

# Development of the Get Active Questionnaire for Pregnancy: breaking down barriers to prenatal exercise

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## Abstract

Evidence-based guidelines represent the highest level of scientific evidence to identify best practices for clinical/public health. However, the availability of guidelines do not guarantee their use, targeted knowledge translation strategies and tools are necessary to help promote uptake. Following publication of the 2019 *Canadian Guideline for Physical Activity throughout Pregnancy*, the *Get Active Questionnaire for Pregnancy*, and an associated *Health Care Provider Consultation Form for Prenatal Physical Activity* were developed to promote guideline adoption and use amongst pregnant individuals and health care providers. This paper describes the process of developing these tools. First, a survey was administered to qualified exercise professionals to identify the barriers and facilitators in using existing prenatal exercise screening tools. A Working Group of researchers and stakeholders then convened to develop an evidence-informed exercise pre-participation screening tool for pregnant individuals, building from previous tool and survey findings. Finally, end-user feedback was solicited through a survey and key informant interviews to ensure tools are feasible and acceptable to use in practice. The uptake and use of these documents by pregnant individuals, exercise, and health care professionals will be assessed in future studies.

### Novelty:

- Evidence supports the safety/benefits of exercise for most pregnant individuals; however, exercise is not recommended for a small number of individuals with specific medical conditions.
- The *Get Active Questionnaire for Pregnancy* and *Health Care Provider Consultation Form for Physical Activity during Pregnancy* identify individuals where prenatal exercise may pose a risk, while reducing barriers to physical activity participation for the majority of pregnant individuals.

**Key words:** pregnancy, exercise, maternal health, fetal health, exercise pre-screening

## Résumé

Les lignes directrices fondées sur des données probantes représentent le niveau d'évidence scientifique le plus élevé pour identifier les meilleures pratiques en matière de santé clinique/publique. Cependant, la disponibilité des lignes directrices ne garantit pas leur utilisation, car des stratégies et des outils ciblés d'application des connaissances sont nécessaires pour aider à promouvoir l'adoption des lignes directrices. À la suite de la publication de l'édition 2019 des *Directives canadiennes en matière d'activité physique pendant la grossesse*, le questionnaire *Menez une vie plus active pendant la grossesse* ainsi qu'un *Formulaire de consultation des fournisseurs de soins de santé connexe pour l'activité physique prénatale* ont été élaborés pour promouvoir l'adoption et l'utilisation des lignes directrices chez les femmes enceintes et les fournisseurs de soins de santé. Cet article décrit le processus de développement de ces outils. Dans un premier temps, des professionnels de l'exercice qualifiés pour identifier les obstacles et les facilitateurs à l'utilisation des outils de dépistage d'exercice prénatal existants ont répondu à un sondage. Un groupe de travail composé de chercheurs et de parties prenantes s'est ensuite réuni pour développer un outil de dépistage pré-participation à l'exercice fondé sur des données probantes pour les femmes enceintes, et ce, en s'appuyant sur les résultats de l'outil précédent et des enquêtes. Enfin, les commentaires des utilisateurs finaux ont été sollicités au moyen d'un sondage et d'entretiens avec des informateurs clés pour s'assurer que les outils sont réalisables et acceptables pour une utilisation dans la pratique. L'adoption et l'utilisation de ces documents par les femmes enceintes, les professionnels de l'exercice et de la santé seront évaluées dans de futures études. [Traduit par la Rédaction]

### Les nouveautés :

- Les données probantes appuient la sécurité et les avantages de l'exercice pour la plupart des femmes enceintes. Cependant, l'exercice n'est pas recommandé pour un petit nombre de personnes ayant des conditions médicales spécifiques.
- Le questionnaire *Menez une vie plus active pendant la grossesse* et le *Formulaire de consultation des fournisseurs de soins de santé connexe pour l'activité physique prénatale* identifient les personnes chez qui l'exercice prénatal peut présenter un risque tout en réduisant les obstacles à la participation à l'activité physique pour la majorité des femmes enceintes.

**Mots-clés :** grossesse, exercice, santé maternelle, santé fœtale, dépistage préalable à l'exercice

## Background

Exercise, or moderate-to-vigorous physical activity (MVPA), is established as a critical component of health across the lifespan. Yet only recently have we begun to realize the powerful influence of prenatal exercise for optimizing the health of two generations: the mother and child. Traditionally, pregnant individuals were told to rest and relax when they became pregnant. However, this changed in 1985 with the publication of the first set of guidelines for exercise during pregnancy by the American College of Obstetricians and Gynecologists (ACOG) ([American College of Obstetricians and Gynecologists 1985](#)). These guidelines were rapidly followed by the development of similar recommendations in Spain, Canada, Norway, Japan, Australia, France, Denmark, the United Kingdom, and many other countries around the world ([Evenson et al. 2019](#)). Extensive scientific evidence accumulated over the past 40 years supports the safety and benefits of prenatal physical activity (PA) for most pregnant individuals. Currently, PA guidelines around the world recommend engaging in at least 150 minutes of moderate-intensity PA spread over three or more days of the week throughout pregnancy ([UK Chief Medical Officers 2017](#); [Mottola et al. 2018a](#); [Bull et al. 2020](#); [Australian Government 2021](#)). Based on this work there has been a collective, transformational shift in prenatal exercise prescription away from focusing on the potential risks of engaging in PA to considering the many risks of *not* being physically active during pregnancy.

The Society of Obstetricians and Gynaecologists of Canada (SOGC)/Canadian Society for Exercise Physiology (CSEP) 2019 Canadian Guidelines for Physical Activity throughout Pregnancy was a rigorously developed guideline, based on a com-

prehensive set of 12 systematic reviews and meta-analyses examining the impact of prenatal PA on maternal/fetal health outcomes including major pregnancy complications (e.g., hypertensive disorders of pregnancy, gestational diabetes mellitus, mental health), and labour and delivery outcomes ([Ruchat et al. 2018](#); [Davenport et al. 2018a, 2018b, 2018c, 2018e, 2018f, 2019a, 2019b, 2019c, 2019d](#); [Mottola et al. 2018c](#); [Skow et al. 2019](#)). These data overwhelmingly demonstrate the benefits of prenatal exercise, without identifying adverse effects of PA in individuals without contraindication. However, a small number of individuals will develop contraindications, or medical conditions, where engaging in MVPA may not be recommended ([Meah et al. 2020](#)). In these cases, it is critical to ensure that pregnant individuals are assessed by their health care provider to provide additional guidance regarding the modification, reduction, or in some cases, cessation of MVPA.

