AIS BEST PRACTICE RECOMMENDATIONS TO SUPPORT ELITE ATHLETES FROM PRECONCEPTION TO PARENTHOOD

A Comprehensive Guide for Australian Sporting Organisations

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INTRODUCTION

BACKGROUND

Elite female athletes are increasingly choosing to have children during their sporting careers, yet evidence suggests that many do not feel adequately supported and face numerous barriers during preconception, pregnancy and parenthood. In Australia and globally, elite athletes are advocating for the development of evidence-informed policies, guidelines and recommendations as an essential first step to supporting future athlete mothers. This document recognises this growing need and provides comprehensive recommendations grounded in evidence-based research and best practices. By leveraging data-driven insights and engaging with stakeholders, these recommendations seek to enhance the well-being and performance of elite athletes during these critical life stages to create an environment where athletes can thrive both personally and professionally, ensuring their health and success are prioritised throughout their athletic careers and beyond.

SCOPE OF GUIDANCE

This document is intended to provide recommendations to sporting organisations across all sports on how to best support their elite athletes during preconception, pregnancy, postpartum and parenthood. Sporting organisations may use these recommendations to increase the level of support provided to their elite athletes and/or develop their own evidence-informed policies. The evidence used to develop these recommendations is drawn primarily from an elite athlete population. However, many of the recommendations are also applicable to non-elite athlete populations. As such, this document may be useful to sporting organisations at all levels of governance (i.e. local, state and national).

All recommendations are aimed at fostering systemic organisational change and do not provide or replace the need for individualised medical, obstetric and training advice. Moreover, policy and practice recommendations have been developed to support athletes from preconception through parenthood. However, the implementation and/or adoption of a support provision should never result in discrimination or disadvantage of any form, albeit unintentional, to other athletes.

There are two types of recommendations in this document: 1) policy recommendations; and 2) practice recommendations. Policy recommendations are designed to guide policymakers in developing future policies across an organisation, while practice recommendations provide specific actionable steps and practical guidance for professionals working directly with athletes (e.g. sports physicians, coaches, physiotherapists).

The term 'female athlete' is used to acknowledge the sex-specific challenges and needs of biological female athletes, such as those related to menstruation, pregnancy and postpartum recovery, which can impact performance and health in ways distinct from their male counterparts. While recognising the importance of inclusive language, the use of 'female athletes' in this context is intended to ensure clarity and relevance when discussing topics specific to female physiology. However, the information contained within this document is relevant to all individuals working and participating in sport, regardless of their gender identity.

DISCLAIMER

For all recommendations, sporting organisations are obligated to comply with the applicable laws, regulations, and policies related to athlete consent and confidentiality. When utilising the information in this resource to develop and review policies relating to preconception, pregnancy, postpartum and parenthood. Readers are encouraged to do this with close consideration of existing and related policies within their organisation.

HOW TO USE THE DOCUMENT

To maintain the integrity of the research informing these recommendations, this document is divided into two sections: (1) policy and practice recommendations to support elite athletes during preconception and pregnancy; and (2) policy and practice recommendations to support postpartum and parenting elite athletes return to sport.

Whilst these policy and practice recommendations were developed for Australian national sporting organisations (NSOs) and National Sporting Organisations for people with a Disability (NSODs), we recognise that not all sporting organisations will have the necessary resources to implement all recommendations. As such, we encourage sporting organisations to aspire to implement as many of the policy and practice recommendations as feasibly possible and consider how additional recommendations can be implemented in the future.

Practice recommendations are categorised using a gauge system to indicate the 'level' or 'amount' of resources a recommendation typically requires to be implemented.

YELLOW RECOMMENDATIONS

These recommendations can be implemented with little to no resources. Most sporting organisations should be able to implement these practice recommendations (e.g. educating athletes and staff, providing flexibility with uniform dress codes).

ORANGE RECOMMENDATIONS

These are somewhat resource-intensive and may not be achievable by all sporting organisations (e.g. protecting athlete categorisation, developing personalised pregnancy and return to sport (RTS) plans).

BLUE RECOMMENDATIONS

These are the most resource-intensive and are generally suited to larger sporting organisations with substantial funding or revenue streams (e.g. subsidised specialist medical care, paid parental leave).

In addition to the gauge system, organisational considerations for implementing practice recommendations are detailed following the relevant practice recommendations. Considerations may apply to all or some of the recommendations listed and are distinguished by the organisational icon (pictured on the left).

For some practice recommendations, we offer a similar or an alternative type of support compared to another practice recommendation. This is to provide sporting organisations with an alternative option/s to offer support if the initial practice recommendation is not feasible (e.g. providing free childcare during competitions and and events), compared to allowing a designated carer and child/ren to attend competitions and events to provide childcare for the athlete's child/ren.

Lastly, **sporting organisations and athletes should consider the following in conjunction with practice recommendations at the time of implementation and/or adoption:**

- Athlete expectations: While sporting organisations will support athletes as much as feasibly possible, athletes are ultimately responsible for:
    - Managing their sport commitments (e.g. attending training sessions, appointments and events and being ready for selection)
    - Managing/caring for their children and/or a designated carer (it is not a requirement for sporting organisations and/or staff to manage or care for children and/or designated carers)
- Optimising resources: To reduce workload and resource demands, consider redistributing or reprioritising resources, adapting existing resources and/or programs, and/or collaborating/sharing resources with other sporting organisations
- Flexibility and adaptability: Allow athletes the opportunity to negotiate or re-negotiate needs, plans, and recommendations at any time (e.g. RTS timeframes and/or child/ren involvement in sport)
- Compliance: Ensure compliance with relevant national, state, and sporting organisation regulations and policies (e.g. athlete confidentiality and consent, employment and taxation laws - if an athlete transfers into a suitable duty role)
- Appropriate staff: When implementing practice recommendations, sporting organisations should identify the most appropriate organisational staff to implement, manage and/or maintain the recommendation/s. In some instances, examples of relevant organisational staff and professionals are identified
- Miscarriage, stillbirth and/or infant death: Practice recommendations apply to athletes who experience a miscarriage (i.e. gestation <20 weeks), stillbirth (i.e. gestation >20 weeks) or infant death (i.e. death within 24 months of birth)
- Foster care: Practice recommendations apply to athletes providing foster care. Athlete foster carers should receive the same benefits as non-birthing athletes based on their role as the carer (i.e. primary or secondary carer), contingent on the length of time in which foster care is provided (e.g. not applicable if a few days, but applicable if a few weeks, months or years)
- Child/ren eligibility: Practice recommendations apply only to children aged two years and younger. However, sporting organisations should modify this age limit based on the athlete's role and needs (e.g. the athlete may be required to undertake significant travel and time away from family)
- Broader application: Whilst the practice recommendations are to support athletes during preconception, pregnancy, postpartum and parenthood, they may be transferrable and/or applicable to organisational staff (e.g. coaches and professional support experts)

GLOSSARY

ADOPTION:
The legal process by which an individual or couple permanently assumes parental rights, responsibilities and guardianship of a child who is not biologically theirs

AUSTRALIAN INSTITUTE OF SPORT (AIS):
Australia's leading high performance sporting organisation that leads and enables a united and collaborative high performance sport system to support Australian athletes achieve international podium success

BIOPSYCHOSOCIAL:
The biological, psychological and social factors that can influence an athlete's RTS postpartum (see Christoper et al., 2024 for more information)

BIRTH OR BIRTHING:
The act or process whereby a child/ren is delivered from the womb (e.g. vaginal or c-section)

NON-BIRTHING:
Those who do not physically give birth to their child but play an essential role in the child's upbringing and care, such as an adoptive parent, non-gestational/ birthing parent or foster carer

CATEGORISATION / CATEGORISATION LEVEL:
The mechanism in which eligible high performance NSOs identify athletes with the capability of delivering high performance outcomes now and in the future – see: The National Athlete Categorisation Framework. Note: Categorisation is only relevant to eligible HP NSOs and athletes aligned to those NSOs who compete in one of the 5 Pinnacle Events as outlined in the HP2032+ Win Well strategy (Summer or Winter Olympics or Paralympics or Commonwealth Games only sports)

CATEGORISED ATHLETE:
An athlete recognised under The National Athlete Categorisation Framework

CLEARANCE (MEDICAL OR RTS):
The official approval from a qualified healthcare professional confirming that an individual is medically fit to participate in a specific activity, job, or sport based on a health assessment and evaluation of potential risks

CONTRAINDICATIONS:
A specific condition or factor that makes a particular treatment or activity inadvisable

DESIGNATED CARER:
A person who is formally identified to provide and/or assist in the care of a child/ren

DISORDERED EATING:
A spectrum of unhealthy eating behaviours and attitudes towards food, weight, body shape and appearance

EATING DISORDER:
A mental illness characterised by persistent disturbances in eating behaviours and psychological functioning

