

Physical activity and pregnancy: time for guidance in the UK

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Regular physical activity during pregnancy has a positive impact on pregnancy outcomes and fetomaternal health.¹⁻³ Pregnancy also offers the chance to increase physical activity and sustain this healthy behaviour beyond childbirth. Health behaviours established during childhood can last across the life course, so physical activity interventions during pregnancy may provide a powerful opportunity for population change.⁴

NATIONAL RECOMMENDATIONS

Despite these benefits, national recommendations do not exist in the UK for physical activity during pregnancy. In their 2011 physical activity recommendations, the UK Chief Medical Officers (CMOs) emphasised the importance of achieving an active lifestyle across the life course, producing guidelines for four categories: the under 5s, children and young people, adults, and older adults. Pregnancy, however, was omitted from their reviews of evidence and no specific physical activity recommendations exist for this group of women. This omission is to the detriment of antenatal care as recommendations provide an important benchmark for clinical care to inform best practice, provide continuity of messages, stimulate behaviour change and facilitate targets and surveillance.

HEALTHCARE PROFESSIONALS LACK CONFIDENCE AND KNOWLEDGE

Although enthusiasm exists for tackling physical inactivity, the knowledge and confidence levels in physical activity prescription remain low among all groups of healthcare professionals.⁵ Advice about physical activity can be found across many clinical guidelines and patient materials (eg, National Institute for Health and Care Excellence (NICE) PH27– Weight

management in pregnancy, and NG3 – Diabetes in pregnancy), but there is a lack of clarity and practical advice.⁶ Furthermore, research conducted in the UK suggests midwives and other antenatal care providers feel ill-prepared and untrained to deliver physical activity advice and would welcome training to help them empower pregnant women.⁷

ADVICE DURING PREGNANCY IS INCONSISTENT

Despite the fact that women say they would listen to their antenatal care providers and feel they are well placed to deliver physical activity advice, NICE admit that ‘women receive a wealth of sometimes conflicting advice on what constitutes a healthy diet and how much PA they should do during pregnancy and after childbirth’.⁶ This leads to confusion among pregnant women and reflects the lack of consistency and clarity across clinical guidelines and patient materials. Although we welcome excellent examples of both patient and health professional guidelines in the UK, non-governmental, chat rooms and internet resources remain the sources that commonly fill the gap for evidence and robust advice in healthcare.

TIME FOR ACTION

To address this situation, the UK CMOs recently tasked an expert committee in physical activity and pregnancy to review available evidence, and where sufficient make safe and evidence-based recommendations for physical activity during pregnancy. Following on from their recent work developing infographics representing the general physical activity guidelines, the anticipated output of this guidance may be an infographic to make their recommendations clear and accessible to all healthcare professionals.

Although this represents a vital step forward, the reality is that pregnant women will continue to receive inconsistent and confusing advice unless the antenatal system and clinical staff are equipped to deliver this intervention appropriately. We therefore suggest this area becomes a research priority for departments with the facilities to undertake translatable

research to empower health professionals. The following are the priorities:

- ▶ to develop a greater understanding of underlying mechanisms and dose–response characteristics of physical activity in pregnancy, including objective assessment of the pattern (frequency, intensity, type and duration) of physical activity across pregnancy;
- ▶ to develop evidence-based care pathways for uncomplicated pregnancies as well as high-risk groups;
- ▶ to understand the impact of physical activity intervention during pregnancy on active family habits;
- ▶ to identify patient and healthcare professionals’ beliefs about the role of healthcare in physical activity promotion; and
- ▶ to further explore the beliefs, motivators and barriers to physical activity in women.

We would like to thank all healthcare professionals who currently encourage regular moderate physical activity during pregnancy and work hard to dispel myths such as ‘pregnant women are weak and fragile and that physical activity can cause harm to the unborn child’.⁸ We feel this enthusiasm and commitment deserves to be underpinned by a better quality evidence base to improve outcomes for women and babies.

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Editorial

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