Contraindications to prenatal exercise are classified as either absolute or relative. An absolute contraindication is a condition where MVPA should be avoided due to an elevated risk of adverse events for either the mother or fetus ([Mottola et al. 2018b](#)). Pregnancy complications classified as absolute contraindications vary between specific guidelines but most often include pre-eclampsia and intrauterine growth restriction, as well as pre-existing cardiovascular or respiratory diseases (see [Table 1](#)) ([Meah et al. 2020](#)). Although more strenuous activity is to be avoided, activities of daily living (e.g., dressing, cooking, functional mobility) are encouraged as directed by their health care provider as there are established adverse effects of bed rest, or a complete cessation of PA during pregnancy ([Matenchuk et al. 2019](#)). In contrast, relative

**Table 1.** Absolute and relative contraindications to prenatal exercise in Guidelines from around the world.

Contraindication	SOGC/CSEP (Mottola et al. 2018a, 2018b)	IOC (Bo et al. 2018)	ACOG (ACOG 2015)	SMA (SMA 2009)
<b>Absolute</b>				
<b>Cardiovascular disorders</b>				
Serious cardiovascular disorder	X	Hemodynamically significant	Hemodynamically significant	
Chronic hypertension, uncontrolled	X	X		
Hypertensive disorders of pregnancy				X
Gestational hypertension		X	X	
Pre-eclampsia	X	X	X	
<b>Respiratory disorders</b>				
Serious respiratory disorders	X			
Restrictive lung disease		X	X	
<b>Pregnancy-specific disorders</b>				
IUGR	X	X		Growth restricted fetus
Multiple pregnancies	High order ( $\geq 3$ )	Risk of PTL	Risk of PTL	High order ( $\geq 3$ )
Persistent vaginal bleeding	X	T2 or T3	T2 or T3	
Placenta previa	After 28 weeks	After 26 weeks	After 26 weeks	After 28 weeks
PPROM	X	X	X	X
Preterm labour (including premature contractions)	X	X	X	Signs of
Cerclage		X	X	
Incompetent cervix	X		X	X
Cervical insufficiency		X		
<b>Other disorders</b>				
Anemia (severe)		X	X	
Systemic disorder	X			
Thyroid disease, uncontrolled	X			
Type 1 diabetes, poorly controlled	X			
<b>Relative</b>				
<b>Cardiovascular disorders</b>				
Cardiac arrhythmia, unevaluated		X	X	
Cardiovascular disorders, mild/moderate	X			X
Chronic hypertension, uncontrolled			X	Hypertension (all)
Gestational hypertension	X			
<b>Respiratory disorders</b>				
Mild/moderate respiratory disorders	X	X		X
Chronic bronchitis		X	X	
Smoking, heavy (>20 cigarettes per day)				Heavy smoker (all quantities)
<b>Pregnancy-specific disorders</b>				
IUGR		History of	X	In current pregnancy
Premature birth, history of	X	X		X
Recurrent pregnancy loss	X	History of		
Previous spontaneous abortion		History of		X
Twin pregnancies > 28 weeks	X			X
Cervical enlargement		X		
<b>Other disorders</b>				
Epilepsy, poorly controlled		Seizure disorder	Seizure disorder	
Thyroid disease, uncontrolled			Hyperthyroidism	Hyperthyroidism
Type 1 diabetes, poorly controlled		X	X	X
Orthopedic limitations		X	X	
Other significant medical conditions	X			X

Table 1. Continued

	SOGC/CSEP (Mottola et al. 2018a, 2018b)	IOC (Bo et al. 2018)	ACOG (ACOG 2015)	SMA (SMA 2009)
Contraindication				
Anemia	Symptomatic		X	Hb < 100 g/L
Eating disorder	X	Extremely underweight	BMI < 12 kg/m <sup>2</sup>	X
Malnutrition	X	Extremely underweight	BMI < 12 kg/m <sup>2</sup>	X
Obesity			BMI > 40 kg/m <sup>2</sup>	BMI > 30 kg/m <sup>2</sup>
History of extremely sedentary lifestyle			X	

**Note:** Guidance from the United Kingdom Chief Medical Officer states that exercise should be recommended to women with uncomplicated pregnancies (Department of Health & Social Care 2019; UK Chief Medical Officers 2017; Department of Health & Social Care 2019). However, women with obstetric or medical complications may perform moderate-intensity PA during pregnancy but should receive additional monitoring and/or specialist support (Mottola et al. 2018a, 2018b). All contraindications are listed as “conditions requiring medical supervision while undertaking exercise in pregnancy.” Health care professionals are encouraged to use their professional judgement as to exercise prescription in women with these complications. BMI, body mass index; Hb, haemoglobin; IOC, International Olympic Committee; IUGR, intrauterine growth restriction; PPROM, preterm premature rupture of membranes; PTL, preterm labour; SMA, Sports Medicine Australia; T2, second trimester; T3, third trimester. Reproduced with permission from Meah et al. (2020).

contraindications warrant a discussion between the pregnant patient and health care provider to assess the potential risks and benefits of PA during pregnancy. Individualized modification or reduction in PA is generally recommended for relative contraindications such as mild respiratory disorders or symptomatic eating disorders over a complete cessation of activity (Mottola et al. 2018a; Meah et al. 2020). Until recently, Clinical Practice Guidelines recommended that all individuals obtain medical clearance before beginning or continuing to engage in MVPA during pregnancy (Davies et al. 2003). While this was meant to ensure all individuals were screened for contraindications, this was also a key barrier to participation. As a result, the SOGC/CSEP 2019 Guideline removed the requirement to obtain medical clearance. However, identifying contraindications to exercise during pregnancy remains important. While the publication and availability of these Canadian guidelines represent an important step forward in the scientific understanding of the benefits and safety of exercise in pregnant individuals, previous literature suggests that passive clinical practice guideline dissemination is insufficient to change behaviour, with tailoring of intervention strategies and appropriate knowledge translation (KT) tools needed to facilitate evidence-based practice change (Baker et al. 2015).

Recent reports have suggested that previous recommendations on exercise pre-participation health screening for the general population resulted in excessive referrals to health care professionals, thus presenting a barrier to becoming physically active (Riebe et al. 2015). Consequently, a scientific roundtable of experts was convened and developed the 2015 ACSM Recommendations for Exercise Pre-participation Health Screening (Riebe et al. 2015). This expert group recommends a process based on (1) an individual’s current level of activity, (2) the presence of signs or symptoms and/or known cardiovascular, metabolic, or renal disease, and (3) desired exercise intensity. In addition, the expert group advocated utilizing a screening process that identifies those who may need further clinical evaluation prior to becoming more physically active, while “screening in” the majority of low-risk individuals to begin PA immediately. Consequently, in 2017, a working group of experts and stakeholders were convened by CSEP to develop the *Get Active Questionnaire*, an exercise