ELITE ATHLETE:
Recognised by an athlete's selection and representation at the highest senior levels of international or professional sport. Examples within non-professional sports include representing Australia at the senior World Championships, Olympic, Paralympic, or Commonwealth Games, while professional sports include athletes playing at the highest levels of professional competition (e.g. AFLW, NRLW, A-League, Super Netball). Note: Athletes classified by McKay et al (2022) Participant Classification Framework as Tier 3-5 may also be classed as 'elite'

EMPLOYED ATHLETE:
An athlete who is recognised formally as an employee of their sporting organisation, club, or governing body under a contractual agreement generally as a 'professional' athlete (e.g. Super Netball, W-League, AFLW, NRLW)

FREEZE:
Stopping/pausing certain actions, terms, or obligations for a specified period of time or until specific conditions are met (e.g. until the athlete returns to sport and/or the competition environment)

FOSTER CARE:
The temporary care of a child/ren who cannot live with their biological parents due to safety concerns, neglect or other issues

HIGH PERFORMANCE ENVIRONMENT:
The setting that integrates training, coaching and sport science to maximise athlete performance

HIGH PERFORMANCE PROGRAM:
A structured and specialised initiative designed to develop elite athletes by providing advanced training, coaching, and sport science to maximise athlete performance

HRMAX:
Maximum Heart Rate: the highest heart rate an individual can achieve during maximal exertion

HUMAN AND SUPPLEMENT TESTING AUSTRALIA (HASTA):
A certification confirming that all batches of a particular supplement or product been tested for WADA prohibited substances and been developed in accordance with strict manufacturing quality controls

LOW ENERGY AVAILABILITY:
A state in which the body lacks sufficient energy to support normal physiological functions required for optimal health

MENARCHE:
The first occurrence of menstruation in a female

NATIONAL SPORTING ORGANISATION (NSO):
The organisation recognised by the Australian Sports Commission as the pre-eminent body for the sport in Australia

NATIONAL SPORTING ORGANISATION FOR PEOPLE WITH A DISABILITY (NSOD):
The organisation recognised by the Australian Sports Commission as the pre-eminent body for a sport for people with a disability in Australia

ORGANISATIONAL STAFF/STAFF:
Employees of a sporting organisation who cover a diverse range of roles, including but not limited to performance support experts (e.g. professionals such as Sport Physicians, Physiotherapists, Dietitians and Psychologists, and other practitioners such as Athlete Health and Wellbeing Practitioners, Sport Scientists, and Strength and Conditioning Coaches), coaching (e.g. Player/Team Coaches) and other positions (e.g. Sport Leadership, Corporate, Communications and Media). These individuals work collaboratively to ensure the holistic care, development, and performance of athletes navigating their RTS postpartum as well as parenthood

PARENTAL FACILITIES:
Dedicated spaces with relevant amenities designed to support parents and/or caregivers, including private areas for feeding, cleaning, changing, child play and other specific childcare needs

PARENTING:
The process of raising, nurturing, and guiding a child from infancy to adulthood (regardless of birth or adoption)

PELVIC GIRDLE PAIN:
Discomfort or pain around the pelvis, often related to pregnancy or physical strain on pelvic joints

PERFORMANCE SUPPORT EXPERT:
A professional working directly with athletes and/or coaches to enhance or enable sporting performance. Performance support experts have a deep understanding of the fundamental elements of performance. Performance support includes professions within sports science, sports medicine, strength and conditioning, and wellbeing and engagement, in addition to encompassing new professions and expertise that will contribute to future success

POLICY RECOMMENDATION:
An overarching strategic priority to guide policymakers in developing future policies

POSTPARTUM:
The time after/following childbirth

PRACTICE RECOMMENDATION:
Specific actionable steps and practical guidance for working directly with athletes to achieve policy recommendations

PRECONCEPTION:
The period before conception where an athlete focuses on planning for pregnancy or maximising their chances of conceiving and having a healthy pregnancy at a later date

PREECLAMPSIA:
A pregnancy complication characterised by high blood pressure and potential organ damage, often the liver or kidney

PRIMARY CARER:
The person who is meeting most of the physical care needs of a child/ren (birth, adoptive or foster) on a daily basis

PROFESSIONAL/S:
A specialist - internal or external to the sport system - who provides knowledge and expertise to help address the unique health needs of postpartum and parenting athletes. These individuals cover a diverse range of roles, including but not limited to Obstetricians/Gynaecologists, Women's Health Physiotherapists, Breastfeeding Nurses and Sleep Consultants

RATE OF PERCEIVED EXERTION (RPE):
A scale to measure the intensity of exercise based on how hard an individual feels they are working

RELATIVE ENERGY DEFICIENCY IN SPORT (REDs):
A condition in athletes caused by inadequate energy intake to support the body's energy needs for health, function and sport performance

REPOSITORY:
A place where things can be stored; it can be either a physical or virtual space

RETURN TO SPORT (RTS):
The point and/or process in which an athlete resumes activity in the sporting environment and/or program (e.g. recommences rehabilitation and/or training)

SECONDARY CARER:
A person who provides additional care to a child/ren (birth, adoptive or foster) alongside/in conjunction with a primary carer

SPORT:
Individuals or teams engaging in physical exertion and skill-based activities facilitated by established rules, often governed through a local, state, or national organisation

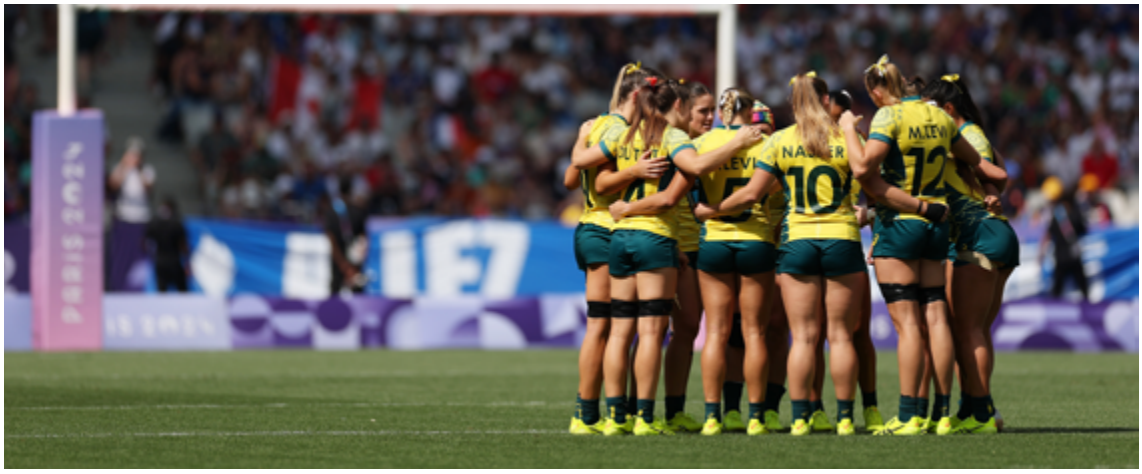
SPORTING ORGANISATION:
The organisation responsible for overseeing, promoting and regulating one or more sports. This may include National Sporting Organisations, National Sporting Organisations for people with a disability, State Sporting Organisations, State Institutes and Academies of Sport, or major and/or minor domestic sporting leagues/clubs

VO2MAX:
The maximum amount of oxygen an individual can use during intense exercise, indicating cardiovascular fitness

POLICY AND PRACTICE RECOMMENDATIONS TO SUPPORT ELITE ATHLETES DURING PRECONCEPTION AND PREGNANCY

POLICY RECOMMENDATIONS

1. Develop pregnancy policies which detail the rights of pregnant athletes, the support and protections available, and guidance for the care and management of athletes during preconception and pregnancy
2. Actively support the education of athletes and relevant organisational staff on topics related to menstrual health, fertility, breast health and pregnancy using evidence-based sources
3. Encourage and support athletes by increasing visibility and awareness of elite athletes and their experiences of preconception and pregnancy
4. Promote open communication and collaboration between relevant organisational staff and professionals working directly with athletes considering/planning for pregnancy and during pregnancy
5. Provide clear pathways for confidential disclosure of pregnancy in an appropriate timeframe
6. Develop and regularly review personalised pregnancy plans collaboratively with relevant organisational staff and professionals working directly with athletes considering/planning for pregnancy and during pregnancy
7. Provide additional flexibility to athletes who require modifications to their role, training, sporting commitments and/or clothing during preconception and/or pregnancy
8. Facilitate continued engagement with athletes who are no longer able to continue their normal training during preconception and/or pregnancy
9. Ensure ongoing access to suitable facilities, equipment, services, relevant organisational staff and professionals working directly with athletes considering/planning for pregnancy and during pregnancy
10. Provide clear contractual protections of existing funding and financial support for athletes who need time away from the sport during preconception and/or pregnancy
11. Protect the existing categorisation, ranking and/or qualification for athletes who need time away from the sport during preconception and/or pregnancy
12. Encourage and facilitate future research involving athletes during preconception and pregnancy



PRACTICE RECOMMENDATIONS

1. Develop pregnancy policies which detail the rights of pregnant athletes, the support and protections available, and guidance for the care and management of athletes during preconception and pregnancy

1.1 Develop and promote pregnancy guidelines and/or policies (inclusive of preconception) which recognise pregnancy as a normal part of the athlete journey.

