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Guidelines during pregnancy

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Abstract

Exercise is a significant part of a healthy lifestyle during pregnancy. The research is not yet done in the field to find the responses of pregnant women & fetus to physiologic & musculoskeletal changes during pregnancy due to exercise. Also, very little information is present regarding exercise tolerance & adaptations to resistance training during pregnancy. It greatly depends upon the fitness level of the individual before & during pregnancy. Artal R & Toole O M (2003) in the research on guidelines of American College of Obstetricians and Gynecologists for exercise during pregnancy and the postpartum period focused on various factors which included uterine activity, nutritional requirements, cardiovascular adaptations, respiratory adaptations & thermoregulatory control. It is all around perceived that, during obstetric occasions, transient hypoxia could result at first in fetal tachycardia and an increment in fetal blood pressure. There are no reports to connect such unfriendly occasions with maternal exercise. Moreover, a medical emergency is needed before recommending an exercise programme to pregnant women. The contraindications to exercise recorded are proposed particularly as guidelines for deciding the suitability of activity during pregnancy for individual women. Other than the complete understanding of physiologic & musculoskeletal changes during pregnancy, the responses of the mother & the fetus to exercise has not be researched yet. Exercise before and during pregnancy leads to lower incidence of obesity, gestational diabetes & pre-eclampsia.

Keywords: Pregnancy, uterine activity, medical emergency

Introduction

Pregnancy is perceived as an exceptional time for change in behavior and is never again thought about a condition for confinement. It is at present perceived that habits received amid pregnancy could influence a women's wellbeing for an incredible remainder. For the first time, literature shows a possibility of prevention & exercise management of gestational diabetes. The recommendations additionally advance exercise for sedentary women and those with medical or obstetric entanglements, however only after therapeutic assessment and clearance. The medical advantages of physical activity are all around perceived and on the other hand sedentary habits and low dimensions of cardiorespiratory wellness are driving danger factors for consequent advancement of cardiovascular infection.

The Centers for Disease Control and Prevention and the American College of Sports Medicine (CDC-ACSM) have suggested the performing of 30 minutes or a greater amount of moderate force physical action on most, and ideally all, days of the week. Moderate intensity physical activity is characterized as movement with a vitality prerequisite of 3–5 metabolic equivalents (METS). For most healthy adults, this is proportionate to brisk walking at 3–4 mph.

The CDC-ACSM additionally perceives that more serious exercise performed in 20-60 minute long sessions on three to five days seven days will result in more elevated amounts of physical wellness. Regardless of the way that pregnancy is related with significant anatomical and physiological changes, there are not many cases that ought to block generally solid, pregnant women from following similar suggestions.

Anatomical and physiological changes amid pregnancy can possibly influence the musculoskeletal system during rest amid exercise. The most clear of these is weight gain. The expanded weight in pregnancy may altogether increase the powers crosswise over joints, for example, the hips and knees by as much as 100% and also weight bearing activities such as running. Such enormous powers may cause uneasiness to ordinary joints and increment harm to ligament or beforehand precarious joints.

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Information on the impacts of increased weight of pregnancy on joint injury and pathology are inadequate. On account of anatomical changes, pregnant women commonly develop lumbar lordosis, which adds to the higher percentage of low back torment in pregnant ladies. Balance might be influenced by changes in stance or body posture, inclining pregnant ladies to loss of balance and greater chances of falling. But increased risk of falling during the pregnancy stage has not been reported yet.

Another musculoskeletal change amid pregnancy is ligamentous laxity is thought to be secondary to the impact of the expanded dimensions of estrogen and relaxin. Hypothetically, this would incline pregnant women to increased frequency of strains and sprains. This speculation has been substantiated by target information on the metacarpophalangeal joints. Regardless of an absence of clear proof that musculoskeletal wounds are increased during pregnancy, these potential outcomes should in any case be considered when recommending exercise in pregnancy.