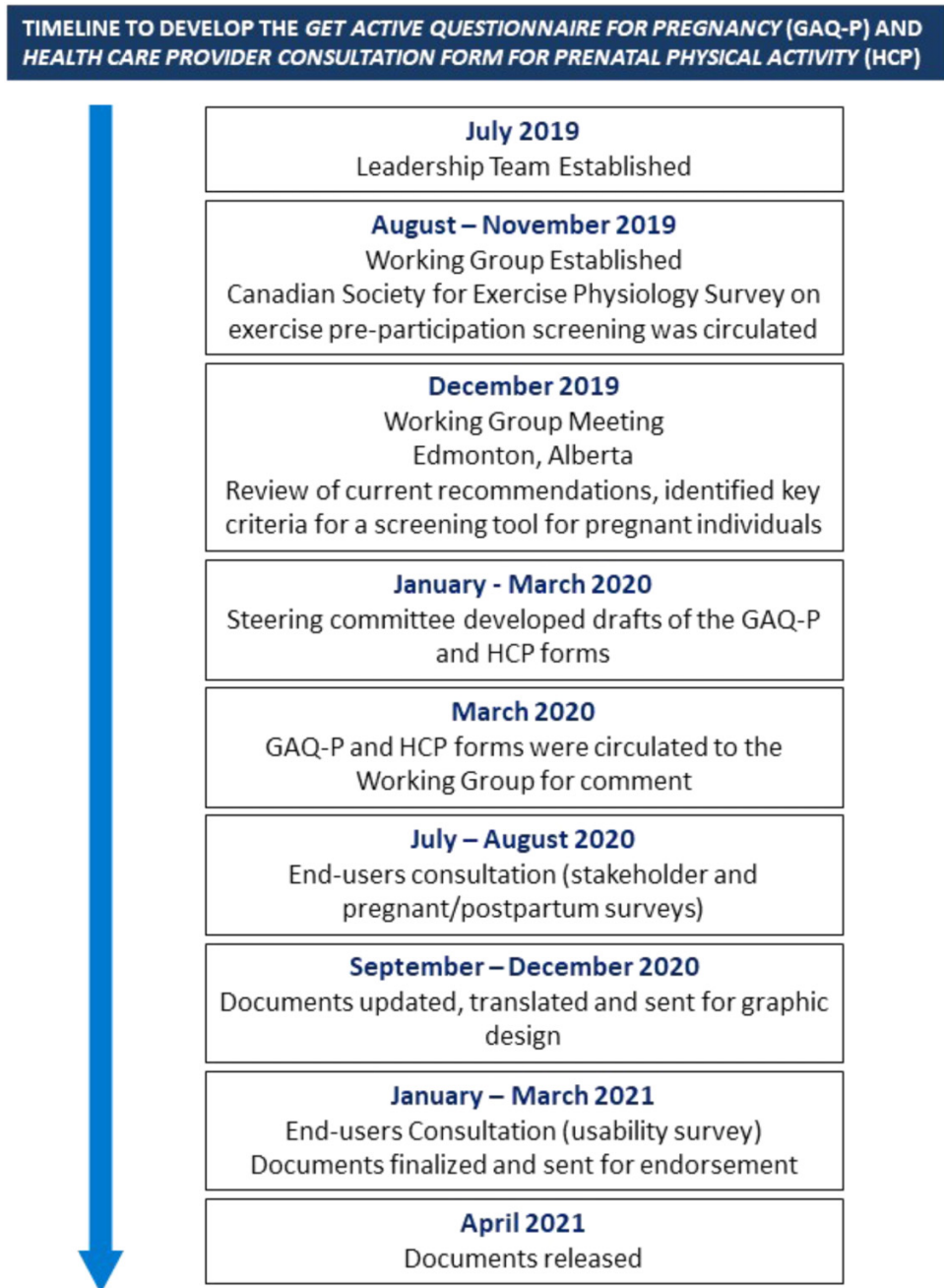
pre-participation screening tool for non-pregnant individuals. The key principles of the *Get Active Questionnaire* were to “screen in” the majority of apparently healthy individuals, and reserve physician referrals for cases where the risks of exercise outweigh the benefits, in accordance with national physical activity guideline recommendations (Canadian Society for Exercise Physiology 2017). This self-administered tool allows individuals to make an informed decision about engaging in PA. However, the *Get Active Questionnaire* is not appropriate for use in pregnant populations, and a similar tool to promote appropriate use of the SOGC/CSEP 2019 Guideline was needed.

The purpose of this document is to outline the development process of an evidence-informed self-assessment tool. Informed by the Knowledge-to-Action framework, this work represents the last stage within the knowledge creation “funnel” (Graham et al. 2006). This tool aims to identify pregnant individuals who may not benefit from engaging in prenatal MVPA, while reducing PA barriers for most pregnant individuals. The target users for this screening tool are pregnant individuals, as well as the obstetric care providers, policymakers, and qualified exercise professionals who provide guidance for pregnant individuals regarding prenatal physical activity. A flow diagram of the development process is outlined in Fig. 1.

### Phase 1: PARmed-X for Pregnancy feedback

Prior to the development of the SOGC/CSEP 2019 Guideline, the Physical Activity Readiness Medical Examination for Pregnancy (PARmed-X for Pregnancy) was the recommended pre-exercise screening tool. Developed by CSEP in 1996, and subsequently revised in 2013, anecdotal evidence suggested it was not widely used (Schmidt et al. 2016). During the SOGC/CSEP 2019 Guideline development, the Guideline Consensus Panel identified that updating the PARmed-X for Pregnancy with the new evidence-based recommendations was key to the guideline dissemination plan (Davenport et al. 2018d). In advance of revising the PARmed-X for Pregnancy, a survey was administered to CSEP members about current practices in screening pregnant individuals for contraindi-

**Fig. 1.** Timeline for the development of the Get Active Questionnaire for Pregnancy (GAQ-P) and Health Care Provider Consultation Form for Prenatal Physical Activity (HCP). [Colour online.]



cations, as well as suggested changes and adaptations. The survey was initially open from 21 August to 1 October 2019, and received 99 responses and was re-opened from 11 to 30 November 2019 to specifically target obstetric health care providers as few responded to the initial survey. In total, there were 126 responses, including qualified exercise professionals, obstetric health care providers primarily from Canada, but also included responses from across the globe (see Supplementary Table S1). Sixty-one percent ( $n = 77$ ) of respondents indicated that they used the PARmed-X for Pregnancy to screen for contraindications. Several barriers to using the PARmed-X for Pregnancy were identified, including

the requirement for a health care provider signature, the cost and time-consuming nature of completion due to its length, and it did not utilize inclusive or lay language.

### Phase 2: Establishing a working group and dedicated steering committee

In December 2019, the CSEP convened a working group in Edmonton, Alberta, Canada to develop a pre-participation screening tool that could be used in both exercise and health care settings. The goal of this tool was to identify individuals who should receive medical advice prior to be-

ginning or continuing PA during pregnancy in line with the *SOGC/CSEP 2019 Guidelines*. The *Get Active Questionnaire for Pregnancy Working Group* consisted of researchers, stakeholders, end-users, and international experts (see Supplementary Table S2). The meeting began with (1) an initial presentation of the process and outcomes of the project to develop the *SOGC/CSEP 2019 Guidelines*, (2) an overview of exercise pre-participation tools for various populations, (3) current guidelines for exercise pre-participation from the ACSM expert group, and (4) KT strategies. The delegates also reviewed the pre-meeting survey results regarding the PARmed-X for Pregnancy, as well as published literature on the PARmed-X for Pregnancy and other screening tools (e.g., *Get Active Questionnaire*) (Schmidt et al. 2016; Canadian Society for Exercise Physiology 2017). Next, considering their expertise, best practice recommendations, and the findings of the survey of pregnant individuals, the working group identified a list of essential components for the tool. These included the following: need for a short, simple tool with a maximum of two pages, patient self-screening to identify individuals where physician referral was needed, removal of the requirement to obtain medical clearance for all pregnant individuals, increased awareness of the tool, and utilize broad terminology on the screening list to encompass guidelines from around the world. The Working Group determined that simply updated the PARmed-X for Pregnancy would not adhere to current exercise pre-participation standards. Rather, it would be more appropriate to develop a new tool, the *Get Active Questionnaire for Pregnancy*, which followed up-to-date recommendations on exercise pre-participation. The Working Group reviewed contraindications to prenatal exercise Guidelines from Canada, USA, United Kingdom, Australia, and the International Olympic Committee (ACOG 2015; UK Chief Medical Officers 2017; Bø et al. 2016; Mottola et al. 2018a, Davies et al. 2003). Following discussion, the need for two documents was identified. The first (the *Get Active Questionnaire for Pregnancy*) would be a self-screening tool that pregnant individuals could fill out allowing for the small number of individuals who may have contraindication to prenatal exercise to be identified. The second document (the *Health Care Provider Consultation Form for Prenatal Physical Activity*) would be a one-page consultation form for health care providers to facilitate the conversation with their pregnant patients who have self-identified as needing follow-up from the *Get Active Questionnaire for Pregnancy*. The Working Group identified the importance of this document being inclusive of both current PA guidelines and contraindications from around the world.

