

2025 Canadian Guideline for Physical Activity, Sedentary Behaviour and Sleep throughout the First Year Postpartum

Preamble:

This Guideline provides evidence-based recommendations regarding physical activity, sedentary behaviour and sleep throughout the first year postpartum in the promotion of maternal, and infant health. Physical activity following childbirth was associated with a reduction in the odds of depression (45%), urinary incontinence (37%) and type 2 diabetes (28%), as well as improvements in the symptom severity of depression, anxiety, lumbopelvic pain, change in weight, body mass index and triglycerides. Importantly, the systematic reviews did not identify an increased risk of harm, including injury, adverse events, fear of movement, or decreased breast milk quality or quantity, and exercise was shown to reduce levels of fatigue. Our systematic reviews also found that sleep interventions (e.g., education about infant sleep patterns and strategies) were associated with a reduction in severity of depressive symptoms, and physical activity interventions were associated with improvements in sleep quality and a reduction in daytime fatigue.

The postpartum period is an important transitional life event that presents unique barriers that may make following this Guideline challenging. Robust social and emotional support from partners, family, and society to help postpartum women and people overcome the challenges and barriers associated with the transition from pregnancy to postpartum is essential to effectively progress towards these recommendations. For postpartum women and people experiencing difficulties meeting the targets in this Guideline, any progress, even if small, in meeting physical activity targets increases maternal physical and mental health, while any reductions in sedentary behaviour may also improve cardiometabolic health.

These Guidelines were informed by an extensive systematic review of the literature, expert opinion, end-user consultation and considerations of feasibility, acceptability, costs and equity.

Recommendations:

The specific recommendations in the 2025 Canadian Guideline for Physical Activity, Sedentary Behaviour and Sleep throughout the First Year Postpartum are provided below:

1

We recommend all postpartum women and people without contraindications be physically active to obtain clinically meaningful benefits (e.g., prevent and reduce depressive symptoms).

2

We suggest women and people with potential contraindications to physical activity (see below) obtain medical clearance from a primary healthcare provider (e.g., family physician) about beginning or continuing moderate-to-vigorous physical activity (MVPA) following childbirth. In most cases, MVPA may proceed but modifications may be required until the medical problem has resolved.

3

We recommend accumulating at least 120 minutes of MVPA (e.g., brisk walking, cycling) spread over four or more days of the week that incorporates a variety of aerobic and resistance training activities.

4

We recommend performing pelvic floor muscle training (PFMT) daily to reduce the risk of urinary incontinence and rehabilitate pelvic floor muscles impacted by pregnancy, labour, and/or delivery. Instruction on proper technique from a pelvic floor physiotherapist is recommended to obtain optimal benefits.

5

We recommend beginning or returning to MVPA in the first 12 weeks postpartum to support mental health.

6

We suggest initiating early mobilization with light-intensity physical activity (e.g., gentle walking, pelvic floor muscle training) and progressing to MVPA once surgical incisions or perineal tears have sufficiently healed and vaginal bleeding (lochia) does not increase with MVPA.

7

We suggest following an individualized, gradual, and symptom-based progression toward at least 120 minutes/week of MVPA.

8

We recommend adopting a healthy sleep hygiene routine (e.g., avoid screen time and maintain a dark, quiet environment before bed) to support maternal mental health.

9

We suggest limiting sedentary time to 8 hours or less, including no more than 3 hours of recreational screen time, and breaking up long periods of sitting when possible.

All postpartum women and people can participate in physical activity after childbirth with the exception of those who have medical conditions where it may not be recommended (contraindications; listed below). Those with relative contraindications should discuss the advantages and disadvantages of moderate-to-vigorous intensity physical activity with their primary healthcare provider prior to participation. However, they may continue their usual activities of daily living.

The newly developed Get Active Questionnaire for Postpartum was designed to empower postpartum women to identify if they require medical guidance before beginning or returning to moderate-to-vigorous intensity physical activity postpartum, and to reduce barriers to physical activity participation www.csep.ca/getactivequestionnaire-postpartum

Relative contraindications to moderate-to-vigorous intensity physical activity in the first year after childbirth.

Relative Contraindications

- severe abdominal pain
- vaginal bleeding not associated with menses
- postpartum cardiomyopathy
- caesarean section with symptoms that worsen with MVPA (e.g., surgical incision pain)
- high blood pressure (>140/90 mmHg SBP/DBP) that is not stable
- eating disorder
- malnutrition
- excessive fatigue suggestive of anemia or low energy availability (e.g., relative energy deficiency in sport)
- fractures or other significant musculoskeletal injuries
- calf pain or swelling suggestive of deep vein thrombosis
- hemodynamic instability
- acute systemic infection accompanied by fever, body aches, or swollen lymph glands
- breathing difficulties, such as shortness of breath at rest that is not relieved with medications
- the new onset of chest pain, discomfort, and other angina-like symptoms with exertion
- dizziness or lightheadedness during MVPA
- loss of consciousness for any reason
- neurological symptoms such as ataxia or muscle weakness affecting balance
- kidney disease
- new symptoms of heart disease or stroke
- other medical or physical conditions that may affect ability to be physically active

While the following are not contraindications to physical activity, additional screening, support and treatment for potential barriers to MVPA by a healthcare provider or qualified exercise professional may be recommended:

- mental health,
- pelvic floor and abdominal wall function,
- musculoskeletal pain,
- wound healing,
- relative energy deficiency of sport,
- poor sleep,
- fear of movement,
- lactation status,
- social/emotional support, and
- eating disorders

The guideline has been endorsed by the Canadian Association of Midwives, the Canadian Physiotherapy Association, the Chartered Association of Sport and Exercise Sciences (formerly known as the British Association of Sport and Exercise Sciences), the Exercise and Sports Science Australia, and ParticipACTION.