Uterine Activity

Uterine movement has been measured in exercising pregnant women and negligible progressions were accounted during the last eight weeks of pregnancy. In a few reports, physical movement has been related with an expansion in uterine contractions. The size of uterine constrictions detailed is normally low. There are just episodic reports that strenuous preparing may cause preterm work. Regardless, until there is unequivocal proof that strenuous exercise has no effect, a physically dynamic lady with a background marked by, or who is at danger of, preterm labour ought to be exhorted to diminish her movement in the second and third trimesters.

Nutritional Requirements

After the thirteenth week of pregnancy, about 1.2 additional MJ (300 kcal) every day are required to meet the metabolic needs of pregnancy. This energy expenditure is expanded further when day by day energy consumption is expanded through exercise. In weight bearing activity, for example, walking, the vitality prerequisite logically increases with the expansion in weight over the span of the pregnancy. A related thought to sustenance and exercise during pregnancy is satisfactory carbohydrate intake. Pregnant women use carbohydrate at a more prominent rate both very still and during activity than do non-pregnant women. It also creates the impression that, during non-weight bearing activity in pregnancy, there is particular utilization of carbohydrates, perhaps the consequence of the anaerobic segment of this sort of movement.

Cardiovascular Adaptations

Pregnancy instigates significant changes in maternal hemodynamics. Such changes incorporate an expansion in blood volume, pulse, and stroke volume just as heart yield, and a lessening in fundamental vascular resistance. By mid pregnancy, cardiac output are 30%–50% more prominent than before pregnancy. Most studies demonstrate that maternal stroke volume increases by 10% before the finish of the first trimester and is trailed by a 20% increase in pulse during the second and third trimesters. Mean blood vessel weight diminishes 5–10 mm Hg by the center of the second trimester and afterward bit by bit increments back to pre-pregnancy levels. The diminished mean blood vessel weight is the aftereffect of expanded uterine vasculature, uteroplacental dissemination, and the decrease in vascular resistance of skin

and kidney. These hemodynamic changes seem to set up a circulatory hold important to give supplements and oxygen to both mother and fetus very still and during moderate however not strenuous physical movement.

The cardiovascular change related with body posture is a significant thought for pregnant women both very still and during activity. After the first trimester, the supine position results in relative obstruction of venous return and in this manner diminished cardiac output. For this reason, supine positions ought to be evaded however much as could during rest and during work out. Moreover, motionless standing is related with decline in cardiac output, along these lines this position ought to be avoided. There are conflicting proof exists on maternal heart rate reaction to steady state submaximal exercise during pregnancy. Both blunted and normal responses to weight bearing and non-weight bearing activity have been reported, utilizing heart rate observing to guide exercise during pregnancy.

Respiratory Adaptations

Pregnancy is related with significant respiratory changes: minute ventilation increments by practically half, generally because of expanded tidal volume. This results in an expansion in arteria oxygen pressure to 106–108 mm Hg in the primary trimester, diminishing to a mean of 101–106 mm Hg by the third trimester. There is a related increment in oxygen take-up, and a 10–20% expansion in standard oxygen utilization. Physiological dead space during pregnancy stays unaltered. During treadmill practice in pregnancy, arteriovenous oxygen distinction is diminished. As a result of the expanded resting oxygen prerequisite and the expanded work of breathing brought about by weight of the amplified uterus on the stomach, there is diminished oxygen accessibility for the exhibition of high-impact practice during pregnancy. Consequently both emotional outstanding task at hand and most extreme exercise execution are diminished. Be that as it may, in some fit ladies, there have all the earmarks of being no related changes in most extreme oxygen consuming force or corrosive base equalization during activity in pregnancy contrasted and non-pregnant controls.

Thermoregulatory Control

A lot of excess heat is liberated during pregnancy while doing exercise, and there is greater pressure on cardiovascular system as there is an increased metabolic demand of exercise. As compared to non-pregnant women, pregnant women develop greater basal metabolic rate and increased heat production. Rise in body temperature is directly proportional to intensity of exercise.