Following this meeting, the *Get Active Questionnaire for Pregnancy Steering Committee* was created to oversee the development of the questionnaire and testing of the new tool. The *Steering Committee* consisted of researchers with expertise in prenatal exercise (MHD, MFM, and SMR), and knowledge translation (SNS), as well as CSEP representatives (BL, KM, and MD). The *Steering Committee* met 11 times during the development process, and discussions and decisions were recorded. In March 2020, a draft of the *Get Active Questionnaire for Pregnancy* and the *Health Care Provider Consultation Form for Prenatal Physical Activity* was circulated to the Working Group for feedback on the layout and terminology used in the docu-

ment. Following comments and revisions to the document, all members of the *Working Group* consented to send the revised documents for the end-user consultations (stakeholders [health care/qualified exercise professionals] and pregnant/postpartum individuals).

### Phase 3: End-user consultation

End-user surveys were developed to obtain external feedback on the content and format of the *Get Active Questionnaire for Pregnancy* and the *Health Care Provider Consultation Form for Prenatal Physical Activity*. Specifically, two surveys were developed to assess (1) health care providers/qualified exercise professionals, and (2) pregnant/postpartum individuals' values about the feasibility and acceptability of using the tools. The surveys were administered using Google Forms and approved by the University of Alberta Research Ethics Board (PRO00100959). The surveys were open from 7 July to 5 August 2020, and garnered 289 responses (219 from health care providers/qualified exercise professionals and 70 from pregnant/postpartum individuals; see Supplementary Tables S3 and S4). Feedback was solicited via a dedicated email which was distributed through the Working Group's networks, and social media. Multiple-choice responses were analyzed quantitatively, while open-ended responses were synthesized qualitatively to identify common themes that emerged from the data.

Four key changes identified by respondents were (1) updated formatting to make it more user-friendly, (2) more inclusive and simpler terminology, (3) additional clarity on how to use the *Get Active Questionnaire for Pregnancy* in conjunction with the *Health Care Provider Consultation Form for Prenatal Physical Activity*, and (4) making the contraindications more understandable to a non-clinical audience. The documents were revised to reflect the feedback obtained in the surveys, while remaining true to the underlying evidence and guidelines. The updated documents were sent to a graphic designer, as well as a professional editor for revision. The summary of feedback obtained in the surveys and the professionally edited documents were sent by email to the *Working Group*. Due to clinical constraints with the COVID-19 pandemic, discussion and consensus on the revisions to the documents were made electronically.

Results from the Stakeholder survey also suggested that health care providers were less likely to use the questionnaire in their practice compared to Qualified Exercise Professionals (73 vs. 87%, respectively). The *Steering Committee* identified the need to conduct a qualitative study to gain a more in-depth understanding of issues related to usability and acceptability as well as to identify perceived barriers and facilitators to use in clinical practice by obstetric care providers. This study was approved by the University of Alberta Institutional Research Ethics Board (PRO00104724). Between January and March 2021, we recruited seven health care providers (two midwives and five physicians) through social media (i.e., Twitter, Facebook, Instagram), and word of mouth via a purposeful and snowball sampling approach (Naderifar et al. 2017). To be eligible, the health care providers had to care for pregnant patients directly. Prior to participa-

tion, individuals provided written, informed consent. All interviews were conducted by video conferencing following a one-on-one semi-structured audio-recorded and transcribed verbatim using Otter.ai. Following each interview, two members of the research team (SNS and MHD) reviewed interview findings and reported back to the *Steering Committee*. Ongoing refinements were made to both tools as interviews were conducted; feedback on changes was solicited in the next interview. Principles of conventional content analysis (Miles and Huberman 1994; Hsieh and Shannon 2005) and constant comparison (Hsieh and Shannon 2005) guided the coding and analysis of the interview data. One member of the research team coded the interviews using thematic analysis by comparing, contrasting, and categorizing data into common understanding across participants; a second member of the team reviewed all codes for accuracy. Major themes regarding suggestions for tool improvement, barriers and facilitators to using the tool, and suggested strategies to facilitate implementation were abstracted and synthesized. Based on feedback from the health care providers, the documents were revised to improve the usability of the documents.

The health care providers interviewed generally felt both forms were clear and easy to understand. They specifically noted the effective use of lay language. Specific suggestions for language and formatting were made (e.g., presenting contraindications so that pre-existing conditions were followed by those presenting early in pregnancy, followed by conditions that typically arise later in gestation); all updates were incorporated into the final version of both tools.

With respect to the *Get Active Questionnaire for Pregnancy*, a key benefit was the clarity around what were true contraindications to exercise based on current evidence. As one midwife noted: “I think when you’re reading through it, you realize that people do have to have pretty significant issues to not be safe to exercise. I think that message really comes across.” Several providers noted that many clients often express anxiety about being active during pregnancy, and that this form may provide reassurance. As one physician stated, “I think people who are highly anxious would benefit from this, just to kind of reassure them that exercising is not dangerous for their pregnancy, because some get very worried about a lot of things.” Another physician highlighted the importance of the “Get Active” language which may seem less intimidating than “exercise”, particularly amongst those with a previously inactive lifestyle.

Several participants had questions about the target audience and the most appropriate timing for completing the questionnaire. Many noted this could easily be given to all pregnant individuals as part of a new client package, on a clinic website or electronic medical record. Since certain conditions are identified at different points in pregnancy, it was important to incorporate a clear recommendation that individuals reassess throughout pregnancy or as health status changes.

With respect to the *Health Care Provider Consultation Form for Prenatal Physical Activity*, an important suggestion was to move the initial “ask” of the obstetric care provider to the very top of the form so it would be easier to skim during a busy clinic visit. All interviewees appreciated the clear and concise nature of the form, use of checkboxes and bullet points,

and the distinction between absolute and relative contraindications, the latter of which would require more nuanced discussion between the provider and client. Several participants described a general “fear of forms” amongst health care providers but noted that this form appeared straightforward and easy to use.

A common theme across health care provider interviewees was the challenge in making both a recommendation for or against activity, and what types of restrictions should be placed on activity for those with a relative contraindication. As one midwife stated:

*“You can give advice where it seems obvious, but I don’t think that as health care providers we have excellent guidance on what really people can or cannot do while they’re pregnant. It is a bit of a judgment call, and it depends on where the person is coming from... [with respect to the relative contraindications] What is safe or unsafe for those people? What can they and can’t they do? It’s hard to know.”*

These comments came alongside recommendations for an additional tool for health care providers, possibly in the form of an infographic or online resource with further guidance for providers with ways to identify a qualified exercise professional. Based on this recommendation, a second page was added to the *Health Care Provider Consultation Form for Prenatal Physical Activity*, which outlined current recommendations for PA during pregnancy in a simple, visually appealing infographic.

