FITNESS & EXERCISE

How to Keep Moving While Your Body Grows

Pregnancy changes the sporting equation, but the strongest evidence supports adapting movement rather than abandoning it.

The moment movement feels uncertain

The activity that once made you feel capable can suddenly feel loaded with doubt. Your body is changing, someone else is growing inside it, and ordinary exertion may prompt a new question: is this still safe? For many pregnant people, uncertainty becomes a reason to stop moving before anyone has helped them decide what movement should look like now.

That caution is understandable, but the evidence is reassuring. A 2022 review drawing together 57 high-level studies found that exercise during pregnancy was not associated with an increased risk of adverse outcomes for the pregnant person or baby. Its central message was not that every workout suits every pregnancy. It was that exercise can be safe when adapted to previous fitness, medical history and the pregnancy itself.

The distinction matters. Pregnancy does not make movement inherently dangerous, and it does not require you to prove anything. The useful question is no longer whether you can maintain your old performance. It is how to preserve the habit while allowing its type and intensity to change.

General exercise advice follows the same principle: bodies adapt to what they do regularly, while sudden increases can push too hard. Regular practice, gradual progression and a mixture of activities support fitness without turning every session into a test. During pregnancy, that gradual approach becomes especially important because yesterday's familiar activity may not feel familiar today.

What the evidence actually promises

Exercise during pregnancy is sometimes sold as a way to engineer the perfect birth or prevent every difficult turn. The research does not support promises that sweeping. It does, however, suggest meaningful benefits that are worth separating from the hype.

The 2022 review found that exercise could help prevent gestational diabetes, excessive gestational weight gain, hypertensive disorders, urinary incontinence, a very large baby, lumbopelvic pain, anxiety and prenatal depression. Those are associations across a substantial

body of evidence, not guarantees for any individual pregnancy.

A 2023 systematic review and meta-analysis sharpened one part of that picture. Across 18 studies, exercise was associated with a lower risk of gestational diabetes mellitus (GDM) than no exercise. The researchers did not find convincing differences according to exercise type, intensity or whether sessions were supervised. That suggests there may be more than one workable route to staying active.

The same analysis was less conclusive about preeclampsia. Exercise did not produce a statistically clear reduction overall. Low-intensity and mind-body exercise appeared promising in subgroup analyses, but the researchers said better-quality randomised studies were needed. This is where honest advice must stop: encouraging findings are not the same as settled findings.

No included study in that analysis reported spontaneous abortion, so the review could not answer that particular question from trial data. It found no effect on adverse events or study withdrawal. That gap is important because "not reported" cannot honestly be turned into proof about a specific outcome.

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Your old fitness still matters

There is no single pregnancy workout hiding in the evidence. Someone who exercised regularly before pregnancy begins from a different place than someone who was inactive, and the 2022 review says exercise type and intensity should reflect that previous fitness level. Medical history and the characteristics of the current pregnancy matter too.

If you are already active, adaptation does not have to mean abandoning movement. It may mean accepting that the aim has changed. Regular exercise can include aerobic activity, which raises breathing and heart rate, and strength work using body weight, weights or resistance bands. Flexibility and balance activities offer different benefits, and most people benefit from a combination.

If you have not been active, the general principle is to start slowly rather than leap into a demanding routine. Exercise can be broken into smaller pieces, and even small amounts can be helpful. Showing up regularly matters more than turning one session into an ordeal.

This is also where sport stops being only a lifestyle question. Your health care professional can help decide what is suitable when you have health concerns or are unsure whether exercise is safe. If activity brings pain, extreme shortness of breath, dizziness or a sense that something is

not right, stop and seek help immediately.

Strength without the heroics

Pregnancy can tempt you into two unhelpful extremes: treating your body as fragile, or insisting nothing has changed. Neither leaves much room for responsive movement. The evidence points instead towards continuity with adjustment-keeping the habit while letting your body's present condition shape what happens next.

Strength exercise makes muscles stronger, while aerobic activity supports the heart, lungs, circulation and overall fitness. Balance work supports stability and coordination; flexibility work helps joints move more easily. These forms of movement are not interchangeable, but they do not need to compete. A varied routine can also keep activity interesting and help guard against injury or burnout.

Core work deserves similar restraint. The core includes muscles in the abdomen, back and hips, and a strong core supports balance and stability. But evidence about chronic low back pain in non-pregnant adults should not be casually repackaged as pregnancy advice. A 2022 analysis of 118 trials found that several exercise types improved chronic low back pain and disability in adults, particularly Pilates, strength and core-based approaches. Those findings do not establish a pregnancy-specific programme.

The broader lesson is useful without overreaching: exercise can be adapted around what your body can do, rather than reduced to pushing harder. You do not need elaborate equipment to begin. A mat, resistance bands or weights can support strength and stretching at home, while walking, swimming and cycling are forms of aerobic movement. The right choice is the one that fits your health, starting point and current pregnancy.

Make Monday easier to start

Motivation often fails at the point of friction. The activity is vague, the equipment is elsewhere, and deciding what counts feels harder than moving. Choosing something you enjoy makes regular exercise easier, while realistic goals and an accountability partner can help you continue.

So make one decision before Monday. Choose a familiar activity that matches your present fitness rather than the fitness you think you should still have. If you are uncertain because of your medical history, current pregnancy or how movement feels, ask your health care professional what kind of activity is appropriate before you begin.

Then remove the practical obstacle. Put a pair of comfortable walking shoes by the door for an outdoor walk, or place a mat and resistance band where you plan to move at home. These are not requirements for a successful pregnancy and they are not promises of a particular result. They simply turn "I should exercise" into an activity you can actually start.

Your task next week is not to preserve an old sporting identity at any cost. It is to notice, adapt and keep the door open. On Monday, use the shoes, mat or resistance band you set out-and let the body you have that day decide what movement becomes.

Where this comes from

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