

Shining a light on the postpartum period – supporting the emotional and physical health of mothers and infants through movement

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Having a baby can be a life-changing, exciting and joyful experience. However, it also comes with major changes in physical and emotional health as recovery from pregnancy, childbirth and caring for a newborn require significant time and energy. Over the last decade, the importance of maternal and infant well-being in the year following pregnancy has become more prominent in medical and public thinking. This vital period—the ‘fourth trimester’ and beyond—is now believed to be a unique and critical window of opportunity to identify people at higher risk for future chronic disease, where early implementation of preventative interventions may be especially important to improve the lifelong health of both mother and infant.

Mothers who experience complications during pregnancy such as pre-eclampsia, gestational diabetes or depression have an elevated risk for future chronic disease. For example, diagnosis of pre-eclampsia carries an elevated risk for future hypertension (risk ratio 3.70), ischaemic heart disease (risk ratio 2.26) and stroke (risk ratio 1.8).¹ The most sobering statistic is that those who develop pre-eclampsia are at increased risk of death from cardiovascular disease (HR 2.14), with heightened risk in the first 10 years after delivery.^{2,3} Gestational diabetes mellitus is associated with a 70% increased risk of type 2 diabetes, with an eightfold increased risk in the first 3 years after delivery.² Even in the absence of pregnancy complications, postpartum women and people are at increased risk of depression, pelvic floor dysfunction, weight retention and disturbed sleep.⁴ Such conditions have significant consequences on short-term and long-term health and well-being of both mother and infant. Fortunately, current evidence is showing promising interventions that can help mitigate

the risk for mothers and babies in the first year postpartum. Although physical activity is a well-established mode to improve health outcomes in most populations, to date there has been limited guidance for the postpartum period. Further, a growing body of research encourages the consideration of all movement behaviours (physical activity, sedentary behaviour and sleep) across the 24-hour cycle to optimise physical and emotional health. This special issue of the *British Journal of Sports Medicine* is dedicated to celebrating the postpartum period and highlighting the essential need for robust social, emotional and physical support in the initial year after childbirth.

A NEW GUIDELINE FOR POSTPARTUM MOVEMENT BEHAVIOURS

The Canadian Society for Exercise Physiology's 2025 *Canadian Guideline for Physical Activity, Sedentary Behaviour and Sleep throughout the First Year Postpartum* (see page 515) sets empirical recommendations to support new mothers. It was developed following Appraisal of Guidelines for Research and Evaluation II (AGREE II) and Grading of Recommendations Assessment, Development and Evaluation (GRADE) methodology, a rigorous nearly 3-year process reviewing more than 19 000 titles and abstracts, and included 574 unique studies. These were distilled into seven systematic reviews and meta-analyses covering 21 maternal and infant health outcomes. This new guideline emphasises that one size does not fit all, rather progression towards the recommended 120 min/week of moderate-to-vigorous intensity physical activity (MVPA) should be individualised, gradual and symptom based. However, achieving this and other goals within the guideline cannot occur without the support of partners, families and society. We all have a role.

HEALTH BENEFITS OF POSTPARTUM PHYSICAL ACTIVITY

Six of the seven systematic reviews in this edition focus on the health impacts of MVPA following childbirth. These reviews provide



moderate-to-high certainty evidence that engaging in postpartum physical activity is associated with clinically meaningful improvements in depression and anxiety (see page 550), urinary incontinence and pelvic organ prolapse (see page 562), musculoskeletal pain (see page 594), glucose regulation and blood pressure (see page 539) and maternal anthropometrics (see page 605). Importantly, the risk of injury, infant growth and development, and breastmilk quality and quantity were not different between those who engaged in postpartum physical activity and those who did not (see page 539). These data also provide support for early initiation of postpartum physical activity, demonstrating greater improvements in depressive symptoms and diabetes risk.

POSTPARTUM SLEEP

An important new aspect of the guideline is the inclusion of recommendations to support sleep. For anyone who has experienced the challenges of sleep in the postpartum period, suggestions to improve sleep quality can be met with frustration. There is little control over the sleep habits of a hungry, light-sleeping infant. Yet, the evidence is clear. Poor maternal sleep is linked with increased rates of depression, diabetes, cardiovascular disease and fatigue. Asking mothers to ‘suffer through’ normalises the idea that there is no other option. Two important papers within this edition provide evidence that engaging in higher levels of physical activity improves sleep quality and reduces overall fatigue (see page 576). The second paper demonstrates that implementing sleep interventions (eg, education about infant sleep patterns and strategies) reduces depressive symptom severity (see page 584). Yet, postpartum women and people cannot be expected to make these changes on their own. Social,

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emotional and physical support by others is essential to optimise the health and well-being of both mother and infant.

EMPOWERING ENGAGEMENT IN POSTPARTUM PHYSICAL ACTIVITY

A key paper of this edition is a Delphi study providing consensus opinion by clinical and exercise professionals on physical activity prescreening and contraindications for participating in physical activity after childbirth (*see page 527*). This manuscript was the result of an international collaboration of leaders in postpartum physical activity across seven countries and resulted in the development of the *Get Active Questionnaire for Postpartum*. This new tool is designed to empower postpartum women and people to identify if they require medical guidance before beginning or returning to MVPA postpartum, and to reduce one of the many barriers—medical clearance from a clinician—to physical activity participation following childbirth.

The synthesis of information that underpins the 2025 *Canadian Guideline*

now provides an empirical basis to support the health of mothers and babies in the postpartum period. Impressively, nearly two-thirds of studies included in these meta-analyses were published within the last 10 years. This is clearly a rapidly expanding area of research. Much more work is needed, but for now, we celebrate new advances in the field to support movement behaviours and empower postpartum women and people.

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