date