

Starting Strength

Training and Pregnancy

by

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If you operate a gym, or if you are a uterus-bearing individual who trains and plans on having kids, this topic will be of interest. Pregnancy and training are discussed in the Q&A at almost every Starting Strength Seminar, and the questions that are asked are very important, both from the standpoint of the mother *and* the gym owner.

Moms go first: All the health organizations with an interest in pregnancy recommend exercise during the term. There are no studies which indicate a risk of pre-term delivery associated with exercise in a normally healthy mother. Everybody seems very positive about the benefits of exercise for the expectant mother, from the moderation of leg cramps, hemorrhoids, and gestational diabetes to the psychological effects of maintaining a healthier body composition. My own experience with pregnant trainees has been that their labor times are reduced. It's hard to find a "no" for women who exercise during pregnancy.

That being said, the advice regarding exercise during pregnancy can be very primitive. The website PregnancyStatistics.org has some really strange stuff right out of the 1950s. For example, *"If you are weight training as part of your pregnancy exercise program, make sure that you avoid body building (sic). Instead, concentrate on tone. Do not lift weights over your head, or do things that strain the lower back."* Even better: *"During trimesters two and three, avoid exercises that require you to lie flat. This can deprive your baby of your nutrient rich blood flow."* Makes you wonder how they want a gal to sleep. Or *"Do not exercise to a point at which you are breathless. This sort of exercise will deprive your baby of oxygen, which is needed for healthy development."* How sensitive is the fetus to mom climbing the stairs?

The standard caveats are always listed: Don't get so hot that your body temperature elevates excessively (don't do wind sprints in Libya during August). Don't play contact sports. Don't place yourself in a position where you can fall. Don't exercise if you're being treated for a pathology that has already increased the chances of a pre-term delivery. You already knew this.

For guidance on hard physical activity during pregnancy I'd refer you to the entirety of human history before the development of modern obstetrics. It is certainly true that pre-natal and infant mortality has decreased precipitously over the past 75 years. It is also true that much of this reduction is a reflection of the improvements in public health in general and infectious disease control in particular. The species has flourished despite the fact that pregnant women were traditionally as active as a productive lifestyle required them to be, and for most of human history the suggestion that pregnant women should just *be still* for 9 months would have been rather poorly received as a practical matter.

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But we're discussing *training*, not mere physical activity or *exercise*. Strength *training* is the process of accumulating strength over time through the use of a program that drives this adaptation through the manipulation of stress and recovery. It is harder than just walking into the mall from the car. In contrast, *exercise* is the intentional performance of physical activity for the purpose of improving health, and is what most people do when they go to the gym.

Exercise is done for the effects produced by today's workout itself, whereas *training* uses the accumulating effects of a sequence of workouts to improve a specific measurable physical performance at some point in the future. *Exercise* is going to the gym, doing a few squats, some presses and lat pulldowns, some cardio, and going home. *Training* is following a program designed to produce Personal Records. If you're exercising, you're just working out in the gym, but if you're training you're working on a set of numbers from your training log.

Female athletes become pregnant. Competitive women who enjoy hard physical activities become pregnant. Women frequently choose not to stop being better-than-average humans when they get pregnant, and better-than-average humans sometimes decide that *training* is a good way to improve their lives.

My advice at the gym has for many years been quite simple:

1. If you are already training and become pregnant, keep training as long as possible, but don't do anything stupid. When in doubt, *don't push for the PR*. Late-term, my advice is to stop training until you hatch.
2. If you are pregnant and want to start training, don't start until after you deliver the baby. *Exercise* now, *train* later. For a woman who has never trained, and who is therefore unadapted to the stress of training, an exercise-only approach is much safer for everyone involved.

Especially for the Gym Owner.

Here's why. It is a demonstrable fact that 30-50% of all conceptions end in spontaneous abortion, more often referred to as "miscarriage." This statistic varies with the age of the mother, nutrition status, time of year and geography, and factors such as disease acquisition and stress. But across all demographics, 30 to 50% of *all pregnant women* will miscarry a pregnancy.

This leads to a simple yet very important question: Do you want this to occur in your gym, especially under circumstances that may cause you to appear to be liable – *in any capacity*?

I don't. I've never had a woman miscarry in my gym that I'm aware of. In all likelihood it has happened, because the statistics indicate the high probability, so I've perhaps been lucky. But the wrong woman in your gym at precisely the wrong time could present a very big problem for you, your gym, and your insurance company.

I really hate to say this, but women can become pregnant again, while a gym owner sued out of existence may well never train another client. My advice is to have your pregnant members sign a detailed release specifically addressing this issue, and to *exercise* them, leaving actual *training* until after the baby is safely on the ground.

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