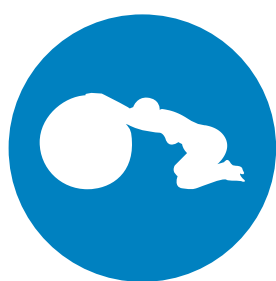


# Every Move Counts

National Physical Activity and Sedentary Behaviour Guidelines for Ireland:  
For Pregnant and Postpartum Women



## Pregnant Women



At least  
**2 hrs 30 min**  
per week



**Throughout  
the week**

Muscle strengthening,  
stretching and balance  
activities



**Incorporate  
pelvic floor  
muscle  
exercises**

*Limit sedentary time*

**Every Move Counts**



## Post Partum Women



At least  
**2 hrs 30 min**  
per week

Gradual progression  
starting with light activity



**Throughout  
the week**

Muscle strengthening  
activities



**Incorporate  
pelvic floor  
muscle  
exercises**

*Limit sedentary time*

**Every Move Counts**



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## Foreword

**Chief Medical Officer-Professor Mary Horgan**



I am very pleased to welcome the publication of these important guidelines on Physical Activity and Sedentary Behaviour For Pregnant and Postpartum Women.

The promotion of physical activity is an essential part of our work to promote health and wellbeing. Regular physical activity is a known protective factor for the prevention and management of non-communicable diseases, and also has benefits for mental health, delays the onset of dementia, and can contribute to overall health and well-being.

In recognition of this, the Healthy Ireland Framework and Strategic Action Plan included the development of a plan to promote physical activity as part of the theme of developing partnerships and cross sectoral work.

This commitment saw the publication, in 2016, of the first National Physical Activity Plan, informed by the 2009 National Guidelines on Physical Activity for Ireland in terms of the appropriate levels of health enhancing physical activity for the Irish population.

These 2009 guidelines were themselves updated with the release in 2024 of “Every Move Counts - National Physical Activity and Sedentary Behaviour Guidelines for Ireland”.

“Every Move Counts” was informed by the most recent guidelines from the WHO, published in 2020, and by a comprehensive review of the evidence published since 2020. This new suite of national guidelines is embedded in the new National Physical Activity Framework and its Action Plan, which will inform and drive physical activity policy development over the period to 2040.

I want to pay tribute to the research team who developed these additional guidelines. Similar to the approach used for “Every Move Counts”, the team has also developed educational messages for public and professional audiences which will be of enormous assistance in our ongoing work of communicating the health benefits of physical activity.

As the guidelines note, engaging in physical activity during pregnancy is generally safe and beneficial for both mother and baby. This addition to the “Every Move Counts” guidelines will help guide our work in surveillance, policy and implementation, and will ensure that professionals and practitioners can embed, support, and recommend physical activity confidently.

A handwritten signature in black ink that reads "Mary Horgan". The signature is fluid and cursive, with a long horizontal line extending from the end.

Chief Medical Officer-Professor Mary Horgan

**National Clinical Director, National Women and Infants Health Programme, HSE. Dr Cliona Murphy**

I am delighted to see the publication of these physical activity guidelines for pregnant and postpartum women. This is a welcome step in inclusion of pregnant women in general health education and messaging. At the beginning of this century for many decades there was a widespread belief that pregnant women should rest and abstain from exercise. This was consistent with societal view of pregnant women as inherently frail. While there has been an increased focus since the 70s on physical activity and the importance of exercise for wellbeing and for health, clear advice and guidance for pregnancy was variable. Pregnancy can be a time for people to take a new interest in optimising health and there is a significant motivation.



Evidence suggests that being active and exercising regularly can help reduce some health complications like the development of diabetes and hypertension.

Participation in exercise can help promote general wellbeing, mood and sleep. In these guidelines there is a recognition that appropriate levels can vary from someone motivated to become more active to those who are competitive sportspeople and activity levels will naturally differ.

Pregnant and new mothers have to contend with lots of messaging and we all have a role to play by being supportive. These guidelines should help all those involved in caring for pregnant and postpartum women and educate family, friends, and co-workers.

A handwritten signature in dark ink that reads "Cliona Murphy." The signature is written in a cursive, flowing style.

Dr Cliona Murphy Clinical Director, HSE

## Introduction

The updated National Physical Activity and Sedentary Behaviour Guidelines for Ireland, *Every Move Counts*, were published in 2024. These detail guidelines for the following population groups; children under 5 years, children and adolescents between 5 – 17 years, children and adolescents living with disability, adults between 18 – 64 years, older adults over 65 years and adults living with disability. The guidelines below extend *Every Move Counts* to include pregnant and postpartum women.