1.2 Include up-to-date scientific evidence and the perspectives of key stakeholders (e.g. athletes, coaches, support staff, organisational staff, players associations), ensuring their voices are heard and reflected within developed policies.

1.3 Pregnancy policies should cover:

- The rights of pregnant athletes to continue playing and/or training within the organisation
- The support and protections available to pregnant athletes and those planning pregnancy
- Recommendations to guide the care of athletes during preconception and pregnancy (e.g. referral pathways, key milestones, expectations, sport-specific considerations)

2. Actively support the education of athletes and relevant organisational staff (including performance support experts) on topics related to menstrual health, fertility, breast health and pregnancy using evidence-based sources

2.1 Educate athletes and relevant organisational staff (including performance support experts) on the importance of female health considerations, including menstrual health, fertility, breast health and pregnancy.

2.2 Seek the help of external subject matter experts if required.

2.3 Healthy menstrual cycles: Address the importance of healthy menstrual cycles and the potential impacts of overtraining, REDs, under fueling, disordered eating, eating disorders, hormonal imbalances, injuries, genetics, cultural influences etc. to reduce the likelihood of athletes experiencing fertility issues.

- Education should ideally begin at a young age for female athletes (e.g. prior to menarche)
- Scheduled in advance and provided on a semi-regular basis (e.g. one to two times per year) to reduce stigma concerning menstrual health issues

2.4 Fertility and fertility treatments: Address fertility across the lifespan, available fertility treatments (e.g. IVF, egg freezing) and the potential advantages, disadvantages and risks of using them (e.g. changes to rulings around banned substances).

- Refer to the World Anti-Doping Authority (WADA) for the updated list of banned substances and process of obtaining therapeutic use exemptions for banned substances

2.5 Breast health: Address the importance of breast health (e.g. risks of direct trauma to breasts, bra fit and adequate support, impact of hormonal fluctuations) to reduce the likelihood of athletes encountering discomfort or issues during pregnancy and/or breastfeeding post-pregnancy.

2.6 Pregnancy: Address pregnancy and important considerations for pregnant athletes (e.g. physiological and physical changes to the body, common symptoms, increased nutritional requirements, foods and supplements to avoid, body image concerns, disordered eating, milk production in late pregnancy).

- Include information regarding unexpected or undesired outcomes such as pregnancy complications and miscarriage

2.7 Educate female athletes about the support available for athletes during preconception and pregnancy, what to expect if starting a family mid-career and how to plan ahead.

2.8 Ensure all relevant organisational staff and professionals working directly with athletes are aware of the support available to athletes and understand their own role in implementing them (if applicable).

2.9 Education should be provided on a semi-regular basis (e.g. annually) accounting for continuous changes in life circumstances and ensuring new athletes and staff members are up to date.

2.10 Information about available support, expectations and planning considerations should be easily accessible to all members of the organisation (e.g. posters, flyers, website articles, policies, orientation booklets, social media posts).

2.11 Ensure new athletes and staff members are up to date and encourage menstrual health considerations to become/remain a part of routine training and performance discussions.

3. Encourage and support athletes by increasing visibility and awareness of elite athletes and their experiences of preconception and pregnancy

3.1 Increase the visibility of elite athletes who have navigated preconception (fertility and planning) and pregnancy during their career to serve as role models and help address longstanding societal views that motherhood and elite sport are incompatible.

3.2 Include realistic stories of challenges faced by athletes to negate the unhelpful societal narrative that athlete mothers are 'superhuman'.

3.3 Uphold and respect the autonomy of athletes:

- Always obtain the written consent of athletes before publicly marketing them or using their stories to promote motherhood in sport
- Allow athletes to withdraw consent at any time and do not penalise those who choose not to participate
- Regularly check-in with athletes who are exposed to public scrutiny and provide support if necessary

4. Promote open communication and collaboration between relevant organisational staff and professionals working directly with athletes considering/planning for pregnancy and during pregnancy

4.1 Foster open communication without pressure to disclose family plans by allowing athletes the choice of whether they openly disclose their intentions to start a family.

4.2 Include parenthood in elite sport as a relevant and celebrated topic of discussion, to help address prevailing beliefs that pregnancy is a 'taboo' topic in elite sport.

4.3 Refer athletes who have openly disclosed a desire to become pregnant in the near future to their sports physician or general practitioner to discuss the following:

- Pregnancy plans/intentions (e.g. ideal timeline for conception, goals during and post-pregnancy)
- Current contraceptive methods (e.g. hormonal contraception) and the implications for their discontinued use
- Menstrual irregularities (e.g. irregular or heavy, painful periods)
- Fertility treatments (if necessary) and the implications of their use
- Recommended supplementation during preconception (e.g. folate, iodine, iron, vitamin D) which is HASTA approved +/or batch tested
- Management of existing health conditions during preconception and pregnancy

- Benefits of continuing physical activity and training unless contraindicated
- Safety of current medications and/or supplements during preconception and pregnancy
- Potential for unexpected or undesired outcomes such as medical complications and miscarriage
- Mental health concerns and access to psychological support
- Recommended testing for genetic conditions (if desired)
- Provide referral options to other relevant performance support experts and/or professionals, as desired by the athlete

4.4 Refer athletes who have openly disclosed difficulties conceiving naturally to performance support experts or professionals to support fertility and planning. These may include:

- Sports Physician and/or general practitioner (e.g. to conduct initial screening and medical assessment, provide recommendations)
- Obstetrician/Gynaecologist (e.g. to conduct diagnostic tests and procedures, prescribe hormonal treatments, refer to fertility specialists)
- Fertility Specialist (e.g. to facilitate IVF, insemination, egg freezing)
- Musculoskeletal and/or Women's Health Physiotherapist (e.g. to provide education and guidance on exercise during preconception and prevention of musculoskeletal conditions that may arise)
- Sports Dietitian/Dietitian (e.g. to provide dietary assessment and guidance, recommend supplementation, assist with low energy availability, disordered eating or eating disorders if present)
- Psychologist (e.g. to discuss existing mental health concerns or stress from to struggling to conceive)
- Physiologist/Applied Sport Scientist (e.g. to provide safety physiological parameters for training including maternal HRmax, modifications to exercises and sporting programs)

4.5 For athletes who have openly disclosed a desire to become pregnant in the near future, consider developing a personalised pregnancy plan during preconception (refer to recommendation 6.2 for further information). This may help athletes to decide whether it is feasible/desirable for them to start a family at that time and better understand the support that will be available to them if they do become pregnant.

Note: The development of pregnancy plans is always recommended during pregnancy, but optional during preconception.

5. Provide clear pathways for confidential disclosure of pregnancy in an appropriate timeframe

5.1 Provide clear pathways for athletes to discuss and disclose pregnancy as early as possible. Where mandated disclosure may be required for safety purposes, limit the number of professionals to whom disclosure is mandated (e.g. physician only).

5.2 Always allow athletes to disclose pregnancy publicly at their own discretion.

6. Develop and regularly review personalised preconception and pregnancy plans collaboratively with relevant organisational staff and professionals working directly with athletes considering/planning for pregnancy and during pregnancy

6.1 Develop and regularly review personalised preconception and pregnancy plans with athletes in collaboration with relevant organisational staff (including professional support experts) and professionals working directly with athletes. Refer to Appendix C for information on what Preconception and Pregnancy plans should cover.