Concerns also arose around a provider providing the recommendation for “unrestricted” PA, considering the potential medical legal responsibility. However, interviewees appreciated the emphasis on the client’s personal responsibility in completing both forms and signing the declaration on the *Get Active Questionnaire for Pregnancy*, rather than requiring the provider to provide medical clearance.

The finalized *Get Active Questionnaire for Pregnancy* and *Health Care Provider Consultation Form for Prenatal Physical Activity*, were subsequently translated into French, reviewed, and endorsed by the full Working Group, CSEP, the College of Family Physicians of Canada, Women’s Health Division of the Canadian Physiotherapy Association, The American College of Sports, Medicine, and the International Society of Behavioral Nutrition and Physical Activity.

## Initial dissemination and implementation plans

The *Get Active Questionnaire for Pregnancy* and *Health Care Provider Consultation Form for Prenatal Physical Activity* were released to the public on 15 April 2021 (see Figs. 2 and 3). A media event to communicate these documents to the public coincided with the release. The tools were made available on the CSEP website (<https://csep.ca/2021/05/27/get-active-questionnaire-for-pregnancy/>). A pre-recorded publicly available webinar detailing the development process, use of the exercise pre-participation screening tools, and case studies on their use were also made available on the CSEP website in English and French. The documents have been incorporated into the *CSEP Pre & Postnatal Exercise Specialization*, as well as into the CSEP training manuals for qualified exercise professionals and physiologists.

Fig. 2. The Get Active Questionnaire for Pregnancy. Reproduced with permission from CSEP 2021. [Colour online.]

# GET ACTIVE QUESTIONNAIRE FOR PREGNANCY



NAME (+ NAME OF PARENT/GUARDIAN IF APPLICABLE) [PLEASE PRINT]:			
TODAY'S DATE (DD/MM/YYYY):	YOUR DUE DATE (DD/MM/YYYY):	NO. OF WEEKS PREGNANT:	AGE:

Physical activity during pregnancy has many health benefits and is generally not risky for you and your baby. But for some conditions, physical activity is not recommended. This questionnaire is to help decide whether you should speak to your Obstetric Health Care Provider (e.g., your physician or midwife) before you begin or continue to be physically active.

Please answer YES or NO to each question to the best of your ability.  
**If your health changes as your pregnancy progresses you should fill in this questionnaire again.**

1.	In this pregnancy, do you have:		
	a. Mild, moderate or severe respiratory or cardiovascular diseases (e.g., chronic bronchitis)?	Y	N
	b. Epilepsy that is not stable?	Y	N
	c. Type 1 diabetes that is not stable or your blood sugar is outside of target ranges?	Y	N
	d. Thyroid disease that is not stable or your thyroid function is outside of target ranges?	Y	N
	e. An eating disorder(s) or malnutrition?	Y	N
	f. Twins (28 weeks pregnant or later)? Or are you expecting triplets or higher multiple births?	Y	N
	g. Low red blood cell number (anemia) with high levels of fatigue and/or light-headedness?	Y	N
	h. High blood pressure (preeclampsia, gestational hypertension, or chronic hypertension that is not stable)?	Y	N
	i. A baby that is growing slowly (intrauterine growth restriction)?	Y	N
	j. Unexplained bleeding, ruptured membranes or labour before 37 weeks?	Y	N
	k. A placenta that is partially or completely covering the cervix (placenta previa)?	Y	N
	l. Weak cervical tissue (incompetent cervix)?	Y	N
	m. A stitch or tape to reinforce your cervix (cerclage)?	Y	N
2.	In previous pregnancies, have you had:		
	a. Recurrent miscarriages (loss of your baby before 20 weeks gestation two or more times)?	Y	N
	b. Early delivery (before 37 weeks gestation)?	Y	N
3.	Do you have any other medical condition that may affect your ability to be physically active during pregnancy? What is the condition? Specify:	Y	N
4.	Is there any other reason you are concerned about physical activity during pregnancy?		

**Go to Page 2 Describe Your Physical Activity Level**

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Fig. 2. – continued

## Describe Your Physical Activity Level



During a typical week, what types of physical activities do you take part in (e.g., swimming, walking, resistance training, yoga)?

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During the same week, please describe ON AVERAGE how often and for how long you engage in physical activity of a light, moderate or vigorous intensity. See definitions for intensity below the box.

ON AVERAGE	FREQUENCY (times per week)	INTENSITY (see below for definitions)	DURATION (minutes per session)
How physically active were you in the <b>six months before pregnancy?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> vigorous	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60
How physically active have you been <b>during this pregnancy?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> vigorous	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60
What are your physical activity goals for the <b>rest of your pregnancy?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> light <input type="checkbox"/> moderate <input type="checkbox"/> vigorous	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60

**Light intensity physical activity:** You are moving, but you do not sweat or breathe hard, such as walking to get the mail or light gardening.

**Moderate intensity physical activity:** Your heart rate goes up and you may sweat or breathe hard. You can talk, but could not sing. Examples include brisk walking.

**Vigorous intensity physical activity:** Your heart rate goes up substantially, you feel hot and sweaty, and you cannot say more than a few words without pausing to breathe. Examples include fast stationary cycling and running.

### General Advice for Being Physically Active During Pregnancy

Follow the advice in the 2019 Canadian Guidelines for Physical Activity throughout Pregnancy: [csepguidelines.ca/pregnancy](http://csepguidelines.ca/pregnancy)

It recommends that pregnant women get at least 150 minutes of moderate-intensity physical activity (resistance training, brisk walking, swimming, gardening), spread over three or more days of the week. **If you are planning to take part in vigorous-intensity physical activity, or be physically active at elevations above 2500 m (8200 feet), then consult with your health care provider.** If you have any questions about physical activity during pregnancy, consult a Qualified Exercise Professional or your health care provider beforehand. This can help ensure that your physical activity is safe and suitable for you.

### Declaration

To the best of my knowledge, all of the information I have supplied on this questionnaire is correct. **If my health changes, I will complete this questionnaire again.**

I answered **NO** to all questions on Page 1.

*Sign and date the declaration below.  
Physical activity is recommended.*

I answered **YES** to one or more questions on Page 1 and I will speak with my health care provider before beginning or continuing physical activity.

*The Health Care Provider Consultation Form for Prenatal Physical Activity can be used to start the conversation ([www.csep.ca/getactivequestionnaire-pregnancy](http://www.csep.ca/getactivequestionnaire-pregnancy)).*

I have spoken with my health care provider who has recommended that I take part in physical activity during my pregnancy.