The World Health Organisation (WHO) published *Guidelines on Physical Activity and Sedentary Behaviour* in 2020 that included specific guidelines for Pregnant and Postpartum Women. These WHO Guidelines also offer 'Good Practice Statements' to assist physical activity efforts. Many countries now detail specific guidelines for pregnant and postpartum women. The guidelines below are the first such guidelines in Ireland. They are based on an evidence summary that builds on the WHO 2020 Guidelines and the associated WHO Evidence Profiles, with consideration of other international guidelines.

*Every Move Counts* places particular emphasis on optimal messaging for both public and professional audiences, underpinned by evidence and consultation with stakeholders. These guidelines for pregnant and postpartum women follows a similar approach, with messaging to educate and motivate the public and support professional audiences who will likely engage with pregnant and postpartum women with respect to their physical activity.

This section of the National Physical Activity and Sedentary Behaviour Guidelines presents:

- Physical activity and sedentary behaviour guidelines for pregnant and postpartum women
- Specific Population considerations that nuance the overall guidelines for different activity levels prior to pregnancy
- Good Practice Statements specific to pregnant and postpartum women to assist with physical activity efforts, statements to assist with becoming active and statements related to physical activity risk management
- Messaging for pregnant and postpartum women that strives to engage, motivate and educate them in relation to increasing physical activity and reducing sedentary behaviour
- Messaging for Health and Social Care Professionals and Exercise and Physical Activity Professionals that strives to educate and support them as they engage with pregnant and postpartum women in relation to their physical activity
- Messaging for Policy and Decision Makers that advocates for other initiatives to support the implementation of the guidelines to increase levels of physical activity in pregnant and postpartum women

The HSE and Department of Health would like to acknowledge the kind permission of WHO to adapt elements of the Guidelines on Physical Activity and Sedentary Behaviour. Geneva: World Health Organization; 2020 which was published under the Creative Commons Attribution-Non-Commercial-Share Alike 3.0 IGO license.



## Physical Activity and Sedentary Behaviour Guidelines for Pregnant Women

These guidelines are national public health guidelines for pregnant women in Ireland irrespective of age, fitness level, previous physical activity, or cultural background.

Engaging in physical activity during pregnancy is generally safe and beneficial for both mother and baby. Staying active can help to reduce the risk of pre-eclampsia, gestational hypertension, gestational diabetes, excessive gestational weight gain, low back pain and delivery complications among others, while also contributing to improved mental health, reduced stress and better sleep. Physical activity can also benefit the baby by supporting healthy growth and development, reducing the likelihood of excessive birth weight, as well as metabolic disorders in childhood and adulthood. For all adults including pregnant women, limiting the time spent sitting or lying down for prolonged periods can also reduce the risk of type 2 diabetes, cardiovascular disease and potentially some types of cancer. Whether pregnant women are starting from a sedentary background, are active, highly active, or have specific health considerations, there are safe and appropriate ways to be active. Pregnant women should always consult their healthcare professionals if they have concerns, particularly in the case of a high-risk pregnancy or complex health needs. In these cases, it may be necessary to limit or modify activity.

### Guidelines:

#### It is recommended that:

- Pregnant women should undertake regular physical activity throughout their pregnancy
- Pregnant women should aim to undertake at least 2 hours and 30 minutes of moderate-intensity aerobic activity distributed throughout the week.
- Pregnant women should incorporate a variety of aerobic and muscle-strengthening activities throughout the week. Gentle stretching and exercises that help maintain balance, posture and function can also be included.
- Pregnant women should incorporate pelvic floor muscle exercises daily
- Women with complex health needs should modify the type and intensity of physical activity under the supervision of a healthcare professional. There are few considerations that limit physical activity completely.

#### It is recommended that:

- All adults, including pregnant women, should limit the amount of time spent being sedentary. While respecting the need for rest and accommodating fatigue or pregnancy-related discomfort, replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.



## Specific Populations

**Inactive:** Pregnant women who were inactive prior to pregnancy should start gradually with short sessions of light-intensity activities such as walking or water-based exercises and aim to progress to the guideline of 2 hours and 30 minutes of moderate-intensity activity per week.

**Active:** Pregnant women who were engaging in regular physical activity pre-pregnancy can continue with moderate-intensity aerobic activity, spread throughout the week. Pregnant women can include vigorous-intensity activities, adjusting the intensity based on fatigue, comfort, and the progress of the pregnancy, and in consultation with a healthcare professional as needed.

**Highly active/athletes:** Athletes and highly active pregnant women who were engaging in regular vigorous physical activity pre-pregnancy are generally safe to continue as long as it feels comfortable. Adjustments to activity should be made to accommodate the physical changes of pregnancy. Pregnant women should avoid activities that involve physical contact sports (e.g., basketball, rugby, and football) that could increase risk of abdominal trauma or activities that involve a high risk of falling (e.g. horse riding and skiing). Advice on training activities should be sought throughout pregnancy starting at the first healthcare professional consultation.

## Good Practice Statements

Pregnant women may continue most types of physical activity during pregnancy although some forms will require modification.