6.2 A preconception and pregnancy plan should include a training and competition plan. Training and competition plans should cover:

- Goals of the athlete
- Upcoming competitions and/or events and suitability for competition
- The number and duration of sessions per week
- Specific training activities (e.g. cardio, strength, sports-specific skills)
- Measurable safe upper limits of training (e.g. Vo2max, HRmax, body temperature, maximum weights to be lifted, training volume and load)
- How upper limits will be monitored during training (e.g. heart rate monitor, thermometer, RPE)
- Unsafe training environments (e.g. high-altitude, deep-sea diving, heated training rooms/saunas)
- Cut-off points where it is no longer safe to continue certain activities (e.g. contact training after 13 weeks)
- Signs and symptoms to stop training immediately (e.g. dizziness, shortness of breath, pain, bleeding)
- Signs and symptoms to review the plan (e.g. musculoskeletal pain/discomfort, pelvic floor dysfunction, injury, inability to complete program on a regular basis)
- Absolute contraindications to exercise during pregnancy (e.g. ruptured membranes, pre-eclampsia)
- Relative contraindications to exercise during pregnancy (e.g. history of miscarriage, malnutrition, type 1 diabetes)
- Scenarios which may require temporary disengagement from training and competition (e.g. pregnancy complications, miscarriage)
- How existing medical conditions (e.g. disordered eating, REDs) or symptoms of pregnancy (e.g. nausea, vomiting, pelvic girdle pain) will be managed during training
- Recommended exercises or interventions to reduce injury and enhance recovery (e.g. pelvic floor exercises, glute strengthening, massage)
- Considerations for fuelling and refuelling before, during and after training (e.g. additional food consumption, electrolyte supplementation)
- Recommendations for modified training clothes

6.3 Ensure all planning meetings take place in a confidential setting and if desired by the athlete, allow partners and loved ones to attend.

6.4 Preconception and pregnancy care along with training and competition plans should be reviewed regularly (e.g. every month) or with any significant change in ability or circumstances (e.g. pregnancy complications, organisational restructure).

6.5 If organisations do not have the appropriate expertise internally, it is recommended they seek guidance from the AIS and/or the relevant state and territory institutes and academies of sport (e.g. QAS, NSWIS).

7. Provide additional flexibility to athletes who require modifications to their role, training, sporting commitments and/or clothing during preconception and/or pregnancy

7.1 Offer additional flexibility (e.g. adjusted goals, training schedules) to athletes who are trying to conceive and need to reduce training to improve fertility (e.g. increase energy availability, gain weight, reduce stress).

7.2 If an athlete has openly discussed their difficulties conceiving, coaches are encouraged to proactively offer additional flexibility, rather than waiting for athletes to ask.

7.3 Proactively offer additional flexibility (e.g. adjusted goals, training schedules) to athletes engaging in fertility treatment and pregnant athletes.

7.4 Document all expectations and regularly review within personalised pregnancy plans.

7.5 Provide alternative work (contractual or volunteer) arrangements and/or opportunities for athletes who can no longer continue their normal training during preconception or pregnancy (e.g. assistant coach, media person, brand ambassador, office worker).

7.6 Alternative work arrangements should always be agreed upon with the athlete, ensuring they are comfortable and confident in their ability to perform the role.

7.7 Do not mandate alternative work arrangements for non-contracted athletes who wish to take time away from all sporting and professional commitments.

7.8 Provide pregnant athletes with a modified uniform, appropriate to their stage of pregnancy and level of engagement (e.g. competition, training). This may include:

- Looser clothing made from breathable fabric
- Flexible and adjustable waistbands
- Additional coverage where appropriate (e.g. over stomach area)
- Wider or more supportive shoes (if required) to support changes in foot arch or increased instability
- Any other modifications necessary for the athlete to continue participation

7.9 If pregnant athletes cannot be provided with modified uniforms and training clothes, allow them to modify their attire and any other necessary modifications.

8. Facilitate continued engagement with athletes who are no longer able to continue their normal training during preconception and/or pregnancy

8.1 Recommend or establish networks/support groups for elite athletes to discuss their experiences of preconception and pregnancy with other athletes, thereby encouraging emotional support, information sharing, role modelling and increased engagement with the sporting sector.

8.2 Continue to maintain social engagement and contact with athletes who have taken a break from training during preconception or pregnancy:

- The frequency, type of communication and a primary point of contact should be outlined within personalised care plans and reviewed frequently

9. Ensure ongoing access to suitable facilities, equipment, services, relevant organisational staff and professionals working directly with athletes considering/ planning for pregnancy and during pregnancy

9.1 Ensure athletes have ongoing access to suitable facilities during preconception and pregnancy (e.g. gym equipment, courts, pools, fields, office space, private changing spaces/rooms).

9.2 Ensure athletes have ongoing access to organisational staff and relevant professionals working directly with the athlete during preconception and pregnancy (e.g. sports physician, physiotherapist, dietitian, physiologist, athlete wellbeing manager).

10. Provide clear contractual protections of existing funding and financial support for athletes who take time away from the sport during preconception and/or pregnancy

10.1 Update employment/funding contracts to include clear protections (e.g. contract security, funding protection, alternative work arrangements) for athletes who become pregnant. Ideally, protections should continue for a minimum of 12 months. However, some athletes may require additional time off during their pregnancy. If so, a longer protection period may be necessary. Refer to Appendix A.

10.2 Provide subsidised medical support for pregnant athletes who require additional support (e.g. private health insurance, specialist appointments, private midwife, prenatal classes).

10.3 Ensure that all pregnant athletes are still considered for grants/funding/employment on a case-by-case basis.

10.4 If an athlete receiving a grant becomes pregnant, continue grant subsidies and entitlements for the remainder of the grant duration.

10.5 Where possible, comply with government requirements for the national parental leave scheme. For example, structure contracts so they consistently provide athletes with at least the minimum number of hours required to fulfil the working requirements for eligibility to the national scheme.

10.6 Ensure insurance policies are up to date and inclusive of pregnancy:

- Once an athlete has disclosed pregnancy, ensure all relevant insurance policies are up to date and inclusive of pregnant athletes
- If the insurance policy cannot be updated for any reason, the pregnant athlete should be notified immediately, and a new insurance policy (inclusive of pregnant athletes) should be sought

11. Protect the existing categorisation, ranking and/or qualification for athletes who take time away from the sport during preconception and/or pregnancy

11.1 Protect the categorisation, ranking and/or qualification of athletes who take time away from the sport during preconception (e.g. for fertility treatment) and pregnancy. Refer to Appendix A.

11.2 Do not discriminate against pregnant athletes. Adhere to anti-discrimination policies, codes and laws which support athletes who become pregnant.

11.3 Treat all pregnant athletes with respect and ensure any unreasonable barriers to their participation are removed.

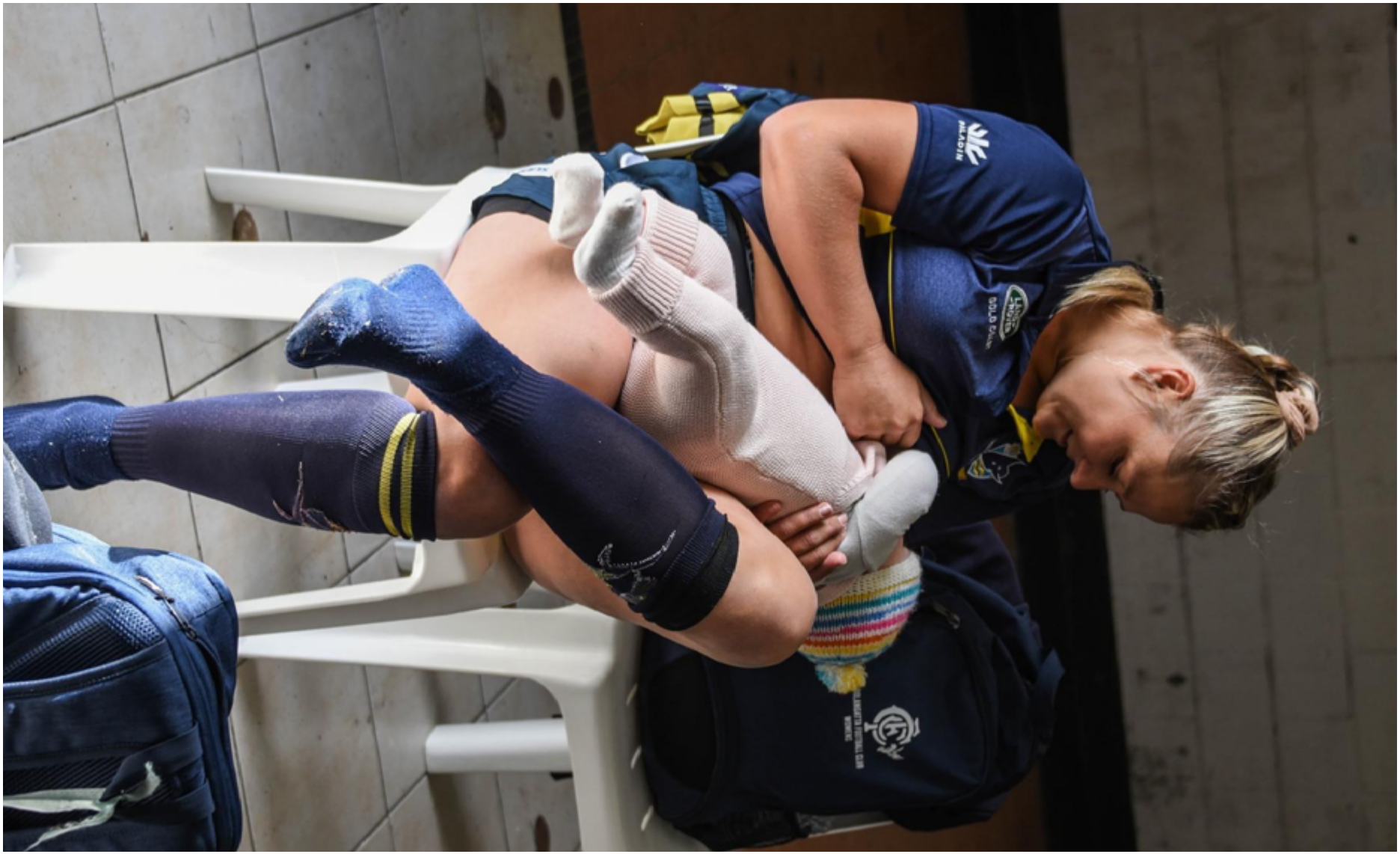
11.4 Ensure all relevant organisational staff are aware of the influence of unconscious bias in decisions related to selection and de-selection, as de-selection or non-selection of a pregnant athlete based solely on their pregnancy status may constitute unlawful discrimination.

