GUIDE 03

STRONG THROUGH PREGNANCY & BEYOND

A symptom-led approach to movement, food and returning to training.

Your body is doing demanding work. Training should support this chapter, not add pressure to perform.

Practical examples. Clear boundaries. Space for your experience.
General adult education, not diagnosis or medical clearance.

Start with your maternity team

The purpose of movement [1]

In an uncomplicated pregnancy, comfortable activity can support wellbeing and fitness. Tell your maternity team and coach about your training, experience and symptoms. Complications can change what is appropriate.

Before using an example session

Ask whether you have any restrictions, warning signs or movements to avoid. This booklet cannot clear you for exercise. If you have bleeding, heart or lung disease, significant anaemia, cervical/placental problems, high blood pressure or other complications, seek specific advice first.

Keep effort conversational [1]

Use the ability to talk as a practical guide, take breaks and avoid exhaustion. Start gently if you were previously inactive. Avoid contact sports, overheating and activities with a substantial fall risk; avoid prolonged flat-on-back exercise after 16 weeks.

No universal weight limit

The right resistance depends on experience, symptoms and your clinical situation. This is not the time to test a maximum lift or follow a generic progression regardless of comfort.

Adapt through the trimesters

First trimester: make room for fatigue

On a low-energy day, choose a short walk or a shorter familiar session. Keep water and an easy snack available. A missed workout is not a problem to repay. Persistent vomiting or inability to keep fluids down needs maternity advice.

Second trimester: update the setup

As your bump grows, adjust stance, range and support. A chair squat, supported row or incline press may be more comfortable than the previous version. These are options to agree with your coach, not required substitutions on a fixed date.

Third trimester: favour comfort

Shorter bouts and extra rest may suit you better. Use stable positions and avoid forcing range. Walking tolerance can change too; alternatives or rest are appropriate if pain or pressure appears.

Symptoms outrank the calendar

Pelvic girdle pain, leaking, heaviness, dizziness or worsening discomfort warrant a change and discussion with your maternity team or appropriate physiotherapist.

A modest strength-session example

Only if approved and comfortable

For an uncomplicated pregnancy, discuss this example with a suitably qualified coach. It is not an individual prescription. Begin with five minutes of easy movement; you should be able to speak normally.

Choose four familiar patterns

Chair squat: 1-2 sets of 6-10.
Light supported row: 1-2 sets of 8-12.
Wall or incline press: 1-2 sets of 6-10.
Supported calf raise: 1-2 sets of 8-12.
Rest at least a minute, longer when needed. Finish while several comfortable repetitions remain.

Adjust rather than force

Use a smaller range, less resistance or fewer sets when needed. Breathe throughout. Skip any movement that causes symptoms; do not use the numbers as a target to complete at all costs.

A realistic week

Two short, non-consecutive strength sessions and comfortable walks may suit some people. Others need less. Your maternity advice, baseline fitness and recovery come first.

After birth: rebuild in stages

Early recovery [2]

After a straightforward birth, gentle walking and comfortable recovery exercises can begin when you feel ready. Caesarean birth, major tears or complications require individual advice before strenuous activity. Healing, pain and fatigue matter more than a deadline.

The postnatal check is a conversation

Use the check to discuss bleeding, wounds, pain, bladder/bowel symptoms and returning to exercise. It is not an automatic clearance for heavy lifting or running. Ask for pelvic-health assessment where indicated.

Build capacity before impact

Start with comfortable daily movement, then supported strength, then more demanding loading and impact when ready. Do not jump directly from inactivity to your old running plan. A specialist can assess readiness; a fixed week number cannot.

Check the response

If an increase brings pain, leakage, heaviness or increased bleeding, stop the provoking activity and seek advice. Keep or return to the easier level only if comfortable.

Food, feeding and recovery

Do not pursue a pregnancy fat-loss diet

Use regular meals and snacks to support changing needs. After birth, make recovery and sufficient food the first priorities. Avoid crash diets or trying to earn food through exercise.

A practical day

Breakfast: eggs and toast with fruit.
Lunch: chicken, beans or tofu in a wrap with vegetables.
Dinner: fish, lentils or meat with potatoes/rice and vegetables.
Snacks as needed: yoghurt and cereal, toast with nut butter, or a cheese sandwich. Adjust portions to appetite and needs.

Make help specific

Ask someone to bring a meal, fill a water bottle or watch the baby while you eat. Breastfeeding and expressing can make food timing difficult; keeping a snack nearby is a practical option.

Use pregnancy-specific advice

Follow maternity guidance on food safety and supplements, not general gym supplement advice. Mention breastfeeding, dietary restrictions and medication when seeking nutritional support.[3]

Stop signs and support

During pregnancy

Stop exercise and contact maternity triage for vaginal bleeding, fluid leakage, painful regular contractions, severe headache, visual changes, dizziness or unusual breathlessness. Reduced fetal movement needs prompt maternity advice once you are monitoring movements; do not wait for the next gym session.

After birth

Heavy or suddenly increasing bleeding, fever, worsening wound pain or a painful swollen calf needs urgent assessment. Chest pain, severe breathing difficulty or collapse requires emergency help. Call 999 for a life-threatening emergency.

Emotional recovery matters [2]

If you are struggling to cope, tell your midwife, health visitor or GP. Exercise can be supportive but is not a substitute for mental-health treatment. Thoughts of harming yourself or your baby require urgent help.

What to tell your coach

"This is what my maternity team has advised. These movements feel comfortable; these symptoms need attention. I want a plan that supports recovery, without pressure to bounce back."

Sources & how to use this guide

[1] NHS: Exercise in pregnancy

Open source

[2] NHS: Keeping fit and healthy with a baby

Open source

[3] NHS: Pregnancy vitamins and supplements

Open source

[4] ACOG: Physical activity and exercise during pregnancy and the postpartum period (2020), Committee Opinion 804

Open source

Evidence and practical examples

Sources checked 12 September 2026. Numbered references support the clinical summaries; the meal ideas, checklists and example routines are Neon coaching suggestions, not validated treatment protocols. Advice must be adapted to you.

Using this guide

This guide is general education for adults, not individual medical advice. It has not been independently clinically reviewed. Discuss exercise with your maternity team or an appropriately qualified clinician; obtain individual advice for symptoms, medical conditions, medicines, pregnancy or disordered eating. Do not change prescribed treatment using this booklet.