Pregnant women should avoid participating in activities that involve physical contact that can increase risk of abdominal trauma, activities that involve a high risk of falling, activities with changes in barometric pressure (e.g., scuba diving) and prolonged activities in excessive heat or humidity.

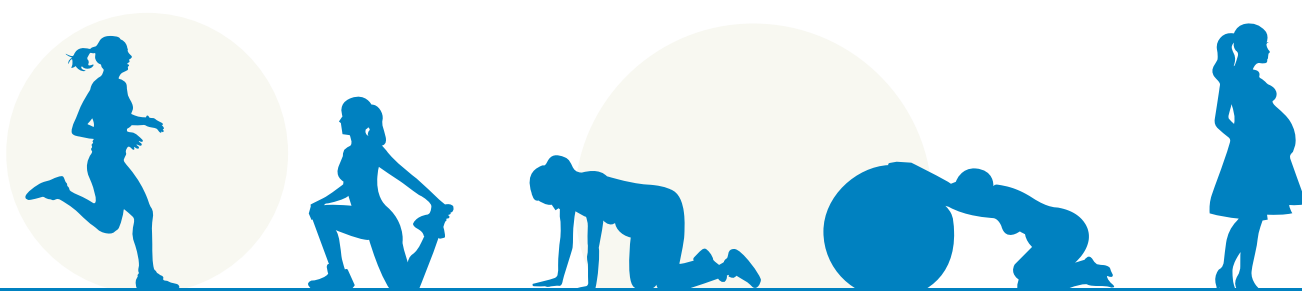
Pregnant women should ensure proper hydration, avoid overheating, wear non-restrictive clothing including appropriate shoes and a supportive bra.

Perceived exertion is a useful way to gauge activity intensity with moderate intensity physical activity feeling '*Somewhat Hard*'.

While staying active at work is encouraged, pregnant women should avoid prolonged heavy lifting or strenuous physical tasks.

There are some concerns in relation to supine exercise (exercise lying flat on your back) after the first trimester. Many exercises can be adapted to a side-lying, standing or 45° incline position. As pregnancy progresses, pregnant women should avoid prolonged time in the supine position and should avoid supine exercise altogether if it is causing dizziness, discomfort, breathlessness or nausea.

All pregnant women and their healthcare and exercise professionals should be aware of the warning signs to cease activity including; painful uterine contractions, vaginal bleeding, loss of fluid from the vagina, persistent dizziness, excessive shortness of breath, chest pain, or severe headache. Pregnant women should consult a healthcare professional immediately if such warning signs occur.





## Messages to support the guidelines

### Pregnant Women Key Messages (knowledge)

Try to be active on most days of the week with moderate-intensity aerobic activity while also aiming to incorporate muscle-strengthening exercises throughout the week.

Incorporate pelvic floor exercises into your daily routine throughout your pregnancy to reduce the risk of urinary incontinence and support postpartum recovery. If you have any concerns about how to perform them correctly or experience discomfort, consult your healthcare professional, but in most cases, these exercises are safe and beneficial.

Respectful of the need for rest during pregnancy, staying active, even with light movement, helps to reduce the health risks associated with sitting for long periods.

If you have complex health needs or a high-risk pregnancy, work with your healthcare professional to adjust the type and intensity of your activity. There are very few conditions that prevent physical activity or movement entirely.

While staying active is beneficial during pregnancy, it is crucial to listen to your body and recognise warning signs to stop physical activity. Warning signs include painful uterine contractions, vaginal bleeding, loss of fluid from the vagina, persistent dizziness, excessive shortness of breath, chest pain, or severe headache. Consult your healthcare professional immediately should these occur.

### Pregnant Women Key Messages (perceptions and motivation)

Physical activity is safe and beneficial for most pregnant women and their babies.

Try to find ways to stay active that work for you—whether that is walking, swimming, light yoga, or simply incorporating more movement into your daily routine. Even small amounts of activity can be of benefit during pregnancy.

Physical activity during pregnancy can help reduce the risk of complications such as gestational diabetes and pre-eclampsia, prevent lower back and pelvic pain, maintain a healthy weight, improve your mood, and help you sleep better.

Strengthening your muscles can help support your body during pregnancy, improves posture and prepares you for childbirth and recovery. It also helps with daily activities such as lifting and carrying your baby after giving birth.

For your baby, staying active supports healthy growth, reduces the risk of excessive birth weight and reduces the risk of obesity and related metabolic problems later in life.

Regular pelvic floor exercises help strengthen the pelvic floor muscles, help prevent or reduce urinary incontinence, support your pelvic organs during pregnancy and promote faster recovery after childbirth.

You may find you need more rest during your pregnancy due to tiredness and discomfort but try to break up long periods of sitting or lying by moving regularly throughout the day.