12. Encourage and facilitate future research involving athletes during preconception and pregnancy

12.1 Partner with researchers and academics to conduct high quality research investigating the experiences of athletes during preconception and pregnancy and the provisions required to best support them.

12.2 Actively pursue opportunities to collaborate with the AIS and/or relevant State Academies or Institutes of Sport to engage with suitable researchers.

12.3 Develop registers to facilitate recruitment of athlete planning pregnancy and pregnant athletes for prospective research studies.



POLICY AND PRACTICE RECOMMENDATIONS TO SUPPORT POSTPARTUM AND PARENTING ATHLETE RETURN TO SPORT

POLICY RECOMMENDATIONS

1. Appoint an organisational staff member as the primary point of contact to support postpartum and parenting athletes
2. Clearly define the expectations, roles and responsibilities for engagement between postpartum and parenting athletes and relevant organisational staff
3. Establish and implement an evidence-informed RTS Framework to guide postpartum and parenting athletes, relevant organisational staff and professionals working directly with postpartum and parenting athletes before and during their return to the training and/or the competition environment
4. Create a supportive, inclusive, and accommodating environment for postpartum and parenting athletes, designated carers and child/ren
5. Actively promote postpartum and parenting athletes to raise awareness, normalise participation, and reduce stereotypes
6. Update or introduce policy clauses that promote financial and contract stability and security for athletes
7. Facilitate and support education and training for athletes, relevant organisational staff and professionals working directly with postpartum and parenting athletes on the biopsychosocial factors relevant and specific to postpartum and parenting athletes

PRACTICE RECOMMENDATIONS

1. Appoint an organisational staff member as the primary point of contact to support postpartum and parenting athletes

1.1 This individual should serve as a liaison between the athlete, relevant organisational staff (inclusive of performance support experts) and professionals working directly with postpartum and parenting athletes to provide information and guidance, address concerns, and support the athlete in navigating their RTS:

- Refer and/or link the athlete to relevant resources, organisational staff, professionals, programs, services, and/or support systems, as well as troubleshoot issues and/or concerns
- The primary point of contact could be a performance support expert within the sporting organisation, such as a sports physician, physiotherapist, dietitian, psychologist or athlete wellbeing and engagement practitioner, or other staff member, such as a coach or development manager

1.2 Identify and develop a list of relevant resources, organisational staff, professionals, programs, services, and/or support systems for postpartum and parenting athletes that the appointed organisational staff member can refer postpartum and parenting athletes to for information, guidance and/or support.

Refer to the AIS Best Practice Principles for AW&E Providers and Best Practice Principles on Athlete-Centric Governance of Technology and Athlete Information for information on confidentiality, consent and transparency.

2. Clearly define the expectations, roles and responsibilities for engagement between postpartum and parenting athletes and relevant organisational staff

2.1 Develop a comprehensive care plan (e.g. Athlete Philosophy, Performance Targets, Critical Success Factors, Training Plans, Life and Career Goals) that clearly defines the expectations, roles, and responsibilities of both the athlete and relevant organisational staff (e.g. sport physician, physiotherapist, coach) during athlete parental leave and RTS. Refer to Appendix C for information on what Postpartum and RTS care plans should cover.

This plan could be adapted from existing resources such as plans for athletes with a long-term injury.

3. Establish and implement an evidence-informed RTS Framework to guide postpartum and parenting athletes, relevant organisational staff and professionals working directly with postpartum and parenting athletes before and during their return to the training and/or the competition environment

3.1 Refer to Appendix D for frameworks, protocols and literature to guide the development and implementation of an evidence-informed RTS Framework.

RTS Frameworks should be sport-specific (i.e. consider key factors and requirements of the sport) and be used to develop individualised plans tailored to the specific needs of the athlete.

The example frameworks provide guidance that can be modified/adapted as required.

RTS clearance should consider the biopsychosocial factors (e.g. physical, physiological and psychological) associated with pregnancy, childbirth, parenthood and sport.

4. Create a supportive, inclusive and accommodating environment for postpartum and parenting athletes, designated carers and child/ren

Transparent information

4.1 Provide athletes with comprehensive, up-to-date information about available resources, programs, services and support systems for postpartum and parenting athletes.

4.2 Clearly outline the processes and criteria for accessing relevant resources, programs, services and support systems for postpartum and parenting athletes, both internal and external to the sporting organisation:

- AIS Mental Health Referral Network, dAIS Athlete Grant, AIS Athlete Education Scholarship and other resources/programs/services/support systems available to athletes from their sporting organisation
- Government entitlements and subsidies (e.g. childcare assistance/subsidy/family tax benefits)

4.3 Ensure all relevant policies, procedures and guidelines are readily available, accessible to athletes in user-friendly formats and stored in a centralised location.

4.4 Regularly inform athletes of updates or changes to policies, procedures and guidelines as well as resources, programs, services and support systems for postpartum and parenting athletes.

4.5 Conduct regular information sessions or workshops to educate athletes on their rights, responsibilities and the full range of sporting organisation support options available/ accessible to postpartum and parenting athletes (e.g. relevant resources, programs, services and support systems).

4.6 Provide designated points of contact for athletes seeking clarity or assistance regarding policies, resources, programs, services and support systems for postpartum and parenting athletes.

4.7 Establish safe, confidential and independent channels for athletes to provide feedback or raise concerns about the adequacy or accessibility of resources, programs, services and support systems for postpartum and parenting athletes, as well as a representative within the sporting organisation, to represent and address athlete feedback or concerns.

4.8 Regularly review and update policies, resources, programs, services and support systems for postpartum and parenting athletes (i.e. to meet the evolving needs of postpartum and parenting athletes).

Flexible sport environment

4.9 Recognise parental responsibilities in the same context as other athlete responsibilities (e.g. not 'punishing' postpartum or parenting athletes who miss training when their child/ren is sick due to being unable to access childcare).

4.10 Allow postpartum and parenting athletes who are the primary carer to train and/or attend events and/or other compulsory athlete activities at alternate times and/or venues and/or via alternate modes (e.g. virtually attend team meetings), maintaining a flexible approach in recognising parental responsibilities alongside performance requirements.

4.11 Consider parental responsibilities of postpartum and parenting athletes when scheduling training, events and other compulsory athlete activities (scheduling training times within childcare hours):

- Engage postpartum and parenting athletes in discussions and/or decisions regarding scheduling training, events and other compulsory athlete activities to accommodate parental responsibilities

Any modifications to training should consider potential implications regarding training load to mitigate potential injury/recovery risks.

All decision-making regarding changes to training, events and/or other compulsory athlete activities should also consider venue availability as well as the availability and/or responsibilities of others (e.g. teammates, coaches, and performance support experts) before making decisions.

Provide transparent communication where changes cannot be accommodated.

Access to parental, training and competition facilities and sporting organisation services

4.12 Ensure suitable parental facilities are available at training, competitions, events and other compulsory athlete activities. These should:

- Be accessible to postpartum and parenting athletes, the designated carer and child/ren, including in the absence of the athlete
- Include a non-gendered private space for breastfeeding and for child/ren to feed, change, play and sleep
- Be easily accessible and centrally located to training/competition facilities
- Contain relevant amenities (e.g. change tables, cots, bins, fridge, microwave, sink, toilet, power outlets, and storage lockers) and consumables (e.g. nappies and wipes) to accommodate 'emergencies' where the athlete is unable to provide such items

4.13 Provide mobile amenities and consumables (e.g. privacy screens and/or tent, change table, foldout chair, bin, nappies and wipes) for postpartum and parenting athletes, their designated carer and child/ren if/when parental facilities are not available.

