

## Demonstrate knowledge of exercise prescription for pregnant and new mothers

**Level** 5

**Credits** 5

**Purpose** This unit standard is designed for exercise professionals who wish to specialise in working with pregnant and new mothers.

People credited with this unit standard are able to: explain the information necessary for managing exercise for pregnant women and new mothers; explain how pregnancy affects acute physiological responses to exercise variables and types; explain the chronic adaptations to regular exercise for pregnant women and new mothers; explain the process followed when working with pregnant women and new mothers; and identify the environmental and social factors and the changes in behaviour that can enhance adherence to exercise prescription in pregnant women and new mothers.

**Subfield** Fitness

**Domain** Exercise Prescription

**Status** Registered

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**Entry information** Open.

**Replacement information** This unit standard replaced unit standard 7031.

**Accreditation** Evaluation of documentation and visit by NZQA and industry.

**Standard setting body (SSB)** Skills Active Aotearoa Limited

**Accreditation and Moderation Action Plan (AMAP) reference** 0099

This AMAP can be accessed at <http://www.nzqa.govt.nz/framework/search/index.do>.

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## Special notes

- 1 Definitions  
The terms *antenatal* and *pregnancy* refer to the period from conception through to childbirth.  
*Trimester* refers to one of the three stages of pregnancy.  
The term *postnatal* refers to the 6 – 8 week period following childbirth.  
*Low intensity exercise* is defined as a rate of perceived exertion (RPE) (from the 1-10 RPE scale) of <3.  
*Moderate intensity exercise* is defined as an RPE of 3 – 5.
- 2 Risk stratification should identify those suitable for low to moderate intensity exercise and those for whom medical clearance is required.
- 3 Guidelines for exercise prescription during pregnancy may include:  
Society of Obstetricians and Gynaecologists of Canada, Clinical Practice Guidelines No. 129, June 2003, *Exercise in pregnancy and the postpartum period*,  
<http://www.sogc.org/guidelines/public/129E-JCPG-June2003.pdf>.
- 4 Additional resources can be found at:  
<http://www.aafp.org/afp/980415ap/wang.html>;  
[http://www.acog.org/publications/patient\\_education/bp119.cfm](http://www.acog.org/publications/patient_education/bp119.cfm).

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## Elements and performance criteria

### Element 1

Explain the information necessary for managing exercise for pregnant women and new mothers.

### Performance criteria

- 1.1 The role of key medical professionals monitoring pregnant women and new mothers, and the diagnostic information they routinely collect, are explained.
- 1.2 The physiological changes associated with exercise throughout each trimester of pregnancy are identified in accordance with both maternal bodily changes and foetal development.  
  
Range changes include – physical size of mother, developmental stage and health of foetus, pre-pregnancy fitness level.
- 1.3 Maternal events associated with different labour and birthing experiences are related to possible changes in post-natal exercise capacity.  
  
Range events include – caesarean birth, vaginal birth, episiotomy, lactation and feeding (breast and bottle).

1.4 Psycho-social factors associated with pregnancy and childbirth factors that may affect exercise are identified.

Range factors may include – labour and birth experiences, postnatal depression, support networks, time management.

## Element 2

Explain how pregnancy affects acute physiological responses to exercise variables.

### Performance criteria

2.1 The acute responses to exercise during pregnancy are related to the physiological changes and health and safety of the mother and foetus.

Range responses – cardiovascular system, body temperature; exercise variables include but are not limited to – duration, intensity; exercise types include but are not limited to – resistance training, aquatics.

## Element 3

Explain the chronic adaptations to regular exercise for pregnant women and new mothers.

### Performance criteria

3.1 The chronic adaptations to regular exercise are explained in terms of maternal and foetal physiological changes, health and safety during pregnancy, and the postnatal period.

Range antenatal, postnatal.

3.2 Exercise prescription for pregnant and postnatal women is explained in terms of exercise benefits.

Range benefits must include – psychological, social and physical factors.

## Element 4

Explain the process followed when working with pregnant women and new mothers.

### Performance criteria

4.1 The information required to make judgements and prescribe exercise for women during and after pregnancy is explained.

Range personal details, general medical details, health status during each trimester and labour, medical clearance, known contra-indications, lifestyle details, exercise habits and intentions before and during pregnancy (ParQ for Pregnancy).

4.2 Exercise prescription for pregnant and postnatal women is explained in terms of the risks and the safety considerations.

Range risks – immediate risks, risks of ongoing complications or damage; safety considerations – absolute and relative contra-indications, modes of exercise that are unsuitable, intensities and durations that are unsuitable, frequencies that are unsuitable, signs that exercise should be ceased.

4.3 Guidelines for exercise prescription for pregnant women and new mothers are explained in terms of the frequency, intensity, time, and type.

## Element 5

Identify the environmental and social factors and the changes in behaviour that can enhance adherence to exercise prescription in pregnant women and new mothers.

### Performance criteria

5.1 Environmental and social factors that may increase or decrease the ease with which pregnant women and new mothers can engage in and adhere to exercise are identified.

Range environmental and social factors – positive, negative.

5.2 Behaviour changes that may occur and ways of reinforcing or overcoming those changes in pregnant women and new mothers are identified.

Range behaviour changes – positive, negative.

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### Please note

Providers must be accredited by NZQA, or an inter-institutional body with delegated authority for quality assurance, before they can report credits from assessment against unit standards or deliver courses of study leading to that assessment.

Industry Training Organisations must be accredited by NZQA before they can register credits from assessment against unit standards.

Accredited providers and Industry Training Organisations assessing against unit standards must engage with the moderation system that applies to those standards.

Accreditation requirements and an outline of the moderation system that applies to this standard are outlined in the Accreditation and Moderation Action Plan (AMAP). The AMAP also includes useful information about special requirements for organisations wishing to develop education and training programmes, such as minimum qualifications for tutors and assessors, and special resource requirements.

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### Comments on this unit standard

Please contact Skills Active Aotearoa Limited [info@skillsactive.org.nz](mailto:info@skillsactive.org.nz) if you wish to suggest changes to the content of this unit standard.