## Physical Activity and Sedentary Behaviour Guidelines for Postpartum Women

These guidelines are national public health guidelines for postpartum women in Ireland irrespective of age, fitness level, previous physical activity, or cultural background.

Engaging in physical activity after childbirth is generally safe and beneficial. Physical activity can help to support emotional wellbeing, reduce the risk of postpartum depression, improve sleep, and enhance energy levels, which can be particularly valuable during the postpartum period. Physical activity also promotes faster recovery from delivery and strengthens the muscles used in caregiving tasks. Whether a vaginal or caesarean delivery, whether active during pregnancy or not, there are safe ways to start or resume physical activity. While rest and recovery are important during the postpartum period, all adults should limit prolonged periods spent sitting or lying down as this is associated with increased risk of type-2 diabetes, cardiovascular disease and potentially some types of cancer. Postpartum women should consult with their healthcare professional if they experienced delivery complications or have specific health concerns.

### Defining the postpartum period

The postpartum period refers to the time following childbirth when a woman's body is gradually returning to its pre-pregnancy state. The early postpartum phase typically lasts from 6 to 8 weeks, followed by the mid postpartum phase, which extends from 6 to 8 weeks up to 6 months. Late postpartum can last up to 12 months, or even longer if breastfeeding.

### Guidelines:

#### It is recommended that:

- Postpartum women can gradually resume physical activity after childbirth to return to levels similar to those recommended for the general population of at least 2 hours and 30 minutes of moderate-intensity aerobic activity per week.
- Light intensity activity is encouraged in the early weeks, progressing gradually to moderate and/or vigorous intensity as recovery of musculoskeletal and pelvic structures allow.
- Postpartum women should include muscle-strengthening exercises that focus on the major muscle groups throughout the week.
- Postpartum women should begin pelvic floor muscle exercises in the early postpartum period.

#### It is recommended that:

- All adults, including postpartum women, should limit the amount of time spent being sedentary. Respectful of the need for rest and recovery, replacing sedentary time with physical activity of any intensity (including light intensity) provides health benefits.



## Specific Populations

**Inactive:** Postpartum women who were inactive prior to and during pregnancy should start gradually with short sessions of light-intensity activities, such as short walks, and aim to build up to the guideline of 2 hours and 30 minutes of moderate-intensity aerobic activity per week.

**Active:** Women who were habitually physically active prior to and during pregnancy may be able to resume activity relatively quickly after delivery. Women should aim to gradually transition back to moderate-intensity aerobic activity, incorporating vigorous activity when comfortable. Consult a healthcare professional for guidance if there are health concerns.

**Highly active/athletes:** Women who were highly active prior to pregnancy and athletes may resume physical activity as long as it feels comfortable, there are no contraindications, and it is undertaken with initial guidance from a healthcare professional. Women should return to physical activity gradually and allow time for the body to adjust postpartum.

## Good Practice Statements

In the early postpartum period, women should avoid activities that place excessive strain on healing tissues, particularly after a caesarean delivery or vaginal delivery with complications such as perineal repair. In these cases, a gradual progression is recommended, and a healthcare professional should provide advice to resume activities such as heavy lifting, high impact activities, intense abdominal exercises and strenuous stretching.

In the early postpartum period, it is recommended to wait until pelvic structures have stabilised and postpartum bleeding has completely stopped before engaging in water-based exercises such as swimming or aqua aerobics. Water exercises can subsequently be a great low-impact option to rebuild strength and support recovery.

Warning signs to cease activity include heavy vaginal bleeding or pain that persists even after stopping activity or resting. Postpartum women should consult a healthcare professional immediately if either of these occur.

Postpartum women may transition back to most forms of physical activity after delivery although modifications may be necessary.

Light intensity activity can be resumed as soon as possible. Postpartum women should consider incorporating low impact aerobic activity such as brisk walking, cycling and dancing. Activities such as pram walking offer a great way to incorporate physical activity with baby and support mental well-being and bonding between mother and baby.

Engaging in regular physical activity while breastfeeding is safe and beneficial for postpartum women and their babies. Moderate-intensity physical activity does not negatively affect milk production, nutrient composition, or infant growth.

Breastfeeding women should ensure that they stay hydrated during and after exercise and wear a supportive bra to ensure comfort. Physical activity should be timed around breastfeeding sessions. Expressing should take place before sessions as exercising with full breasts can be uncomfortable.

Perceived exertion is a useful way to gauge activity intensity with moderate intensity physical activity feeling 'Somewhat Hard'.

## Messages to support the guidelines

### Messages for Postpartum Women (knowledge)

Aim to be physically active during your postpartum recovery. Start with light-intensity activities such as walking and gradually build up to moderate-intensity physical activity. Consult your healthcare professional if you had complications during delivery.