The expansion in body temperature during exercise is directly identified with the power of the activity. During moderate intensity, oxygen consuming activity in thermoneutral conditions, the center temperature of nonpregnant women rises a normal of 1.5 °C during the initial 30 minutes of activity and after that achieves a level if exercise is proceeded for an extra 30 minutes. A consistent condition of heat production versus heat dissipation is practiced by increased conductance of heat from the center to the periphery through the cardiovascular framework just as through evaporative cooling through perspiration. In the event that heat production surpasses heat dissipation limit, for instance during very high intensity activity in hot, moist conditions or during high power work out, the core temperature will keep on rising. During prolonged exercise, loss of liquid as perspiration may compromise heat dissipation. Maintenance of euhydration,

and in this manner blood volume, is significant to keep heat balance.

Information on the impacts of exercise on core temperature during pregnancy is limited. Fetal body core temperatures are about 1 °C higher than maternal temperatures. In animal studies, an increment in maternal core temperature of more than 1.5 °C during embryogenesis has been seen to cause major innate malformations. These information coupled with the aftereffects of human investigations propose that hyperthermia in abundance of 39 °C during the initial 45–60 days of growth may likewise be teratogenic in humans. In any case, there have been no research reports that hyperthermia related with exercise is teratogenic in people.

Fetal Responses to Maternal Exercise

Previously, the primary worries of practice in pregnancy were centered on the fetus, and any potential maternal advantage was believed to be balanced by potential dangers to the fetus. In the uncomplicated pregnancy, fetal wounds are very unlikely. Most of the potential fetal dangers are speculative. The primary inquiry that remaining parts to be addressed is does the specific redistribution of blood stream during regular or prolonged exercise in pregnancy interference with the transplacental transport of oxygen, carbon dioxide, and nutrients, and, on the off chance that it does, what are the lasting impacts, if any? The indirect evidence is that there are no lasting impacts. Given this concern, water exercise might be a superb decision of activity during pregnancy since, during immersion, a centripetal move in blood volume happens.

It is all around perceived that, during obstetric occasions, transient hypoxia could result at first in fetal tachycardia and an increment in fetal blood pressure. These fetal reactions are defensive instruments enabling the embryo to encourage move of oxygen and reduction the carbon dioxide pressure over the placenta. Any intense changes could result in fetal pulse changes, while unending impacts may result in intrauterine development limitation. There are no reports to connect such unfriendly occasions with maternal exercise.

Reactions of fetal pulse to maternal exercise have been the focal point of various research studies. The greater parts of the studies demonstrate a base or moderate increment in fetal pulse by 10–30 beats/min over standard during or after maternal exercise. Fetal pulse decelerations and bradycardia have been answered to happen with a recurrence of 8.9%. The instrument prompting fetal bradycardia during maternal exercise must be hypothesized on, most likely a vagal reflex, rope pressure, or fetal head malposition. No related enduring impacts of the fetus have been accounted for. A few studies 39 40 have endeavored to evaluate umbilical blood stream during maternal exercise with Doppler velocimetry. These examinations are actually hard to lead during activity, so generally estimations are taken previously, then after the exercise, by which time any progressions could have come back to normal.

Epidemiological examinations have proposed for quite a while that a connection exists between strenuous physical movement, inadequate diet, and the improvement of intrauterine development confinement. This affiliation has all the earmarks of being especially valid for moms occupied with physical work. It has likewise been accounted for that moms whose occupation requires standing or dull, strenuous, physical work, for example, lifting tend to convey prior what's more, have little for gestational age infants. In any case, different reports have neglected to affirm these associations,

proposing that different factors or conditions, for example, wasteful sustenance, have to be available for strenuous exercises to influence fetal development.