*Sign and date the declaration below.*

NAME (+ NAME OF PARENT/GUARDIAN IF APPLICABLE) [PLEASE PRINT]:		SIGNATURE (OR SIGNATURE OF PARENT/GUARDIAN IF APPLICABLE):	
TODAY'S DATE (DD/MM/YYYY):	TELEPHONE (OPTIONAL):	EMAIL (OPTIONAL):	

Fig. 2. – continued

# QUESTIONNAIRE MENEZ UNE VIE PLUS ACTIVE PENDANT LA GROSSESSE



NOM (+ NOM DU PARENT/TUTEUR, LE CAS ÉCHÉANT) [EN CARACTÈRES D'IMPRIMERIE] :			
DATE D'AUJOURD'HUI (JJ/MM/AAAA) :	DATE PRÉVUE D'ACCOUCHEMENT (JJ/MM/AAAA) :	NBRE DE SEMAINES DE GROSSESSE :	ÂGE :

L'activité physique durant la grossesse entraîne de nombreux bienfaits pour la santé et ne présente généralement pas de risque pour vous et votre bébé. Cependant, dans certaines conditions, l'activité physique n'est pas recommandée. Ce questionnaire est conçu pour vous aider à décider si vous devriez parler à votre fournisseur de soins obstétricaux (p. ex. votre médecin ou sage-femme) avant de commencer ou de continuer à faire de l'activité physique.

Veuillez répondre à chacune des questions au meilleur de vos connaissances en indiquant OUI ou NON. **Si votre état de santé change pendant votre grossesse, vous devez remplir à nouveau à ce questionnaire.**

1.	Au cours de votre grossesse actuelle, présentez-vous ou avez-vous présenté:		
	a. Trouble cardiovasculaire ou respiratoire léger, modéré ou grave (p. ex. bronchite chronique)?	<input type="radio"/>	N
	b. Épilepsie instable?	<input type="radio"/>	N
	c. Diabète de type 1 instable ou taux de sucre dans le sang en dehors de la plage cible?	<input type="radio"/>	N
	d. Maladie thyroïdienne instable ou fonction thyroïdienne en dehors de la plage cible?	<input type="radio"/>	N
	e. Trouble alimentaire ou malnutrition?	<input type="radio"/>	N
	f. Grossesse gémellaire (enceinte de jumeaux, après la 28e semaine)? Ou bien êtes-vous enceinte de triplets ou plus?	<input type="radio"/>	N
	g. Faible taux de globules rouges (anémie) avec un niveau élevé de fatigue et/ou des étourdissements?	<input type="radio"/>	N
	h. Hypertension artérielle (prééclampsie, hypertension gestationnelle ou hypertension chronique instable)?	<input type="radio"/>	N
	i. Un bébé qui se développe lentement (retard de croissance intra-utérin)?	<input type="radio"/>	N
	j. Saignements inexplicables, rupture des membranes ou travail avant 37 semaines de grossesse?	<input type="radio"/>	N
	k. Un placenta qui recouvre partiellement ou complètement le col de l'utérus ( <i>placenta prævia</i> )?	<input type="radio"/>	N
	l. Faiblesse du tissu cervical (insuffisance du col utérin)?	<input type="radio"/>	N
	m. Suture ou bandelette pour renforcer le col de l'utérus (cerclage)?	<input type="radio"/>	N
2.	Au cours d'une grossesse précédente, avez-vous présenté:		
	a. Fausses couches à répétition (avortement spontané avant 20 semaines de grossesse à au moins 2 reprises)?	<input type="radio"/>	N
	b. Accouchement prématuré (avant 37 semaines de grossesse)?	<input type="radio"/>	N
3.	Avez-vous tout autre problème médical qui pourrait vous empêcher de faire de l'activité physique durant la grossesse? De quel problème s'agit-il? Veuillez préciser :	<input type="radio"/>	N
4.	Avez-vous toute autre préoccupation par rapport à l'activité physique durant la grossesse?		

**Allez à la page 2 Décrivez votre niveau d'activité physique**

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Fig. 2. – concluded

## Décrivez votre niveau d'activité physique



Au cours d'une semaine typique, quels types d'activités physiques pratiquez-vous (p. ex. natation, marche, entraînement musculaire, yoga)?

Au cours de la même semaine, veuillez décrire EN MOYENNE la fréquence et la durée des activités physiques d'intensité légère, moyenne ou élevée que vous pratiquez. Voir les définitions de chaque intensité sous le tableau.

EN MOYENNE	FRÉQUENCE (fois par semaine)	INTENSITÉ (voir les définitions ci-dessous)	DURÉE (minutes par séance)
Quel était votre niveau d'activité physique au cours des <b>six mois ayant précédé votre grossesse?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> Légère <input type="checkbox"/> Moyenne <input type="checkbox"/> Élevée	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60
Quel est votre niveau d'activité physique <b>pendant votre grossesse actuelle?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> Légère <input type="checkbox"/> Moyenne <input type="checkbox"/> Élevée	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60
Quels sont vos objectifs en matière d'activité physique <b>pour le reste de votre grossesse?</b>	<input type="checkbox"/> 0 <input type="checkbox"/> 3-4 <input type="checkbox"/> 1-2 <input type="checkbox"/> 5-7	<input type="checkbox"/> Légère <input type="checkbox"/> Moyenne <input type="checkbox"/> Élevée	<input type="checkbox"/> <20 <input type="checkbox"/> 31-60 <input type="checkbox"/> 20-30 <input type="checkbox"/> >60

**Activité physique d'intensité légère :**  
Vous bougez, mais vous ne transpirez pas et votre respiration ne s'accélère pas. Des exemples seraient marcher pour aller chercher le courrier ou faire du jardinage léger.

**Activité physique d'intensité moyenne :**  
Votre fréquence cardiaque augmente et il se peut que vous transpiriez ou que votre respiration s'accélère. Vous pouvez parler, mais pas chanter. Un exemple serait la marche rapide.

**Activité physique d'intensité élevée :** Votre fréquence cardiaque augmente beaucoup, vous avez chaud, vous transpirez et vous êtes incapable de prononcer plus de quelques mots sans devoir prendre une pause pour reprendre votre souffle. Des exemples seraient la course à pied ou le vélo stationnaire (pédalage rapide).

### Conseils généraux sur l'activité physique pendant la grossesse

Suivez les conseils énoncés dans l'Édition 2019 des Lignes directrices canadiennes sur l'activité physique durant la grossesse : [csepguidelines.ca/fr/guidelines-for-pregnancy](http://csepguidelines.ca/fr/guidelines-for-pregnancy)

Celles-ci recommandent aux femmes enceintes de faire au moins 150 minutes d'activité physique d'intensité moyenne (entraînement musculaire, marche rapide, natation, jardinage), réparties sur au moins trois jours de la semaine. **Si vous prévoyez faire de l'activité physique d'intensité élevée ou être physiquement active à des altitudes supérieures à 2 500 m (8 200 pieds), consultez votre professionnel de la santé.** Si vous avez des questions au sujet de l'activité physique pendant la grossesse, consultez préalablement un professionnel de l'exercice qualifié ou votre professionnel de la santé. Cela permettra de vous assurer que votre activité physique est sécuritaire et qu'elle vous convient.

### Déclaration

Au meilleur de mes connaissances, tous les renseignements que j'ai fournis dans ce questionnaire sont exacts. **Si des changements surviennent à mon état de santé, je remplirais à nouveau le questionnaire.**

J'ai répondu **NON** à toutes les questions de la page 1.  
Signez et datez la déclaration ci-dessous.  
L'activité physique est recommandée.

J'ai répondu **OUI** à au moins une question de la page 1 et je parlerai à mon professionnel de la santé avant de commencer ou de continuer à faire de l'activité physique. Le Formulaire de consultation du professionnel de la santé concernant l'activité physique prénatale peut servir à initier la discussion ([scpe.ca/Menezunevieplusactive-grossesse](http://scpe.ca/Menezunevieplusactive-grossesse)).