Muscle-strengthening exercises are important for rebuilding strength postpartum. Aim to do muscle-strengthening exercises 2 - 3 times each week. Start gently and increase intensity as you feel stronger. If unsure, consult a healthcare professional or exercise professional.

Pelvic floor exercises should be incorporated into your daily routine. Aim to do them daily and consult a healthcare professional or exercise professional if you have any concerns.

While rest and recovery are important during your postpartum journey, try to limit the time spent sitting or lying down during the day as prolonged sedentary behaviour creates health risks.

### Messages for Postpartum Women (perceptions and motivation)

Physical activity supports your recovery, improves mood, promotes better sleep and enhances overall well-being, while also reducing the risk of postpartum depression—even small amounts of movement can be beneficial.

Focusing on pelvic floor muscles helps improve posture, supports recovery and aids in everyday tasks such as lifting your baby. Pelvic floor exercises can begin early and are important to help strengthen the muscles supporting your bladder, uterus and bowel, reducing the risk of urinary incontinence and aiding recovery.

You may find that you are sitting more during early postpartum, particularly when feeding your baby and when your body needs rest and recovery. Try to take breaks from sitting and incorporate some light intensity activities. Replacing sedentary time with physical activity of any intensity including light intensity is important for your health.

As your recovery progresses, gradually reduce sedentary time by incorporating light physical activity into your daily routine, such as gentle walking or pelvic floor exercises. You may still need ample rest but aim to break up long periods of sitting with simple movements that support your recovery and mental well-being.

As you continue to heal, focus on increasing physical activity while minimising extended periods of inactivity. Incorporating moderate-intensity activities, such as pram walking or aerobic exercises, can help counteract the effects of sedentary behaviour, contributing to overall health and improved postpartum recovery.



## Pregnancy and Postpartum Messages for Professionals

### Messages for Health and Social Care Professionals and Practitioners

Myths about physical activity being harmful to pregnant and postpartum women should be dispelled. Healthcare professionals should emphasise that physical activity is not only safe, but beneficial for most pregnant women and can be adapted to suit their specific health needs and abilities.

Physical activity during pregnancy provides a wide range of benefits, including reduced risk of gestational diabetes, hypertension and excessive gestational weight gain. It also supports mental health, helps manage stress and improves sleep quality.

In the early postpartum period, staying active improves mood, reduces the risk of postpartum depression, helps restore physical strength and aids in regaining functional movement for daily tasks, including caring for the baby.

Pregnancy and postpartum is an ideal time to encourage behaviour change and the adoption of a healthy lifestyle due to increased motivation regarding maternal and foetal health and frequent access to medical supervision. Leverage these opportunities to promote physical activity. Pregnant women are more likely to engage in physical activity if their healthcare professional recommends it.

Many women reduce their level of physical activity during pregnancy and after childbirth. Consider integrating motivational counselling techniques, such as brief intervention, into routine care throughout pregnancy for women with uncomplicated pregnancies.

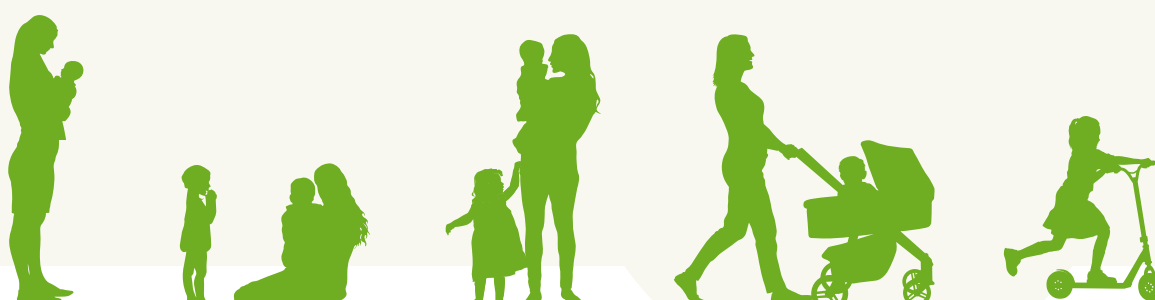
Some women may need to restrict their activity during pregnancy when there are specific concerns. It is still important for these women to avoid excessive inactivity.

Pregnant women should be informed by their healthcare professional of the danger signs to discontinue or limit physical activity. They should be advised to consult a healthcare professional immediately should these occur.

Exercise routines may be resumed gradually as soon as medically safe, depending on the mode of delivery and individual factors. Light physical activity, pelvic floor muscle exercises, walking, and functional exercises can usually be resumed immediately, provided there are no medical or surgical complications.

While staying active at work is encouraged, pregnant women should avoid prolonged heavy lifting or strenuous physical tasks. Pregnant women may need accommodations in the workplace and employers and healthcare professionals should work together to ensure a safe and supportive work environment.

When engaging with women with disabilities or health concerns, it is essential to personalise physical activity advice and adapt exercises to accommodate their needs, while still promoting movement.