In another investigation it was inferred that mean birth weight is significantly lower when women performed exercise at or above half the preconception levels compared with non-exercisers. Another study 47 found no contrast between birth weight of posterity of energetic exercisers and those of inactive women; though others indeed, even found an expansion in birth weight. It shows up, in any case, that birth weight isn't influenced by exercise in women who have sufficient vitality consumption. Reports on nonstop training during pregnancy in competitors indicate that such exercises convey very little risk. In spite of the fact that the announced birth loads are lower than anticipated by a normal of 500 g, these actualities might be a halfway clarification of some narrative reports of shorter span of work in some of these subjects.

The data accessible in the writing is too constrained to even consider allowing hazard task for either untimely work or fetal development confinement in recreational or proficient competitor practicing moms, furthermore, the connection to inadequate eating regimens has not been adequately tended to. Clinical perceptions demonstrate that patients in danger of untimely work may have work activated by exercise. Ladies who are diet cognizant frequently don't get the least required supplements. The joined vitality prerequisites of pregnancy furthermore, practice combined with poor weight increase may prompt fetal development limitation.

Clinical Assessment

Exercise remedy requires information of the potential dangers and appraisal of the physical ability to take part in different exercises. Given the potential dangers, yet uncommon, careful clinical assessment of each pregnant lady ought to be directed before an activity program is suggested. Routine pre-natal care, as upheld in ACOG productions, is adequate for observing the exercise program.

Medicinal Screening before Exercise

The general wellbeing, obstetric, and medicinal dangers ought to be surveyed before a pregnant women is recommended an activity program. Without contraindications, pregnant women ought to be urged to take part in standard, moderate power physical movement to proceed to infer the equivalent related wellbeing benefits during pregnancy as before pregnancy. However, there are contraindications to exercise due to previous or on the other hand developing medical conditions; moreover pregnancy isn't unique. In expansion, certain obstetric difficulties may create in pregnant women notwithstanding of the past dimension of fitness, which could block them from proceeding to exercise securely during pregnancy. The contraindications to exercise recorded are proposed particularly as guidelines for deciding the suitability of activity during pregnancy for individual women.

There are various warning signs to terminate exercise while pregnant -

Vaginal bleeding.

- Dyspnea before exertion.
- Dizziness.
- Headache.
- Chest pain.
- Muscle weakness.
- Calf pain or swelling (need to rule out thrombophlebitis).

- Preterm labor.
- Decreased fetal movement.
- Amniotic fluid leakage.

Conclusion

Exercise is a significant part of a healthy life style during pregnancy. Other than the complete understanding of physiologic & musculoskeletal changes during pregnancy, the responses of the mother & the fetus to exercise has not been researched yet. Exercise before and during pregnancy leads to lower incidence of obesity, gestational diabetes & pre-eclampsia.

1. All choices in regards to practice in pregnant women ought to be taken in discussion with treating obstetrician.
2. Exercise determination ought to be founded on the wellbeing status of the pregnant women and exercise goals, and ought to be individualized. Note that a few women will be unable to practice during the third trimester of pregnancy or may just be ready to oversee gentle exercise.
3. Traditional exercises recommendations for pregnant women have been consistent with public health guidelines. For adults, moderate intensity exercise of about 30 min in the absence of any contraindications. Activities like walking, cycling, swimming are highly recommended.
4. Women who were into the routine of vigorous intensity aerobic activity, are encouraged to continue the activity but it's not recommended for inactive women.
5. Activities that cause agony, distress or any obstetric-related manifestations ought to be ceased.

Recommendations

Healthy women who have uncomplicated pregnancy can maintain physical activity in consultation with their doctor. Moderate-intensity exercise is viewed as safe all through pregnancy. Because of weakening of pelvic floor muscles during pregnancy and potential harm during birth, it is critical to start conditioning the pelvic floor muscles from the beginning of pregnancy and the motherhood period. Activities ought to be recommenced after the birth of the child.

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