4.14 Allow a designated carer and child/ren to attend training, competitions, events and other compulsory athlete activities:

- Arrange necessary permissions and accreditations for the designated carer and child/ren to attend training, competitions, events and other compulsory athlete activities (e.g. passes and approvals)

4.15 Allow categorised and/or employed athletes continued access to sporting organisation managed training and competition facilities, services, programs and equipment (e.g. pool, gym, field, track) in accordance with their categorisation level and/or contract, and contingent upon RTS clearance and the athlete having an agreed RTS/competition plan:

- Birthing athletes: up to a maximum duration of 12 months following the birth of a child/ren
- Non-birthing primary carers: up to a maximum duration of 22 weeks following the birth and/or adoption of a child/ren
- Non-birthing secondary carers: up to a maximum duration of 8 weeks following the birth and/or adoption of a child/ren

4.16 Identify relevant organisational staff (including performance support experts) and professionals responsible for providing support and/or service provisions to postpartum and parenting athletes:

- Define the roles and responsibilities of relevant organisational staff and professionals for supporting postpartum and parenting athletes (e.g. sports physicians, physiotherapists, dietitians, strength and conditioning coaches)

4.17 Paid or subsidised appointments with relevant professionals not provided by the sporting organisation (e.g. women's health physiotherapist), related to the athlete's RTS.

4.18 Develop a repository of relevant internal and external support services and programs to refer postpartum and parenting athletes (e.g. AIS Mental Health Referral Network, Butterfly Foundation, Pregnancy, birth and baby Australia, Perinatal Anxiety & Depression Australia (PANDA), Australian Breastfeeding Association, Services Australia).

4.19 Facilitate and/or support athletes to access and engage in system support resources and services such as a network of postpartum and parenting athletes to support each other:

- Link athletes to pre-existing networks (e.g. the Women's Sport Foundation)
- Work together with other NSOs to manage and maintain a 'national network' for all athletes in Australia to utilise

Consider relevant local, state and federal laws and regulations when providing facilities, amenities and consumables (e.g. child health and safety).

Consider relevant organisational policy when providing athletes access to facilities, services and programs (e.g. gym training sessions must be booked and supervised by appropriate/accredited organisational staff).

Consider budget and cost implications to the sporting organisation in providing facilities, amenities and consumables.

Role transition

4.20 Identify and provide opportunities for categorised and/or employed athletes to transfer into a 'suitable duties' role within their sporting organisation (e.g. ambassador, support worker, media advisor, assistant coach, team manager, consultant, educator), contingent upon role availability and medical clearance:

- Birthing athletes: up to a maximum duration of 12 months following the birth of a child/ren
- Non-birthing primary carers: up to a maximum duration of 22 weeks following the birth and/or adoption of a child/ren
- Role transfer should not negatively impact remuneration and/or the athlete's contract and/or agreement on the basis the athlete engages in a commensurate number of hours
- There is no requirement under the Athlete Agreement for athletes to transfer into another role. However, should the athlete and sporting organisation mutually agree for the athlete to complete work outside their athlete agreement, then a separate Services Agreement will need to be entered into
- Negotiate flexible workplace conditions to support the athlete in the new role (e.g. late starts or early finishes to accommodate childcare days/hours)

4.21 Build relationships with relevant external organisations and businesses to provide postpartum and parenting athletes with employment, upskilling and/or education opportunities (e.g. industry-based traineeships) if a 'suitable duty' role within the sporting organisation is not available.

Childcare provisions

4.22 An onsite childcare facility and/or service (paid or subsidised) at training, competitions, events and other compulsory athlete activities (including internationally).

4.23 Partner with sponsors or relevant external organisations and businesses to offer on-site childcare.

4.24 Establish partnerships with external childcare facilities and/or services to support postpartum and parenting athlete training and competition needs (e.g. ad-hoc bookings, short sessions, early drop-offs, late pick-ups, available weekends, no charge for days missed when travelling).

4.25 Remove all restrictions, if any, on athlete funding to allow funds to be used for relevant postpartum and parenting services and/or products in support of the athlete's sport training or preparation (e.g. professionals such as a breastfeeding nurse and/or sleep consultant, childcare and babysitting services, nappies and formula).

4.26 Assist postpartum and parenting athletes in sourcing childcare/babysitting services or link postpartum and parenting athletes to childcare/babysitting services.

Consider the legal, financial and tax implications of providing postpartum and parenting athletes childcare (e.g. child health and safety requirements, necessary accreditations/registrations, tax fringe benefits, and financial cost) and quality assurance of service provisions.

Travel support

4.27 Allow a designated carer and child/ren to travel with the athlete to training, competitions, events and other compulsory athlete activities.

4.28 Provide (paid or subsidised) travel, accommodation and travel incidentals for a designated carer and child/ren (e.g. airfare, food, travel insurance, competition/event passes).

4.29 Assist with organising travel arrangements for a designated carer and child/ren (e.g. help to book flights, airport/event transfers, apply for travel insurance, accommodation, and visas).

4.30 Confirm travel plans and arrangements with postpartum and parenting athletes, their designated carer and child/ren as early as possible to allow the athlete time to make relevant arrangements.

4.31 Engage postpartum and parenting athletes in travel plans to identify relevant travel requirements/arrangements for the athlete, their designated carer and child/ren (e.g. alternative travel times and transport options, seating preferences, extra luggage, larger room, amenities at accommodation).

4.32 Offer family-friendly travel options to postpartum and parenting athletes, their designated carer and child/ren (e.g. alternative travel times and transport options, seating preferences, extra luggage, larger room, amenities at accommodation).

4.33 Provide access to a phone and/or the internet to allow postpartum and parenting athletes to contact their child/ren, if their child/ren is not or is unable to travel.

Consider budget and cost implications to the sporting organisation.

Sporting organisations should only cover family-friendly travel options valued the same or similar to the original ticket/booking price (e.g. at a cost or price of no more than 10% difference).

If family-friendly travel options incur a greater cost, then the athlete is responsible for paying/covering the difference.

Clothing and equipment

4.34 Replace (paid or subsidised) relevant attire and equipment to accommodate the physical and physiological changes that postpartum athletes undergo during pregnancy and childbirth (sport bras, shoes, chest guards, breast pads).

Ensure equipment is professionally fitted and regularly assessed for comfort, safety and performance.

5. Actively promote postpartum and parenting athletes to raise awareness, normalise participation, and reduce stereotypes

5.1 Actively seek opportunities (internally and externally) to promote postpartum and parenting athletes (e.g. via media and media releases, newsletters, social media, and events).

5.2 Provide opportunities for postpartum and parenting athletes to engage in organisational leadership roles (not limited to sport-specific roles) to foster and promote inclusion, continued development and unique perspectives.

5.3 Prohibit discrimination based on parental responsibilities (e.g. ensure postpartum and parenting athletes do not face any reductions in remuneration, contract or career opportunities if they cannot attend all training, competitions, team and other compulsory athlete activities due to parental responsibilities).

Refer to the AIS Social Media Principles and Best Practice Guidelines for information on social media use and promotion.

5.4 Advocate for gender equity by promoting, raising awareness and normalising the participation of postpartum and parenting athletes in sport.

Ensure the accuracy of shared and/or published information.

Uphold and respect athlete autonomy by obtaining written and/or verbal consent each time before sharing and/or publishing information and/or images of postpartum and/or parenting athletes and/or their child/ren.

Allow athletes to decline and/or withdraw consent at any time, as well as ensure athletes who choose not to participate in promotional activities are not penalised and/or experience any negative ramifications from not participating.

Regularly check in with athletes who are exposed to public scrutiny and provide relevant support as necessary.

Refer to the AIS Social Media Principles and Best Practice Guidelines for information on social media use and promotion.

6. Update or introduce policy clauses that promote financial and contract stability and security for athletes

6.1 Develop organisational policies that provide clear and transparent information about resources, programs, services, and support systems for postpartum and parenting athletes.

6.2 Provide categorised athletes parental leave from their high performance sport program following the birth or adoption of a child/ren, which must be taken immediately following the birth or adoption of a child/ren:

- Birthing athletes: up to a maximum duration of 12 months
- Non-birthing primary carers: up to a maximum duration of 22 weeks
- Non-birthing secondary carers: up to a maximum duration of 8 weeks

6.3 Provide employed athletes paid parental leave in accordance with Australian Government Guidelines and Standards.

6.4 Allow categorised and/or employed athletes to freeze their categorisation level and/or contract - like that of athletes with a long-term injury - following the birth and/or adoption of a child/ren, which must be taken immediately following the birth or adoption of a child/ren:

- Birthing athletes: up to a maximum duration of 12 months
- Non-birthing primary carers: up to a maximum duration of 22 weeks
- Non-birthing secondary carers: up to a maximum duration of 8 weeks
- Employed athletes: freeze duration inclusive of the paid parental leave period

6.5 Allow categorised athletes time within the high performance environment and program to requalify for teams, competitions and/or events. This period should commence immediately following parental leave and RTS clearance:

- Birthing athletes: up to a maximum duration of 12 months
- Non-birthing primary carers: up to a maximum duration of 22 weeks

6.6 Review and update relevant policies to consider postpartum and parenting athletes for team/event selection.

6.7 Identify opportunities to provide grants and/or funding to postpartum and parenting athletes to cover and/or contribute to parental costs (e.g. childcare-related services and products).