J'ai parlé à mon professionnel de la santé, qui m'a recommandé de faire de l'activité physique pendant ma grossesse.  
Signez et datez la déclaration ci-dessous.

NOM (+ NOM DU PARENT/TUTEUR, LE CAS ÉCHÉANT) [EN CARACTÈRES D'IMPRIMERIE] :		SIGNATURE (OU SIGNATURE DU PARENT/TUTEUR, LE CAS ÉCHÉANT) :	
DATE D'AUJOURD'HUI (JJ/MM/AAAA) :	TÉLÉPHONE (FACULTATIF) :	COURRIEL (FACULTATIF) :	

**Fig. 3.** The Health Care Provider Consultation Form for Prenatal Physical Activity. Reproduced with permission from CSEP 2021. [Colour online.]

# HEALTH CARE PROVIDER CONSULTATION FORM FOR PRENATAL PHYSICAL ACTIVITY



PATIENT NAME:	DUE DATE (DD/MM/YYYY):	TODAY'S DATE (DD/MM/YYYY):
---------------	------------------------	----------------------------

Your patient wishes to begin or continue to be physically active during pregnancy. Your patient answered "Yes" to one or more questions on the Get Active Questionnaire for Pregnancy and has been asked to seek your advice ([www.csep.ca/getactivequestionnaire-pregnancy](http://www.csep.ca/getactivequestionnaire-pregnancy)).

Physical activity is safe for **most** pregnant individuals and has many health benefits. However, a **small number of patients** may need a thorough evaluation before taking part in physical activity during pregnancy.

The Society of Obstetricians and Gynaecologists of Canada/Canadian Society for Exercise Physiology *2019 Canadian Guideline for Physical Activity throughout Pregnancy* recommends that pregnant women get at least 150 minutes of moderate intensity physical activity each week (see next page or [csepguidelines.ca/pregnancy](http://csepguidelines.ca/pregnancy)). But there are contraindications to this goal for some conditions (see right).

Specific concern from your patient and/or from a Qualified Exercise Professional:

To ensure that your patient proceeds in the safest way possible, they were advised to consult with you about becoming or continuing to be physically active during pregnancy. Please discuss potential concerns you may have about physical activity with your patient and indicate in the box below any modifications you might recommend:

<input type="checkbox"/> Unrestricted physical activity based on the <i>SOGC/CSEP 2019 Canadian Guidelines for Physical Activity throughout Pregnancy</i> .
<input type="checkbox"/> Progressive physical activity
<input type="checkbox"/> Recommend avoiding:
<input type="checkbox"/> Recommend including:
<input type="checkbox"/> Recommend supervision by a Qualified Exercise Professional, if possible.
<input type="checkbox"/> Refer to a physiotherapist for pain, impairment and/or a pelvic floor assessment.
<input type="checkbox"/> Other comments:

### Absolute contraindications

Pregnant women with these conditions should continue activities of daily living, but not take part in moderate or vigorous physical activity:

- ruptured membranes,
- premature labour,
- unexplained persistent vaginal bleeding,
- placenta previa after 28 weeks gestation,
- preeclampsia,
- incompetent cervix,
- intrauterine growth restriction,
- high-order multiple pregnancy (e.g. triplets),
- uncontrolled Type I diabetes,
- uncontrolled hypertension,
- uncontrolled thyroid disease,
- other serious cardiovascular, respiratory or systemic disorder.

### Relative contraindications

Pregnant women with these conditions should discuss advantages and disadvantages of physical activity with you. They should continue physical activity, but modify exercises to reduce intensity and/or duration.

- recurrent pregnancy loss,
- gestational hypertension,
- a history of spontaneous preterm birth,
- mild/moderate cardiovascular or respiratory disease,
- symptomatic anemia,
- malnutrition,
- eating disorder,
- twin pregnancy after the 28th week,
- other significant medical conditions.

Fig. 3. – continued

# SOGC/CSEP 2019 CANADIAN GUIDELINE FOR PHYSICAL ACTIVITY THROUGHOUT PREGNANCY



The evidence-based guideline outlines the right amount of physical activity women should get throughout pregnancy to promote maternal, fetal, and neonatal health.

Research shows the health benefits and safety of being active throughout pregnancy for both mother and baby. Physical activity is now seen as a critical part of a healthy pregnancy. Following the guideline can reduce the risk of pregnancy-related illnesses such as depression, by at least 25%, and of developing gestational diabetes, high blood pressure and preeclampsia by 40%.

**Pregnant women should get at least 150 minutes of moderate-intensity physical activity each week over at least three days per week.** But even if they do not meet that goal, they are encouraged to be active in a variety of ways every day. Please visit [csepguidelines.ca/pregnancy](http://csepguidelines.ca/pregnancy) for more information. The guideline makes six recommendations:



All women without contraindication should be physically active throughout pregnancy. Specific subgroups were examined:

- Women who were previously inactive.
- Women diagnosed with gestational diabetes mellitus.
- Women categorized as overweight or obese (pre-pregnancy body mass index  $\geq 25\text{kg/m}^2$ ).



Pregnant women should accumulate at least 150 minutes of moderate-intensity physical activity each week to achieve clinically meaningful health benefits and reductions in pregnancy complications.



Physical activity should be accumulated over a minimum of three days per week; however, being active every day is encouraged.



Pregnant women should incorporate a variety of aerobic and resistance training activities to achieve greater benefits. Adding yoga and/or gentle stretching may also be beneficial.



Pelvic floor muscle training (e.g., Kegel exercises) may be performed on a daily basis to reduce the risk of urinary incontinence. Instruction in proper technique is recommended to obtain optimal benefits.



Pregnant women who experience light-headedness, nausea or feel unwell when they exercise flat on their back should modify their exercise position to avoid the supine position.

No. 367-2019 Canadian Guideline for Physical Activity throughout Pregnancy  
JOINT SOGC/CSEP CLINICAL PRACTICE GUIDELINE | Volume 40, ISSUE 11, P1528-1537, November 01, 2018

Fig. 3. – continued

# FORMULAIRE DE CONSULTATION DU PROFESSIONNEL DE LA SANTÉ CONCERNANT L'ACTIVITÉ PHYSIQUE PRÉNATALE



NOM DE LA PATIENTE :	DATE PRÉVUE D'ACCOUCHEMENT (JJ/MM/AAAA) :	DATE D'AUJOURD'HUI (JJ/MM/AAAA) :
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Votre patiente souhaite commencer ou continuer à faire de l'activité physique durant sa grossesse. Elle a répondu « oui » à au moins une question du Questionnaire Menez une vie plus active pendant la grossesse et a ainsi été invitée à vous consulter pour des conseils ([cscpe.ca/Menezunevieplusactive-grossesse](https://cscpe.ca/Menezunevieplusactive-grossesse)).

L'activité physique est sécuritaire pour **la plupart** des personnes enceintes et entraîne de nombreux bienfaits pour la santé. Cependant, un **petit nombre de patientes** pourraient avoir besoin d'une évaluation approfondie avant de faire de l'activité physique pendant la grossesse.

