

Pregnancy: A Practical Guide for Scaling

Movement	Modification and Scaling Options	Notes
Running	<ul style="list-style-type: none"> • 200-m sled drag with 25-45 lb. to replace 400-m run. Sled straps on shoulders. • Sled push. Use weight that makes for about a 2-minute effort. • Row 500 m. • AirBike 0.4-0.6 miles. 	The sled, erg and AirBike will decrease impact that is often uncomfortable when running while pregnant. All these options will tax a metabolic pathway as running would. Adjust weight and/or distance to get the athlete to work for about the same amount of time she would spend on the running portion of the workout.
Double-Unders	<ul style="list-style-type: none"> • Singles, or scale back the total number of double-unders. • 8-kg (17-lb.) kettlebell swings for half the number of double-under reps. • AirBike 15 seconds for 15 double-unders 	Jumping is often the first thing to become uncomfortable, so if jumping is out, go to the kettlebell or AirBike so the breathing patterns of double-unders can be reproduced.
Rowing	<ul style="list-style-type: none"> • Shorten the stroke length in the catch position and have the athlete push the knees out to the side. • Raise damper to 7 or higher because stroke length is greatly decreased. • Substitute sled pull, sled push or AirBike. 	By 7 months, a lot of pregnant women find that while they can row, they can't get any metabolic response because of their limited range of motion and stroke length. Substitute a sled pull/push or running if the athlete is still running.
Kettlebell Swings	<ul style="list-style-type: none"> • Lighter kettlebell. • Russian swings (to eye level). • Kettlebell deadlifts. • Hip extensions on the GHD or good mornings. 	As the belly gets bigger, athletes can feel increased pulling on the front side of the body and pelvis. It bothers some, while others experience no discomfort. Discomfort can be reduced with swings to eye level and a major focus on contracting the abdominals. If dynamic movement causes discomfort, scale to deadlifts or hip extensions on the GHD.
Squats	<ul style="list-style-type: none"> • Adjust depth and load for comfort. 	It's all right for the athlete to load the squat, but generally they should not be straining excessively during lifting. Many women are comfortable staying below a percentage of pre-pregnancy 1-rep maxes. We use a guide of no more than 70 percent of 1-rep max for all loading past 3-5 months of pregnancy. Coaches will need to adjust some rep schemes (e.g., sub a 5 x 5 for a 1-rep max. Some women will feel comfortable going heavier).
Deadlift	<ul style="list-style-type: none"> • Scale load. • Use sumo stance once belly interferes with thighs. 	It's all right for the athlete to load the deadlift, but generally they should not be straining excessively during lifting. Many women are comfortable staying below a percentage of pre-pregnancy 1-rep maxes. We use a guide of no more than 70 percent of 1-rep max for all loading past 3-5 months of pregnancy. Coaches will need to adjust some rep schemes; (e.g., sub a 5 x 5 for a 1-rep max).

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Olympic Lifts	<ul style="list-style-type: none"> • Scale load. • Scale range of motion (e.g., lift from the hang instead of the floor). • Use dumbbells instead of a bar. • Change to the power version and consider adding a squat if a dynamic reception in the squat is uncomfortable (e.g., power clean plus front squat instead of squat clean). 	Some have no problem doing barbell Olympic lifts throughout pregnancy, while others do not want to pass a barbell by the belly once it sticks out. Modify according to the athlete's preference and comfort level with the movement pattern.
Pull-Ups	<ul style="list-style-type: none"> • Strict pull-ups (with bands if needed); sub 1 strict rep for every 3 kipping reps. • Ring rows (don't underestimate their potency). • Seated pull-ups to rings. • Bent-over dumbbell rows. • Rows on a low kids pull-up bar are a great scale and can allow the athlete to work on chest-to-bar range of motion. 	Some women are just fine to kip throughout pregnancy. Others find it somewhat painful or experience a "tug" on their stomach. If that's the case, strict pull-ups should be used. Past 3-4 months, some athletes choose to remove kipping motions because of the increased risk of diastasis recti.
Sit-Ups/GHD Sit-Ups/ Toes-to-Bars/Knees-to-Elbows (Eliminate After First Trimester)	<ul style="list-style-type: none"> • Plank hold. • Sideways walking plank. Travel horizontally in a plank position, about 20 feet for every 20 sit-ups (very challenging). • Side planks. 	Eliminate sit-ups/toes-to-bars and any type of midline flexion similar to the motion of a sit-up once "coning" of the stomach is seen (the middle of the stomach becomes a little mountaintop). We want to allow the abdominals to grow apart at a natural pace inline with the growth of the baby and belly. We suggest eliminating anterior GHD work, sit-ups, toes-to-bars and movement patterns that involve flexion opposed to midline stabilization.
Box Jumps	<ul style="list-style-type: none"> • Scale box height. • Step-ups. • Weighted step-ups with dumbbells to a lower height (cut total reps in half). 	Box jumps are similar to running: They sometimes feel jarring or uncomfortable.
Handstand Push-Ups	<ul style="list-style-type: none"> • Strict handstand push-ups. • Seated press with dumbbells. • Barbell shoulder press (strict or push press). • Standing dumbbell press on one leg with eyes closed. 	Some feel fine going upside down on the wall or on a box. Adjust as needed for each athlete. Personal choice. The eyes-closed, one-foot option is great for working on balance and learning how to maintain tension throughout the body while pressing overhead.