

Lifestyle and relationships

Introduction

The following information describes various aspects of lifestyle that you may want to think about now you are pregnant. It draws on available guidelines and recommendations. The information is not exhaustive, and you are encouraged to seek out further information through services such as [Women's Health Victoria](#) or the [Women's Health Information Centre \(WHIC\)](#).

Value of exercise

If you are at low risk of developing pregnancy complications, continued participation in most sports at some level during pregnancy presents no risk. Exercise can be very enjoyable, and exercise during pregnancy (for up to one hour, three or four times a week) has been shown to improve your physical fitness and body image. There are other benefits of regular exercise including improved circulation and sleeping better.¹

During pregnancy, recommended exercise includes low impact walking, swimming, static cycling and general floor exercise programs including yoga. Participation in any exercise programs or sporting activities should be discussed with your doctor/midwife.

As pregnancy progresses, you are advised to modify your existing exercise program because of anatomical and physiological changes, including significant change in weight distribution, increased flexibility of joints and increased chances of fatigue and injury.

You are advised to stop exercise until you speak with your doctor/midwife if you experience any of the following:

- pain
- headache
- contractions of the uterus
- vaginal bleeding
- swelling of the ankles/face/hands
- dizziness
- unusual shortness of breath.²

In addition, if you develop an illness or complication of pregnancy, talk with your doctor/midwife before continuing or recommencing your exercise program. It is recommended that you do not increase the intensity of your sporting program while you are pregnant, and always work at less than 75% of your maximum heart rate.²

For more information about the body changes caused by pregnancy, their impact on exercise, advice including the risks, precautions and warning signs, see [Sports Medicine Australia fact sheet: Exercise in pregnancy](#).³

Pelvic floor exercises

The muscles of the pelvic floor support the bladder, uterus and bowel. They are slung between the pubic bone (at the front) and the tail bone (at the back). The pelvic floor muscles are important for bladder and bowel control and sexual sensation. It is important for women of all ages to strengthen these muscles through regular, effective pelvic floor exercises.⁴

Weakening of the pelvic floor may occur during pregnancy, childbirth, chronic coughing, straining of chronic constipation and/or excessive weight gain. This weakening may:

- cause you to leak urine when you cough, sneeze or exercise
- make you unable to control passing of wind
- in more serious cases, cause prolapse of one of the pelvic organs into the vagina.⁵

To minimise/prevent weakening of the pelvic floor, the Continence Foundation of Australia recommend you:

- perform pelvic floor exercises correctly. You can obtain professional advice from your doctor/midwife or physiotherapist
- avoid constipation
- avoid urinary tract infections
- exercise regularly
- stop smoking (to prevent coughing).

It is important to continue pelvic floor exercises throughout life. Remember, "women who have one baby are nearly three times more likely to

leak urine and wet themselves than women who have not had a baby".⁵

Long distance travel has risks

Long periods of not moving during car, bus, rail and air travel increases the risk of forming clots in the deep veins of the leg, known as deep vein thrombosis (DVT). DVT can result in clots that circulate and lodge in parts of the body such as the lung.

The risk of DVT is increased in pregnancy if you have had DVT in the past, weigh more than 100kg, have a multiple pregnancy or a family member has had a DVT.⁶ One in 1000 pregnant women will develop DVT. Research indicates the risk of DVT can increase two to three fold by long distance flight.

There is no evidence based advice on travel specific for pregnant women. However, during pregnancy until six weeks after the birth, the following strategies are recommended if you travel long distances:

- leg exercises
- regular walks (eg in the case of air travel walk around the aircraft cabin)
- avoid dehydration by drinking plenty of water/juices/soft drinks
- minimise alcohol and caffeine intake.