Dans l'Édition 2019 des Lignes directrices canadiennes sur l'activité physique durant la grossesse de la Société des obstétriciens et gynécologues du Canada (SOCG) et de la Société canadienne de physiologie de l'exercice (SCPE), on recommande aux femmes enceintes de faire au moins 150 minutes d'activité physique d'intensité moyenne par semaine (consulter la page suivante ou <https://csepguidelines.ca/language/fr/directives/grossesse/>). Cependant, atteindre cette recommandation peut être contre-indiqué dans certaines conditions (voir à droite).

Préoccupation particulière mentionnée par votre patiente et/ou un professionnel de l'exercice qualifié :

Pour s'assurer que votre patiente adopte la démarche la plus sécuritaire possible, il lui a été conseillé de vous consulter avant de commencer ou de continuer à faire de l'activité physique pendant sa grossesse. Veuillez discuter avec votre patiente des préoccupations potentielles que vous pourriez avoir concernant l'activité physique et indiquer dans la zone de texte ci-dessous toute modification que vous recommanderiez :

- Activité physique sans restriction, basée sur l'Édition 2019 des Lignes directrices canadiennes sur l'activité physique durant la grossesse de la SOGC et de la SCPE
- Activité physique progressive
  - Recommande d'éviter :
  - Recommande d'inclure :
- Recommande la supervision d'un professionnel de l'exercice qualifié, si possible
- Réfère à un physiothérapeute pour une évaluation d'une douleur, d'une incapacité et/ou du plancher pelvien
- Autres commentaires :

## Contre-indications absolues

Les femmes enceintes présentant les conditions suivantes devraient continuer à vaquer à leurs activités de la vie quotidienne, mais ne devraient pas faire de l'activité physique d'intensité moyenne ou élevée :

- Rupture des membranes
- Travail prématuré
- Saignements vaginaux persistants inexplicables
- Placenta prævia* après la 28<sup>e</sup> semaine de grossesse
- Prééclampsie
- Insuffisance du col utérin
- Retard de croissance intra-utérin
- Grossesse multiple de rang élevé (p. ex. triplets)
- Diabète de type 1 non contrôlé
- Hypertension non contrôlée
- Maladie thyroïdienne non contrôlée
- Autre trouble cardiovasculaire, respiratoire ou systémique grave

## Contre-indications relatives

Les femmes enceintes présentant les conditions suivantes devraient discuter avec vous des avantages et des inconvénients de l'activité physique. Elles devraient continuer à faire de l'activité physique, mais modifier les exercices pour en réduire l'intensité ou la durée.

- Fausses couches à répétition
- Hypertension gravidique
- Antécédents d'accouchement prématuré spontané
- Maladie cardiovasculaire ou respiratoire légère ou modérée
- Anémie symptomatique
- Malnutrition
- Troubles alimentaires
- Grossesse gémellaire après la 28<sup>e</sup> semaine
- Autres problèmes de santé importants

Fig. 3. – concluded

# ÉDITION 2019 DES LIGNES DIRECTRICES CANADIENNES SUR L'ACTIVITÉ PHYSIQUE DURANT LA GROSSESSE DE LA SOGC ET DE LA SCPE



Les directives fondées sur des données probantes énoncent la quantité appropriée d'activité physique que les femmes devraient faire durant leur grossesse afin de favoriser la santé de la mère, du fœtus et du nouveau-né.

La recherche montre les bienfaits pour la santé et l'innocuité de la pratique d'activité physique durant la grossesse tant pour la mère que pour son bébé. L'activité physique est maintenant considérée comme un élément essentiel d'une grossesse en santé. Suivre les directives peut réduire le risque de maladies liées à la grossesse comme la dépression d'au moins 25 %, et le risque de diabète gestationnel, de haute pression et de prééclampsie de 40 %.

**Les femmes enceintes devraient faire au moins 150 minutes d'activité physique d'intensité moyenne par semaine, réparties sur au moins trois jours par semaine.** Cependant, même si elles n'atteignent pas cet objectif, elles sont encouragées à être actives tous les jours par l'entremise de diverses activités. Pour en savoir plus, visitez : <https://csepguidelines.ca/language/fr/directives/grossesse/>. Six recommandations sont énoncées dans les directives :

## 1

Toutes les femmes qui ne présentent pas de contre-indication devraient être physiquement actives tout au long de la grossesse. Nous avons examiné les sous-groupes ci-dessous :

- Femmes préalablement inactives
- Femmes ayant reçu un diagnostic de diabète sucré gestationnel.
- Femmes en surpoids ou obèses (indice de masse corporelle avant la grossesse de 25 kg/m<sup>2</sup> ou plus).

## 2

Les femmes enceintes devraient faire au moins 150 minutes d'activité physique d'intensité moyenne chaque semaine pour obtenir des bienfaits pour la santé cliniquement significatifs et réduire le risque de complications associées à la grossesse.

## 3

L'activité physique devrait être échelonnée sur au moins trois jours; l'activité quotidienne est encouragée.

## 4

Les femmes enceintes devraient pratiquer des activités aérobiques et musculaires variées pour obtenir des bienfaits supérieurs. L'ajout de yoga ou d'étirements doux peut aussi être bénéfique.

## 5

L'entraînement musculaire du plancher pelvien (p.ex., exercices de Kegel) peut être effectué chaque jour pour réduire le risque d'incontinence urinaire. Il est recommandé d'apprendre la bonne technique pour obtenir des bienfaits optimaux.

## 6

Les femmes enceintes qui ressentent des étourdissements, des nausées ou un malaise quand elles font des exercices sur le dos devraient modifier leur position d'exercice pour éviter cette position.

No 367-2019 Directives canadiennes en matière d'activité physique pendant la grossesse  
DIRECTIVES DE PRATIQUE CLINIQUE CONJOINTES DE LA SOGC ET DE LA SCPE | volume 40, numéro 11, p. 1528-1537, 1<sup>er</sup> novembre 2018

## Conclusion

The objective of this manuscript was to summarize the process for the development of the *Get Active Questionnaire for Pregnancy and Health Care Provider Consultation Form for Prenatal Physical Activity*. The feedback received via the online surveys and one-on-one interviews indicated the tools were a priority for the respondents. The *Get Active Questionnaire for Pregnancy* was perceived to be acceptable, affordable, accessible, and feasible. It is the opinion of the *Working Group* that this exercise pre-participation tool is supported by the best available scientific evidence. These exercise pre-participation screening tools will identify the small number of individuals who require additional screening by their health care provider about prenatal PA, while removing barriers for low-risk pregnant individuals to begin or continue PA. The *Get Active Questionnaire for Pregnancy* should be self-completed by all individuals once they become pregnant and wish to be physically active. If health status changes as pregnancy progresses, then the questionnaire should be completed again. Future work, in line with the Knowledge-to-Action framework, is to move these tools into the “Action” cycle, by developing, implementing, and evaluating tailored KT initiatives to encourage the broad uptake and use of the tools amongst pregnant individuals, qualified exercise professionals, and health care providers across Canada and the globe. This will be facilitated by stakeholder endorsement (e.g., ACSM, ISBPA) which will encourage use by its members, as well as continued and ongoing KT via a variety of outputs including training modules, presentations, research publications, professional networks, and social/traditional media.

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The authors have declared that no competing interests exist.

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### Supplementary material

Supplementary data are available with the article at <https://doi.org/10.1139/apnm-2021-0655>.

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