**Supplementary Table 4.** Recommendations for policy as well as clinicians and sport organisations to support female athletes to return-to-sport postpartum.

Recommendations for sport organisation policy to support female athletes in their return-to-sport postpartum	Level of sport	Role
Sport organisation policy:		
Establish / update maternity leave policy inclusive of:	P/SA -	SO
<ul> <li>adequate time to recover physically and physiologically (at least 3 months, ideally 6-12 months)</li> </ul>	INT	
financial support and security		
• job security		
travel support for carer and child for all domestic and international travel		
athlete and organisation expectations and responsibilities during maternity leave (e.g., athlete access to and		
organisation provision of support services such as team doctor or team physiotherapist, training requirements of athlete, communication, contact and engagement)		
• a requirement that athlete, organisation and staff (e.g., team doctor, coach) co-design individualised return-to- sport postpartum plan that is frequently reviewed and updated to provide athlete and organisation clear pathway forward		
• Individualised plan should address each of all the above points, as well as any other important considerations		
(e.g., training schedule, considerations for return to training such as breastfeeding, developing home-based		
training program as athlete unable to access childcare on certain days) to ensure 'holistic' support is provided to athlete		
• a clause that enables athletes to use funding for 'maternity/motherhood' relevant expenses (e.g., babysitting,		
childcare, cleaning the house) during maternity leave and/or up until specified timeframe (at least 3 months, ideally 12-24 months)		
Establish / update return-to-sport protocol to include return-to-sport postpartum. Protocol should be individualised,	P/SA -	SO &
co-designed, co-delivered and systematically build athletic capacity through specific and measurable goals (e.g., 6Rs Framework)	INT	CLI

Establish / update relevant organisation policy to recognise, be inclusive and supportive of postpartum athletes (e.g.,	LOC -	SO
diversity, equity and inclusion)	INT	
Establish / update policy to protect and not penalise athletes for taking a leave due to pregnancy/childbirth or whilst	LOC -	SO
returning to sport postpartum (e.g., lose position, remittance or ranking)	INT	
Establish / update policy that requires/encourages sporting venues provide a private space for mothers to breastfeed	LOC -	SO
and access to relevant amenities (e.g., change table, toilet cubicles large enough to fit stroller/pram, uni-sex toilets for	INT	
carers, access to a microwave that can be utilised by mothers/carers to warm food and drink)		
Additional considerations for clinicians and sport organisations to support female athletes to successfully return	1-to-sport po	stpartum
Postpartum recovery time:		
Co-design (athlete, team clinician and coach) a structured and individualised training program that accounts for	P/SA -	SO &
unique postpartum considerations (e.g., vaginal v cesarean delivery)	INT	CLI
Regularly screen the physical (e.g., bleeding, pain, incontinence, heaviness, prolapse, diastasis), physiological and	LOC -	CLI
psychological health of athletes (e.g., sleep, fatigue, breastfeeding, hormonal changes, exercise tolerance,	INT	
psychological wellbeing) and factor negative implications into their return (e.g., whether athletes will require greater		
recovery time, revised trainings, or additional medical support)		
Provide and facilitate educational opportunities to enhance knowledge and understanding of physical, physiological,	LOC -	SO
and psychological changes that occur during pregnancy and how these changes may influence/impact return-to-sport	INT	
postpartum among athletes, sport organisation staff (e.g., coaches) and healthcare professionals (e.g., team doctors)		
Time to manage motherhood and sport demands:		
Inform athletes of relevant schedules and any other requirements (e.g., training times, dates, and travel for	LOC -	SO
competition) as early as possible to enable postpartum athletes time to plan and make arrangements	INT	
Assist athletes to develop strategies to mange motherhood and sport demands (e.g., identify local childcare facilities	P/SA -	SO &
close to training venue to reduce time required to drop off/pick up child/ren, link athlete with nutritionist to identify	INT	CLI
opportunities to increase efficiency of food prep)		
Provide athletes with flexible training program (e.g., increased duration to allow for breastfeeding breaks) and access	P/SA -	SO &
to flexible support services (e.g., telehealth appointments, home visits instead of clinical visits)	INT	CLI
Stereotypes:		

Educate athletes and sport organisation staff about the cultural and social norms/pressures of parenthood, stereotyping	LOC -	SO &
and bias (subconscious and intentional) and how these can affect/influence athletes postpartum (e.g., the 'good	INT	CLI
mother' ideology, guilt, low confidence, performance, motivation).		
Develop education and training resources to build awareness and understanding of cultural and social	P/SA -	SO
norms/pressures and stereotyping and biases of parenthood and how this can affect/influence athletes postpartum	INT	
Support athletes who lack confidence and self-efficacy in relation to sport and motherhood by referring to relevant	P/SA -	SO &
healthcare professionals for additional support (e.g., women's health physiotherapist, lactation consultants, exercise	INT	CLI
physiologists, nutritionists, psychologists)		
Develop a culture that supports postpartum athletes:	LOC -	SO
<ul> <li>Limit discrimination/bias toward postpartum athletes (e.g., athlete not selected in team based on assumed inability to commit to training schedule or perform at pre-pregnancy level, not appointed to leadership position / removal from leadership position based on assumed lack of commitment)</li> <li>Normalise motherhood and sport by showcasing, promoting, and celebrating mothers in sport</li> <li>Support athletes to integrate sport with motherhood (e.g., allow child/ren to travel and stay with athletes during domestic and international travel, and provide facility amenities (e.g., parenting room to breastfeed, equipped with change table and toilet, safe play area)</li> </ul>	INT	
• Be considerate of childcare responsibilities when planning training (e.g., training outside of childcare hours),		
team engagements and events		
Social support:		
Provide a child-friendly environment (e.g., allow child/ren to attend team meetings, engagements, and events)	LOC -	SO
	INT	
Assist athletes to establish support networks (e.g., link with support services such as mothers' groups, childcare,	LOC -	SO &
healthcare professionals) and planning (e.g., who will watch child/ren for training this week)	INT	CLI
Foster and facilitate support networks for postpartum athletes (e.g., allow access to facilities such as meeting room /	LOC -	SO

Level of Sport: informed by McKay et al., (2021) A Participant Classification Framework.<sup>74</sup>

P/SA = Provincial/State or Academy, INT = International, LOC = Local.

Role / Responsibility: CLI = Clinician/s, SO = Sport Organisation.