NCAA®

GUIDELINE 3b

Participation by the Pregnant Student-Athlete

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The NCAA Committee on Competitive Safeguards and Medical Aspects of Sports acknowledges the signifi - cant input of Dr. James C/app, FACSM, in the revision of this guideline.

Assessing the risk of intense, strenuous physical activity in the pregnant student-athlete is diffi - cult since there are no studies that have specifically addressed this topic. The American College of Obstetrics and Gynecology (AGOG) has recommended that following a thorough clinical eval - uation, healthy pregnant women should be encouraged to engage in regular, moderate intensity physical activities. Women who exercise during pregnancy have improved cardiovascular function, limited weight gain and fat reten - tion, improved attitude and mental state, easier and less complicat ed labor, and enhanced postpartum recovery. There has not been shown to be a greater risk of spontaneous abortion.

The fetus benefits from exercise during pregnancy in several ways; including an increased tolerance for the physiologic stresses of late pregnancy, labor and delivery. The baby tends to be more alert, less fussy, and may have increased cognitive function.

The safety to participate in each sport must be dictated by the movements and physical demands required to compete in mat sport. Exercise in the supine position after the first trimester has been reported to result in rel - ative obstruction of venous return and orthostatic hypotension. AGOG has recommended that pregnant women avoid supine positions during exercise as much as possible. The American College of Sports Medicine discourages heavy weight lifting or similar activities that require straining or valsalva.

High intensity exercise required for competition in nearly all sports has not been well studied and may increase fetal risk. Many medical experts recommend that women avoid participating in competitive contact sports after the 14th week of pregnancy. While direct fetal injury with abdominal trauma after the 14th week has not been docu - mented in athletics com petition, indirect support for this risk comes from documented fetal injury from falls and car accidents. Athletics activities associated with a high risk of falling should be avoided during pregnancy. Pregnant student-athletes who participate in non-contact en - durance sports should consider participating at a non-competitive level.

Women who have medical condi - tions that olace their oreanancies at high risk for complications should avoid physical activity until consultation with their obstetri - cian. Examples of these medical conditions include but are not lim - ited to poorly controlled diabetes or hypertension, multiple gesta - tion at risk for pre-term labor, pre- eclampsia, and cervical defects that increase the risk of a sponta - neous abortion or pre-term labor.

The risks and benefits of athletics participation should be one of the objectives for the team physician in counseling the pregnant stu - dent-athlete. This includes the effects of pregnancy on competi - tive ability, the effe cts of strenu - ous physical training and compe - tition on both the pregnant stu - dent-athlete and the fetus, and the warning signs to terminate exer - cise while pregnant. (Figure 1) The student-athlete should be informed that NCAA rules permit a one-year exten sion of the five - year period of eligibility for a female student-athlete for reasons of pregnancy.

If the student-athlete decides to compete, it is recommended thai documentation outlining the stu - dent-athlete's medical condition, the potential risks of at hletics par- ticipation during pregnancy, and

the student-athlete's understanding of these risks of participation to her and her baby be included in the student-athlete's medical record. This should be in the form of signed informed consent. It also is recommended that an institution obtain approval from the physician most familiar with the pregnant student-athlete's condition, the team physician and an appropriate official of the institution. These student-athletes may require close obstetric supervision. Following delivery or pregnancy termination, medical clearance is required to ensure the student-athlete's safe return to athletics. (See Follow-up or Exi1 Examination section of the Guideline 1b).

Figure No. 1 Warning Signs to Terminate Exercise While Pregnant

Vaginal Bleeding
Shortness of Breath Prior to Exercise
Dizziness
Headache
Chest Pain
Calf Pain or Swelling
Pre-term Labor
Decreased Fetal Movement
Amniotic Fluid Leakage
Muscle Weakness

References

1. American College of Obstetric' and Gynecology Committee or Obstetric Practice: Exercist During Pregnancy and tht Postpartum Period, Obstetria and Gvnecotoav 99(1) 171-173 2002.

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3. Clapp JF: Exercise Durinc, Pregnancy, A Clinical Update Clinics in Sports Medicin e 19(2.