### Messages for Physical Activity/Sport Professionals and Practitioners

Regular physical activity during pregnancy and postpartum reduces the risk of gestational diabetes, pre-eclampsia, and postpartum depression, helps manage weight, promotes better sleep and mood and enhances postpartum recovery. Encourage women to stay active even with small increases in physical activity or light-intensity activities.

Strengthening activities are important during and after pregnancy. During pregnancy, they support the body's changes, improve posture and reduce back pain. In postpartum, they aid in recovery, rebuild muscle, and help manage daily tasks such as lifting and carrying the baby.

Light physical activity, along with pelvic floor muscle exercises, should be encouraged as soon as possible postpartum to reduce the risk of urinary incontinence and promote recovery. Other activities can gradually resume as soon as it is medically safe. Tailor exercise recommendations to each woman's mode of delivery, any medical or surgical complications and overall recovery, to progress towards achieving the guidelines.

In postpartum, abdominal strengthening exercises have been shown to reduce the incidence of diastasis recti abdominis and decrease the inter-rectus distance in women who gave birth vaginally or via caesarean section. Incorporate safe and appropriate abdominal strengthening exercises appropriate for the postpartum recovery stage.

Recent evidence demonstrates that there is no minimum amount of physical activity required to achieve some health benefits. Targeting even 10 minutes of activity at a time can be effective as a behavioural goal for pregnant and postpartum women starting from low levels of activity.

Pregnancy results in significant anatomical and physiological changes, such as weight gain, a shift in the centre of gravity and increased forces across joints. These factors should be considered when recommending exercise to pregnant women.

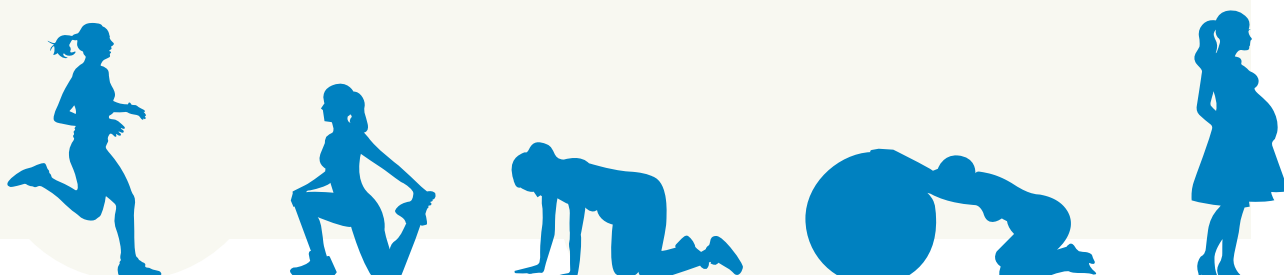
The principles of exercise prescription for pregnant women do not differ from the general population. Most pregnant women can exercise safely, provided they receive appropriate guidance and modifications as necessary.

The '*Rate of Perceived Exertion (RPE) scale*' and the '*talk test*' are useful tools to monitor exercise intensity for pregnant women. Exercising at a higher intensity may also be beneficial, especially for women accustomed to such exercise before pregnancy.

Women's participation in physical activity tends to diminish after childbirth. Physical activity professionals should encourage women to stay active postpartum, using gradual progression and tailored advice based on their recovery status.

Opportunities for women to be active with their babies can help empower women to embrace physical activity not only for their own health, but also as a means of nurturing their relationship with their babies.

Breastfeeding women should be provided with information on the benefits of staying active when breastfeeding. Support women to adjust their exercise routines and encourage hydration and proper nutrition to support their activity levels and breastfeeding needs.



## Messages for Policy and Decision Makers

Physical activity during pregnancy and postpartum should be a public health priority. Policy interventions should prioritise physical activity promotion across all maternal health services and its integration into routine antenatal and postnatal care.

To ensure pregnant and postpartum women are supported with physical activity, training and upskilling of health and social care and exercise professionals should be implemented, incorporating evidence-based guidelines on safe exercise prescription, modifications and contraindications.

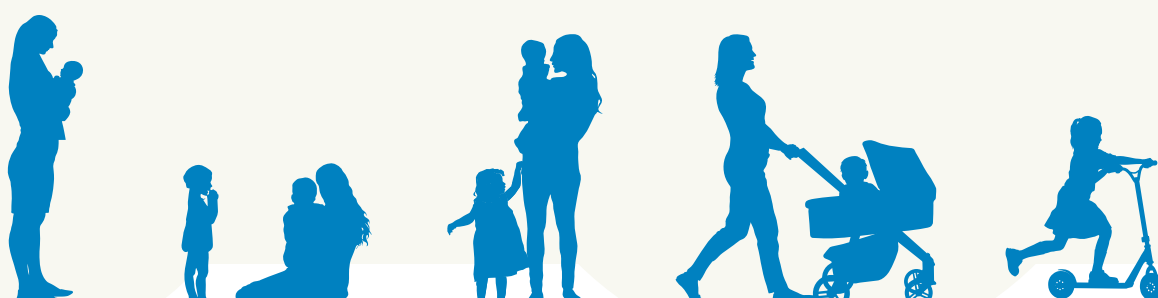
Educational resources in online and hardcopy guidebook format should be developed to assist with translating these public health guidelines into tailored physical activity programmes and plans. Separate resources will be needed for pregnant and postpartum women, health and social care professionals and exercise and physical activity professionals.

