



## THE FOOTBALL ASSOCIATION

### Pregnancy and Football – Guidelines for Players

**These guidelines have been developed by The Football Association for anyone involved in women's and girls football.**

#### **Pregnancy and football**

- Playing football provides many health benefits. But it is also recognised that, as a sport which involves contact, playing football carries an inherent risk of injury. If you play football whilst you are pregnant, the risk and consequences of injury may increase considerably.
- In deciding whether to continue playing football, both your own health and the health of your unborn child are of paramount importance. The decision is yours alone to make.

#### **Seek the advice of your GP**

- If you find you are pregnant, we strongly recommend that you liaise with your GP in order to get specific medical advice, and to discuss whether or not you should continue playing. You should also ask your GP to advise as to when you should return to playing after childbirth.
- To assist your GP, we have provided some generic information at the end of these Guidelines. This information is however not a substitute for specific medical advice and you should not rely on this alone.

#### **Recommendations**

- Based on the current medical guidance received by us, we generally recommend that pregnant players should not continue playing beyond 12 weeks of pregnancy, and that players should not return to football until at least 2 weeks after childbirth.

However, as mentioned above individual circumstances may vary considerably, and you should therefore obtain specific medical advice.

#### **Your responsibilities**

- If you decide to continue playing football whilst pregnant, you should remember that you do so on a voluntary basis and entirely at your own risk. You will normally be responsible for any injury which you (as a pregnant player) or your unborn child may suffer whilst playing football.
- You should accept that there may not be medical facilities available at a match venue or your club's grounds to treat any injury related specifically to your pregnancy, even if you have advised your club or the venue in advance.
- If you choose to continue playing whilst pregnant, you will be deemed to have unconditionally waived any and all claims that you may have against your club and the opposing club, all other players, your league, County FA, or The FA as a result of any injury suffered by you or your baby whilst playing.

#### **Further information**

For further information and guidance please contact:

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# THE FOOTBALL ASSOCIATION

## Guidelines on Pregnancy and Football Medical Briefing Paper

### Introduction

The benefits of exercise when pregnant are well documented but the potential risks to mother and unborn child when participating in a sport involving contact such as football must be appreciated and clearly understood by participants, coaches and officials.

Risk will vary according to individual circumstances. Maternal and foetal responses to exercise will vary, therefore guidance for sportswomen and officials must be on an individual basis.

The following information and generic guidelines may assist all those concerned with pregnancy in football.

Prior to any exercise in pregnancy early advice from a health care professional should be sought and maternal and foetal health should be closely monitored throughout pregnancy.

### Potential Health Benefits

- Common complaints of swelling, fatigue and varicosities are reduced in women who exercise.
- Active women also suffer less insomnia, stress and anxiety and can reduce labour time and delivery complications by exercising through pregnancy.
- Exercise may also help with gestational diabetes.
- Women who exercise during pregnancy are more likely to continue post partum and will therefore benefit from the protective effects of exercise on coronary artery disease, osteoporosis and hypertension as

well as reducing the risk of colon and breast cancer.

- Foetuses of exercising mothers may tolerate labour better than non-exercising mothers.
- Foetal stress is less in those women who exercise throughout pregnancy.

### Potential Risks

- Hormonal changes leading to increased joint laxity and hypermobility may potentially increase the risk of injury.
- Hyperthermia, particularly in the first trimester, is a concern as maternal core temperatures in excess of 39.2C can be teratogenic.
- Risk of abdominal trauma in sport is relatively rare. In the first trimester the uterus is protected within the boney pelvis.
- Theoretically pregnant women may be more vulnerable to falls because of a shifted centre of gravity by the growing foetus, this may affect balance and coordination in the later months of pregnancy.

### Exercise Guidelines

- Maintain good hydration throughout exercise with plenty of fluids.
- Eat regular nutritious meals to maintain energy levels.
- Avoid exercise in the hottest/humid parts of the day.
- Reduce exercise intensity as the pregnancy progresses.
- Always warm up prior to and cool down after exercise.
- Contact training/matches should be avoided after 12 weeks (after 1st trimester).



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- If exercising in water the water temperature should not exceed 32C.

### Exercise Intensity

- Maintain heart rate less than 75% of maximal heart rate.
- Use Borg Scale and do not exceed 12-14 on 6-20 scale i.e. perceived exertion – somewhat hard.

### Borg's Rating of Perceived Exertion

6	
7	very, very light
8	
9	somewhat light
10	
11	fairly light
12	
13	somewhat hard
14	
15	hard
16	
17	very hard
18	
19	very, very hard
20	

Stop exercising if any abnormal symptoms such as:

- Chest or abdominal pain
- Headache
- Unusually high heart rate
- Decreased foetal movements

- Insufficient weight gain
- Amniotic fluid leak
- Nausea
- Uterine contractions
- Vaginal bleeding
- Sudden swelling of ankles, hands and face
- Calf pain or swelling
- Muscle weakness
- Pelvic girdle pain
- Excessive fatigue
- Dizziness or, unusual shortness of breath.

### Conclusion

- Women should be encouraged to exercise as part of a healthy lifestyle throughout their pregnancy.
- Women should choose activities that minimize the risk of loss of balance and foetal trauma. With this in mind contact training and match play should be avoided after 12 weeks gestation for all those at risk of collision/contact in football.
- Women should be advised that adverse maternal and neonatal outcomes are not increased for exercising women.

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### References

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