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Exercise Throughout Pregnancy in a Hospital Setting: Looking Beyond COVID-19

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Exercise Throughout Pregnancy in a Hospital Setting: Looking Beyond COVID-19



To the Editor: Despite the known benefits of physical exercise during pregnancy,¹ the worldwide prevalence is currently low.² This may be due to several interrelated factors that result in compliance with the universal recommendation of 150 min/wk of physical activity in the pregnant population.³ Three factors key to solving this troublesome issue are as follows:

1. The transfer of knowledge about the benefits of exercise for mothers, fetuses, and newborns is urgent.
2. The difficulty of access to supervised physical activity throughout pregnancy is problematic. To overcome this barrier, one option is to provide an exercise program within the hospital environment in which individuals access their obstetric follow-up.
3. The collaboration between the hospital (obstetric health care) and the university (experts in maternal exercise) is important so as to work as a cohesive team to provide optimal patient-centered care, early in pregnancy, regarding physical activity and to provide a choice for volunteering for scientific research.

The purpose of this brief report is to outline the importance of how a university and hospital can work together, especially in the coronavirus disease 2019 (COVID-19) climate. Establishing early contact between healthy pregnant individuals and resources to promote a

physically active lifestyle is key to initiating and maintaining healthy habits.

During this early contact, obstetric contraindications should be immediately ruled out by the professional, and healthy pregnant individuals must have access to an exercise program or at least the information to remain active so that this approach would generate success. Davies and Artal⁴ suggested that exercise throughout pregnancy should be considered a therapy to improve quality of life.

Methodologically, the best care requires a multidisciplinary team within the hospital by working with university experts in prenatal exercise, where coordination will ensure the benefits of physical activity. However, the COVID-19 pandemic complicated exercise classes within the hospital, largely owing to obstetric protocols.⁵ These programs are currently offered virtually and allow participants to track their activity levels daily, providing motivation for them to remain active.

This multidisciplinary management will allow pregnancy and postpartum follow-up. The pregnant individual is informed and screened by the obstetrician at the first visit and is referred to an exercise professional who oversees performing 1 of the 2 available options (Figure). Participants may be destined in option A to be randomized into either the control or the exercise group. If they opt out of the randomized clinical trial, they can select option B with other online counseling possibilities.

Currently, the strategy is in phase I, in which all contact with the university researchers is virtual,

including the exercise session. As the effects of the pandemic hopefully diminish, we are “looking beyond” COVID-19 in phase II with the gradual return to face-to-face meetings. Perhaps the future may be a hybrid of both (Figure).

Thus, early intervention and the availability of resources from a collaborative team are fundamental to ensure a healthy quality of life with exercise throughout pregnancy. New studies must consider the impact of a new virtual scenario and the access to programs with rigorous follow-up to obtaining transferable results.

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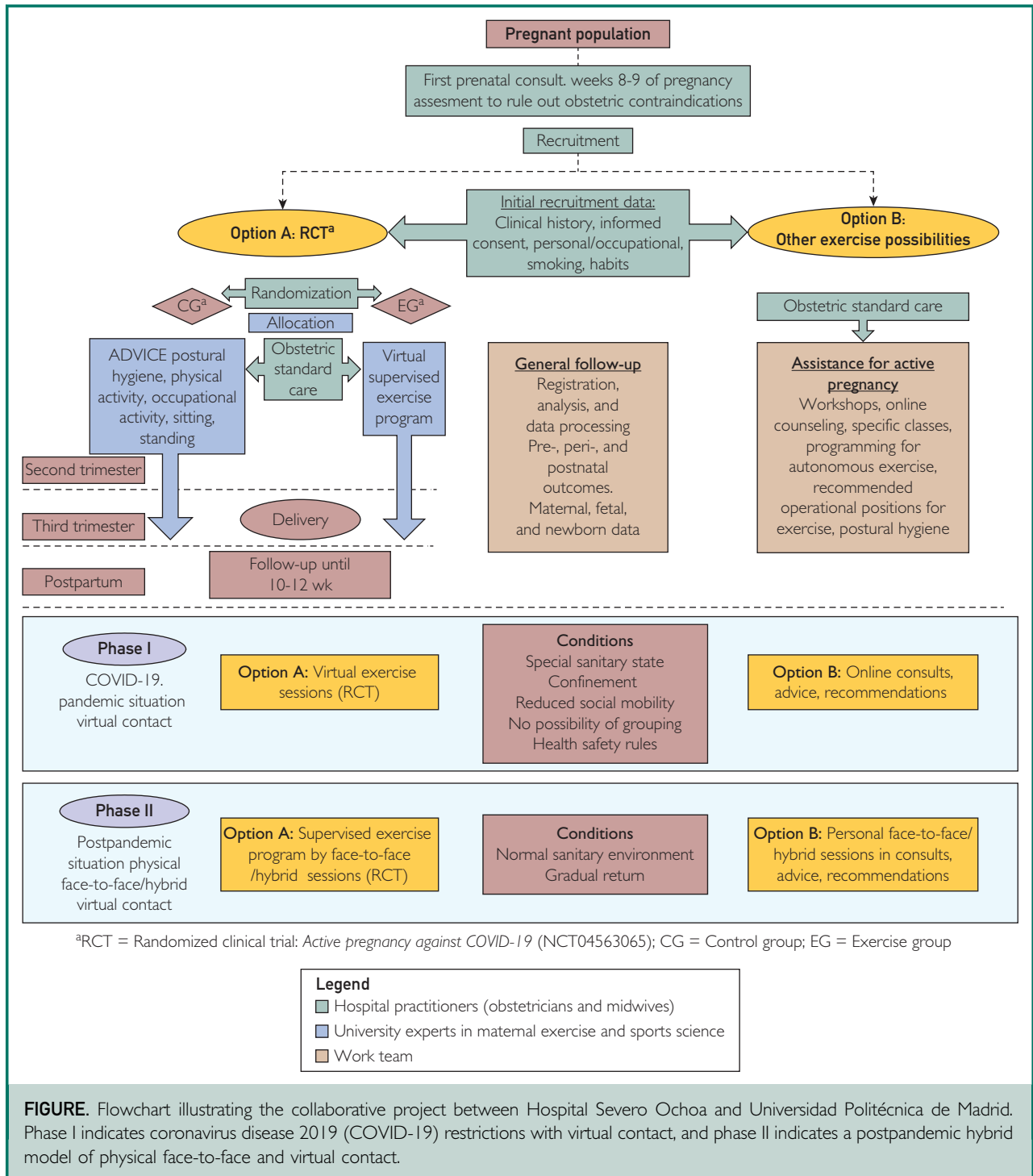


FIGURE. Flowchart illustrating the collaborative project between Hospital Severo Ochoa and Universidad Politécnica de Madrid. Phase I indicates coronavirus disease 2019 (COVID-19) restrictions with virtual contact, and phase II indicates a postpandemic hybrid model of physical face-to-face and virtual contact.