In healthcare, there should be routine assessment of physical activity in pregnant and postpartum women. For insufficiently active women, brief advice and/or brief intervention should be provided. Where required, mechanisms should be implemented for signposting or referral to appropriately trained practitioners and/or physical activity opportunities.

Policy makers should aim to improve access to safe, affordable and inclusive opportunities for pregnant and postpartum women to engage in physical activity and access to professional exercise advice.

Policy makers should invest in public awareness campaigns to dispel myths and normalise safe physical activity during pregnancy and postpartum.

Physical activity in pregnant and postpartum women should be specifically monitored as part of national physical activity surveillance efforts.



## Explanation of moderate and vigorous intensity, and sample activities

### Sample Activities\*

#### Aerobic activities\*\*

Walking

Running

Cycling

Swimming

Water aerobics

Sports (e.g. tennis, golf, rowing)

Dancing

Housework and gardening

#### Muscle-strengthening

Lifting weights

Working with resistance bands

Body weight exercises

Yoga

Pilates

Repetitively lifting children

Repetitive stair climbing

Wheeling a wheelchair

\*This table is to help understanding of what is meant by aerobic and muscle strengthening activity. The format or intensity of some listed activities may need modification as pregnancy progresses or during the early postpartum period.

\*\*The intensity of these aerobic activities may be moderate or vigorous depending on the effort applied and the fitness level of the participant. See physical activity intensity table below to assist with gauging the intensity of aerobic physical activity.

### Physical Activity Intensity

	Light	Moderate	Vigorous
<b>METs*</b>	1.5 – 3	3 – 6	> 6
<b>% Heart Rate max</b>	50 – 63	64 – 76	77 – 93
<b>Talk test</b>	You can talk and sing without issue	You can talk but not sing during the activity	You will not be able to say more than a few words without pausing for a breath
<b>Warmth</b>	-	Warmer	Hot and sweating
<b>RPE* (0 - 10 scale)</b>	1 - 2	3 - 4	5 - 6

\* METs express exercise intensity relative to the rate of resting energy expenditure. 1 MET is equivalent to an oxygen uptake of 3.5 ml/kg/min. RPE is the Rate of Perceived Exertion measured on the modified Borg 0 – 10 scale.



## Pelvic Floor Exercises

Pregnant and postpartum women should incorporate pelvic floor muscle exercises (e.g. Kegel exercises) daily. These exercises are simple and can be done anywhere. Aim to perform them daily by contracting and relaxing the muscles that stop the flow of urine. If you have any concerns about how to perform them correctly or experience discomfort, consult your healthcare professional, but in most cases, these exercises are safe and beneficial.

## Overview of Research Project to Develop the Guidelines

The extension of the National Physical Activity and Sedentary Guidelines for Ireland for Pregnant and Postpartum women was a multi-stage project which commenced in September 2024 and concluded in February 2025. Stage 1 - the Evidence Review: The Pregnancy and Postpartum section of the World Health Organisation's 2020 Guidelines for Physical Activity and Sedentary Behaviour, the associated WHO Evidence Profiles, other international guidelines and relevant evidence published since the WHO 2020 Guidelines were reviewed. An evidence summary was prepared and submitted with the final research report. Stage 2- Drafting: A meeting of the project team was convened to agree upon the draft physical activity and sedentary behaviour guidelines and messages. Stage 3 - Consultation: Key stakeholders were consulted on the draft guidelines, messages for professionals and practitioners, and messages for the public. Surveys were used to assess the perceptions of the professional and public audiences of the draft guidelines and messages. Stage 4: National Stakeholder Meeting: Following the analysis of data from the surveys, a meeting was convened with national cross-sectoral experts relevant to pregnancy and postpartum to gain feedback on the proposed physical activity and sedentary behaviour guidelines for Ireland. Stage 5: Consolidation and Refinement: the project team considered findings from the national stakeholder meeting and feedback from the HSE Healthy Eating Active Living team and National Women and Infants Health Programme to agree the final guidelines and messages.

