Pilates has been promoted as a suitable physical activity for pregnant women, however little is known about recommendations for safe and appropriate instruction of pregnancy Pilates exercises.

The objective of this study was to examine Pilates practitioners’ perspectives regarding Pilates program design and potential benefits, restrictions and contraindications on Pilates in pregnancy.

Method

Pilates practitioners (members of Pilates training and professional organisations) were invited to complete a cross-sectional survey via email. Participants were surveyed about:

(i) their experience and views on: screening processes in alignment with The American College of Obstetricians and Gynecologists (ACOG) (2002) guideline

(ii) optimal exercise program features and

(iii) physical and mental health benefits of Pilates for pregnant women.

Results

• 192 participants commenced the survey, 44% completed the questionnaire in full.
• 31% reported the requirement for a medical practitioner’s approval prior to pregnant women attending Pilates class.
• 51% stated that they would accept a pregnant woman with no prior experience of Pilates participation.
• 44% agreed that Pilates exercises in the supine position should be avoided.
• Varied responses were provided in regards to spinal flexion exercises.
• 28% stated they do not instruct single-legged stance exercises.

Participants rated the following as contraindications to exercise:
• ruptured membranes (81%),
• persistent bleeding (70%),
• premature labour (69%),
• pre-eclampsia (68%),
• placenta praevia at 32 weeks (64%),
• incompetent cervix (60%) and
• haemodynamic heart disease (44%).

• Seven different types of breathing techniques were recommended, including thoracic lateral breathing (30%) and diaphragmatic breathing/belly breathing (24%).