6.8 Assist postpartum and parenting athletes to find, apply and/or access grants, funding and/or government subsidies (e.g. Childcare Subsidy Scheme and/or Rent Assistance):

- Seek sponsorship and/or financial support from external organisations and businesses committed to supporting postpartum and parenting athletes

6.9 Establish a list of potential grants, subsidies and assistance schemes and regularly circulate to athletes.

Sporting organisations should consider the process of categorisation/contract freezing the same as for athletes with a 'long-term' injury but respect that childbirth and/or parenting is not an 'injury'.

While the athlete's position is 'frozen', the athlete should expect that upon their return, they must demonstrate performance at a pre-determined and established standard to meet the selection criteria for the team and/or program to maintain their position.

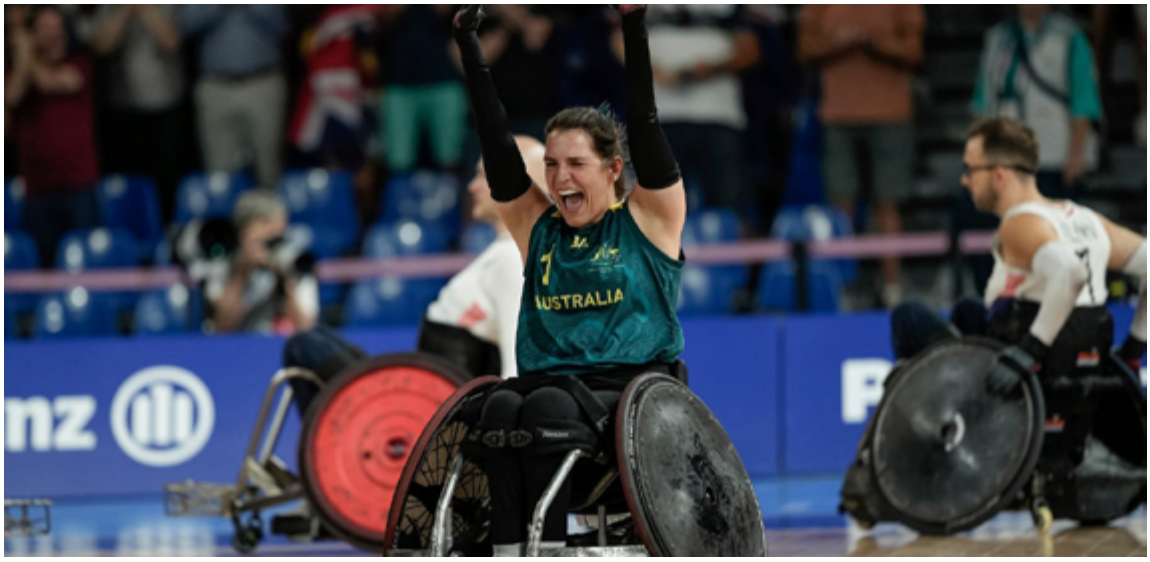
Consider budget and cost implications to the sporting organisation.

7. Facilitate and support education and training for athletes, relevant organisational staff and professionals working directly with postpartum and parenting athletes on the biopsychosocial factors relevant and specific to postpartum and parenting athletes

7.1 Facilitate and/or assist athletes, relevant organisational staff (inclusive of performance support experts) and professionals working directly with postpartum and parenting athletes to access and complete education and training on biopsychosocial considerations relevant to RTS, motherhood and parenting. Refer to Appendix E for information and guidance on relevant education topics.

- Ensure education and training resources are evidence-based, up-to-date and targeted to the relevant end user (e.g. Australian Institute of Sport Female Performance and Health Initiative)
- Actively promote education and training opportunities
- Cover any costs associated with registration and travel and/or allocate organisational staff time within their workload to complete education and training
- Establish relationships with other sporting organisations to develop and share education and training resources, as well as provide upskilling opportunities to work alongside and learn from professionals who specialise in supporting postpartum and parenting athletes
- Seek regular feedback regarding education and training resources
- Identify additional education and training resource interests/needs

Consider budget and cost implications to the sporting organisation.



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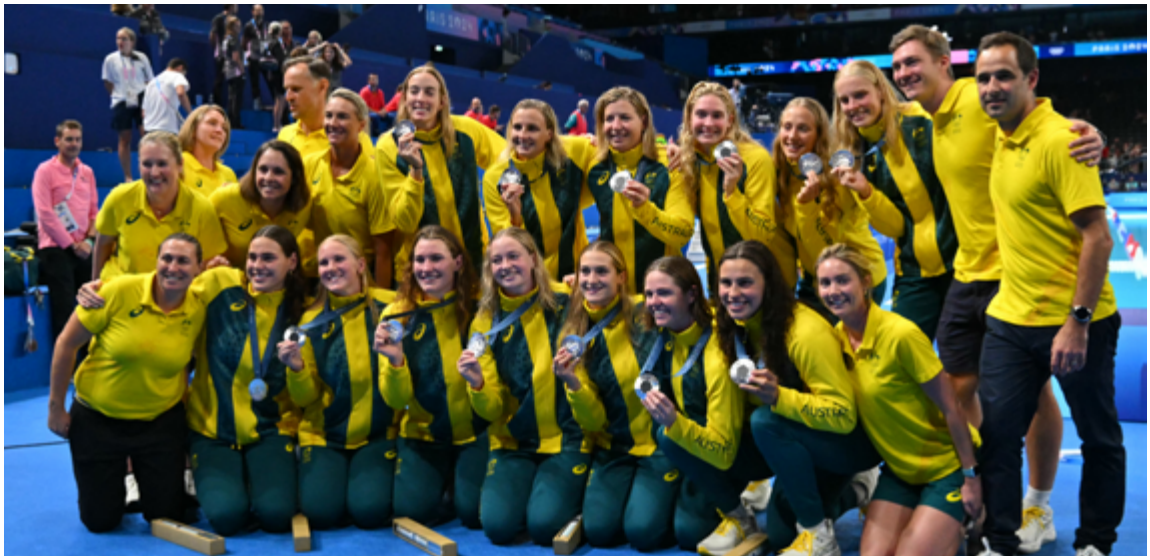

DOCUMENT CONTROL

Version	Title	Authors	Approved by	Date approved
V1.0	AIS best practice recommendations to support elite athletes from preconception to parenthood	Jasmine Titova Boden Tighe A/Professor Melanie Hayman	Matti Clements	1 June 2025

APPENDIX A: POLICY CHECKLIST

At a minimum, policies should clearly articulate the following:

- ☐ Athlete and organisation expectations during preconception, pregnancy, postpartum and parenthood regarding athlete commitments (e.g. maintaining minimal fitness standard during parental leave) and organisational adaptations (e.g. support provisions provided by the organisation)
- ☐ Pregnancy 'disclosure' protection and expectations (agreed date and method of public disclosure)
- ☐ Leave entitlements (e.g. categorised athletes entitled to parental leave from their sport program during pregnancy, following the birth or adoption of a child/ren)
    - ○ Pregnant athletes: upon medical instruction or athlete request until birth of child/ren
    - ○ Birthing athletes: up to a maximum duration of 12 months
    - ○ Non-birthing primary carers: up to a maximum duration of 22 weeks
    - ○ Non-birthing secondary carers: up to a maximum duration of 8 weeks
- ☐ Contract entitlements and security (e.g. contract extensions, categorised and/or employed athletes to transfer into a 'suitable duties' role within their sporting organisation, contingent upon role availability and medical clearance, during pregnancy, following the birth and/or adoption of a child/ren
    - ○ Pregnant athlete: upon medical instruction or athlete request until birth of child/ren
    - ○ Birthing athletes: up to a maximum duration of 12 months
    - ○ Non-birthing primary carers: up to a maximum duration of 22 weeks
- ☐ Categorisation protections (e.g. allow categorised and/or employed athletes to freeze their categorisation level and/or contract during pregnancy, following the birth and/or adoption of a child/ren)
    - ○ Pregnant athletes: upon medical instruction or athlete request until birth of child/ren
    - ○ Birthing athletes: up to a maximum duration of 12 months
    - ○ Non-birthing primary carers: up to a maximum duration of 22 weeks
    - ○ Non-birthing secondary carers: up to a maximum duration of 8 weeks
    - ○ Employed athletes: freeze duration inclusive of the paid parental leave period)
- ☐ Financial entitlements, protections (if applicable, including dAIS funding) and subsidies (e.g. childcare)
- ☐ Access to internal and external services (e.g. continued access to sport physician, training facilities) and facilities (e.g. training venue, gym, rehabilitation, parenting room), including the environment (e.g. allow categorised athletes time within the high performance environment and program to requalify for teams, competitions and/or events. This period should commence immediately following parental leave and RTS clearance)
    - ○ Pregnant athletes: throughout the duration of pregnancy, with medical clearance
    - ○ Birthing athletes: up to a maximum duration of 12 months
    - ○ Non-birthing primary carers: up to a maximum duration of 22 weeks
- ☐ Individual and team selection criteria (e.g. trial details, eligibility criteria)
- ☐ 'Carer' provisions and expectations (e.g. travel, access to training and competition venues)

Note: All policy provisions should include specific timeframes (when applicable)

APPENDIX B: CHECKLIST FOR PRACTICE RECOMMENDATIONS

EDUCATION (Refer to Appendix F)

1. Do athletes, relevant organisational staff and professionals working directly with athletes receive regular education relevant to preconception, pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

2. Is relevant information and education easily accessible to all athletes, organisational staff, and professionals working directly with athletes (e.g. through posters, flyers, website articles, policies, orientation booklets, social media posts)?