## References to the Evidence Summaries used to Develop the Guidelines

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## Glossary of Terms

<b>Aerobic physical activity</b>	Activity in which the body's large muscles move in a rhythmic manner for a sustained period of time. Aerobic activity – also called endurance activity – improves cardiorespiratory fitness. Examples include walking, running, swimming, and bicycling.
<b>Aerobic capacity</b>	A health-related component of physical fitness and describes the ability of the circulatory and respiratory systems to supply oxygen during sustained physical activity.
<b>Balance exercises</b>	Static and dynamic exercises that are designed to improve an individual's ability to withstand challenges from postural sway or destabilizing stimuli caused by self-motion, the environment, or other objects.
<b>Disability</b>	From the International Classification of Functioning, Disability and Health, an umbrella term for impairments, activity limitations, and participation restrictions, denoting the negative aspects of the interaction between an individual (with a health condition) and that individual's contextual factors (environmental and personal factors).
<b>Exercise</b>	A subcategory of physical activity that is planned, structured, repetitive, and purposeful in the sense that the improvement or maintenance of one or more components of physical fitness is the objective. "Exercise" and "exercise training" frequently are used interchangeably and generally refer to physical activity performed during leisure time with the primary purpose of improving or maintaining physical fitness, physical performance, or health.
<b>Fitness</b>	A measure of the body's ability to function efficiently and effectively in work and leisure activities, and includes, for example, physical fitness and cardiorespiratory fitness.
<b>Functional exercises</b>	Exercises that can be embedded into everyday tasks to improve lower-body strength, balance, and motor performance. Examples include tandem and one-leg stands, squatting, chair stands, toe raises, and stepping over obstacles.
<b>Light-intensity physical activity</b>	Light-intensity physical activity is between 1.5 and 3 METs, i.e. activities with an energy requirement less than 3 times the rate of energy expenditure at rest. This can include slow walking, bathing, or other incidental activities that do not result in a substantial increase in heart rate or breathing rate. Light-intensity physical activity is usually 1 – 2 on the modified Borg 0 – 10 scale.
<b>Major muscle groups</b>	Major muscle groups include the legs, back, abdomen, chest, shoulders and arms.
<b>Metabolic equivalent of task (MET)</b>	The metabolic equivalent of task, or simply metabolic equivalent, is a physiological measure expressing the intensity of physical activities. One MET is the energy equivalent expended by an individual while seated at rest.
<b>Moderate-intensity physical activity</b>	Moderate-intensity physical activity is between 3 and 6 METs, i.e. activities with an energy requirement between than 3 and 6 times the rate of energy expenditure at rest. Moderate-intensity physical activity is usually 3 – 4 on the modified Borg 0 – 10 scale.
<b>Muscle-strengthening activity</b>	Physical activity and exercise that increase skeletal muscle strength, power, endurance, and mass (e.g. strength training, resistance training, or muscular strength and endurance exercises).
<b>Pelvic floor exercises</b>	Exercises aimed to strengthen the muscles of the pelvic floor, which support the bladder, bowel and reproductive organs (e.g. Kegel exercises). These exercises involve squeezing (as if stopping the flow of urine) and then releasing the pelvic floor muscles.

<b>Physical activity</b>	Any bodily movement produced by the skeletal muscles that requires energy expenditure and includes movement for leisure, transport, occupation and in the household.
<b>Postpartum</b>	The time following childbirth when a woman's body is gradually returning to its pre-pregnancy state. This period begins immediately after delivery, known as the acute postpartum phase, and continues through several stages. The early postpartum phase typically lasts from 6 to 8 weeks, followed by the mid postpartum phase, which extends from 6 to 8 weeks up to 6 months. Late postpartum can last up to 12 months, or even longer if breastfeeding.
<b>Postural exercises</b>	Exercises specifically designed to strengthen the muscles that support the skeletal structure, enhance stability, alignment, and reduce the risk of musculoskeletal issues
<b>Rate of Perceived Exertion (RPE)</b>	Subjective evaluation of how strenuous an exercise feels to an individual. Rate of perceived exertion is a formal evaluation using a tool, most commonly a numerical scale. The modified Borg Rating of Perceived Exertion (RPE) scale uses a 0 – 10 numerical scale.
<b>Sedentary behaviour</b>	Any waking behaviour characterized by an energy expenditure of 1.5 METS or lower while sitting, reclining, or lying. Most desk-based office work, driving a car, and watching television are examples of sedentary behaviours; these can also apply to those unable to stand, such as wheelchair users. The guidelines operationalize the definition of sedentary behaviour to include self-reported low movement sitting (leisure time, occupational, and total), television (TV viewing or screen time, and low levels of movement measured by devices that assess movement or posture).
<b>Supine</b>	Body position of lying on the back with face upwards
<b>Vigorous physical activity</b>	Vigorous-intensity physical activity is greater than 6 METs, i.e. activities with an energy requirement greater than 6 times the rate of energy expenditure at rest. Vigorous-intensity physical activity is usually 5 – 6 on the modified Borg 0 – 10 scale.