If you have an increased risk of DVT you are advised to:

- discuss travel plans with your doctor
- wear well fitting elastic below-knee compression stockings whatever the duration of the journey
- receive heparin injections before and after any journey longer than four hours.⁶

Car travel in pregnancy

It is important that during pregnancy you continue to wear a seatbelt when travelling in a car or other vehicles, and that the lapstrap be placed as low as possible across beneath the 'bump' lying across the thighs with the diagonal shoulder strap above the bump lying between the breasts.⁶

Work entitlements

There is legislation in Australia protecting women who are pregnant from discrimination in the workplace and to ensure they are not disadvantaged in their employment because of their pregnancy.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) endorse the [Australian Human Rights and Equal Opportunity Commission \(HREOC\) Pregnancy Guidelines](#), which cover issues of pregnancy discrimination during recruitment, employment and dismissal.

Development of the guidelines involved employers and union representation. The guidelines provide practical advice and answer questions for employers, employees, and their representatives.

Government assistance

The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) offers a variety of services to families including:

- family relationship advice
- education programs on parenting
- early intervention for adolescents and families experiencing conflict
- support for adolescents and their families
- access to information about various payments available to families with children.

In addition, the Family Assistance Office has a website with information on various payments available to families.

To access any of the services mentioned, contact:

- [The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs](#)
- [Family Assistance Office](#) (Tel: 136 150)
- Your local [Centrelink](#) office.

Relationships

Pregnancy and parenting bring challenges and rewards. The role does not come naturally to many people. Becoming a parent can have an impact on your life and relationships, whether this is your first baby or your third. Advice is available to assist you to develop strategies for parenting your children. Mastering new skills can make the experience of parenting more enjoyable.⁷

The Commonwealth [Department of Families, Housing, Community Services and Indigenous Affairs](#) website provides a number of sections that describe circumstances that impact on relationships and advice.

Sex in pregnancy (early and late pregnancy)

Although the physical and emotional changes during pregnancy can result in changes to how you may feel about intimacy, there is no evidence to suggest that sexual activity or orgasm during a healthy, normal pregnancy is harmful to your baby.

Research findings to date are not conclusive as to whether sexual intercourse near the end of pregnancy can start labour.⁸

Violence/abuse in pregnancy

Up to 20% of pregnant women have been reported as experiencing physical or sexual abuse in a relationship during pregnancy or after the birth, and this may start for the first time during pregnancy.⁶

Violence against women during pregnancy or after having a baby may have been occurring prior to pregnancy, commence during pregnancy or increase during pregnancy. Violence may be physical and/or sexual, and almost always includes emotional abuse.

Violence in pregnancy causes harm to both the mother and baby. Evidence suggests that violence in pregnancy is associated with higher rates of miscarriage, premature labour, babies small for gestational age, stillbirth and postnatal depression.⁶

It is important that you seek advice and support as soon as possible if you are in a relationship where you are experiencing verbal or physical violence or abuse. The earlier violence starts and the longer it continues, the greater the impact on your pregnancy, your baby's health and the wellbeing of children and young people.

There are a number of services available to assist you and your family. These are listed under the Resources section.

References

¹ Kramer MS. 2006 Aerobic exercise for women during pregnancy (Cochrane Review). In: The Cochrane Library, Issue 2. Oxford: Update Software.

² Australian Sports Web - Australian Sports Commission, Pregnancy in Sport: Guidelines for the Australian Sporting Industry.

³ Sports Medicine Australia Fact Sheet: Exercise in Pregnancy, http://www.sma.org.au/information/women_in_sport.asp

⁴ Australian Department of Health and Ageing Fact sheet: Pelvic floor exercises for women.

⁵ Continence Foundation of Australia (2002) One In Three Women Who Ever Had A Baby Wet Themselves.

⁶ National Institute for Health and Clinical Excellence, 2008 Antenatal care: routine care for the healthy pregnant woman.

⁷ The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs, <http://www.facs.gov.au/internet/facsinternet.nsf/family/nav.htm>

⁸ Kavanagh J, Kelly AJ, Thomas J. Sexual intercourse for cervical ripening and induction of labour (Cochrane Review). In: The Cochrane Library, Issue 2, 2001. Oxford: Update Software.