☐ YES ☐ NO ☐ NA Comments: .....

3. Are athletes, relevant organisational staff, and professionals working directly with athletes supported to engage in education and training regarding preconception, pregnancy, postpartum and parenthood considerations for athletes (e.g. assistance with travel requirements, registration, flexible training requirements, time away from work to complete training)?

☐ YES ☐ NO ☐ NA Comments: .....

4. Are relevant training and education opportunities actively sought for athletes, relevant organisational staff, and professionals working directly with athletes during preconception, pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

5. Are training and education opportunities routinely disseminated to athletes, relevant organisational staff, and professionals working directly with athletes?

☐ YES ☐ NO ☐ NA Comments: .....

6. Are athletes, relevant organisational staff, and professionals working directly with athletes during preconception, pregnancy, postpartum and parenthood supported to complete education and training?

☐ YES ☐ NO ☐ NA Comments: .....

7. Are there measures in place to ensure athletes, relevant organisational staff and professionals working directly with athletes are equipped with appropriate knowledge and skills to support athletes during preconception, pregnancy, postpartum and parenthood (e.g. minimum education requirements, annual training reviews, staff supervision)?

☐ YES ☐ NO ☐ NA Comments: .....

AWARENESS, PROMOTION & INCLUSION

8. Are athletes preconception, pregnancy, postpartum and/or parenting journeys actively promoted through the organisation (e.g. featured in marketing materials)?

☐ YES ☐ NO ☐ NA Comments: .....

9. Are opportunities available for athletes to take on leadership roles within the organisation (not just those specific to sport) if no longer competing (during pregnancy, postpartum)?

☐ YES ☐ NO ☐ NA Comments: .....

DISCLOSURE

10. Are athletes required to disclose pregnancy?

☐ YES ☐ NO ☐ NA Comments: .....

11. If yes to 10, is there a clear medical reason for this (e.g. unsafe training environments)?

☐ YES ☐ NO ☐ NA Comments: .....

12. If yes to 10, is the number of professionals to whom disclosure is mandated kept to a minimum (sport physician only)?

☐ YES ☐ NO ☐ NA Comments: .....

PLANNING DURING PREGNANCY, POSTPARTUM AND PARENTHOOD

13. Are referral pathways in place for athletes who openly disclose a desire to become pregnant in the near future (e.g. a list of relevant health professionals working within the organisation or a list of recommended external practitioners)?

☐ YES ☐ NO ☐ NA Comments: .....

14. Is there a clearly defined process for managing pregnant, postpartum and/or parenting athletes within the organisation (e.g. a key point of contact identified, suggested timelines for planning meetings, referral pathways in place)?

☐ YES ☐ NO ☐ NA Comments: .....

15. Are the relevant staff aware of how to develop a pregnancy plan and the key items it should include (e.g. a template pregnancy plan is provided)?

☐ YES ☐ NO ☐ NA Comments: .....

16. Is there a clearly defined process for developing and managing the training plans of pregnant, postpartum and parenting athletes (e.g. who will oversee the athlete, who will review training plans, how often will training plans be reviewed)?

☐ YES ☐ NO ☐ NA Comments: .....

17. Are the relevant staff aware of how to develop and modify a personalised training program during pregnancy (e.g. a template or list of key training considerations is provided)?

☐ YES ☐ NO ☐ NA Comments: .....

INFORMATION AND GUIDANCE

18. Are relevant policies available and accessible to all athletes, organisational staff, and professionals working directly with athletes?

☐ YES ☐ NO ☐ NA Comments: .....

19. Are athletes provided with clear, comprehensive, up-to-date information about available resources, programs, services and support systems for athletes?

☐ YES ☐ NO ☐ NA Comments: .....

20. Is there an established role and point of contact within the organisation responsible for communicating with athletes, organisational staff, and professionals working directly with athletes during preconception, pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

21. Are athletes, organisational staff, and professionals working directly with athletes regularly informed of updates or changes to policies, procedures, resources, programs, services and support systems?

☐ YES ☐ NO ☐ NA Comments: .....

22. Are policies, resources, programs, services, and support systems for athletes regularly reviewed and updated to meet the evolving needs of athletes during preconception, pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

23. Are athletes, relevant organisational staff, and professionals working directly with athletes given the opportunity to provide feedback regarding current organisational policies, procedures and practices?

☐ YES ☐ NO ☐ NA Comments: .....

CONTRACTS, FUNDING AND FINANCIAL SUPPORT PROVISIONS (Refer to Appendix A)

24. Are current policies inclusive, fair and equitable for all athletes, including athletes during preconception, pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

25. Are the rights, expectations, support and protections available to athletes during preconception, pregnancy, postpartum and parenthood clearly articulated in a central policy?

☐ YES ☐ NO ☐ NA Comments: .....

26. Do athlete contracts contain clear protections of funding/financial support if they take time away from the sport during preconception, pregnancy, postpartum and/or parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

27. If yes to 26, do the protections cover an appropriate period of time (e.g. athlete receives 12 months following birth or adoption of a child)?

☐ YES ☐ NO ☐ NA Comments: .....

28. Does the organisation structure employment contracts to comply with the national parental leave scheme requirements where possible?

☐ YES ☐ NO ☐ NA Comments: .....

29. Do athletes get parental leave (i.e. sufficient time off) from their sport after the birth or adoption of a child?

☐ YES ☐ NO ☐ NA Comments: .....

30. Are athletes financially supported during parental leave from their sport?

☐ YES ☐ NO ☐ NA Comments: .....

31. Are organisational insurance policies up to date and inclusive of athletes during preconception, pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

32. If no to 31, have all pregnant, postpartum and parenting athletes been notified of changes to their insurance cover?

☐ YES ☐ NO ☐ NA Comments: .....

33. Is there an established role and point of contact within the organisation responsible for supporting and assisting athletes, organisational staff and professionals working directly with athletes during preconception, pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

34. Are there provisions to allow a designated carer and child/ren to travel with the athlete to training, competitions, events, and other compulsory athlete activities (e.g. paid or subsidised travel, accommodation, and travel incidentals including food, transfers, travel insurance, competition/event passes)?

☐ YES ☐ NO ☐ NA Comments: .....

35. Are postpartum and parenting athletes provided childcare or related provisions to assist with childcare needs (e.g. help source childcare, removal of funding restrictions to purchase child-related products or services)?

☐ YES ☐ NO ☐ NA Comments: .....

36. Do pregnant, postpartum and parenting athletes receive subsidised medical support if required (e.g. private health insurance, prenatal appointments)?

☐ YES ☐ NO ☐ NA Comments: .....

37. Are pregnant, postpartum and parenting athletes considered for grants on a case-by-case basis?

☐ YES ☐ NO ☐ NA Comments: .....

38. Is there an established network or support group available for athletes to discuss their experiences of preconception and/or pregnancy, postpartum and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

CATEGORISATION, RANKING AND QUALIFICATION PROTECTIONS (Refer to Appendix A)

39. Is categorisation, ranking and/or qualification of athletes who take time away from the sport during preconception, pregnancy, postpartum or parenthood protected?

☐ YES ☐ NO ☐ NA Comments: .....

40. If yes to 39, do the protections cover an appropriate period of time (e.g. up to 12 months parental leave for postpartum athlete)?

☐ YES ☐ NO ☐ NA Comments: .....

FLEXIBILITY AND SUITABLE ROLE TRANSITIONS

41. Is organisational staff working with athletes to provide supportive environments during preconception, pregnancy, postpartum and parenthood (e.g. flexible and/or alternative training expectations, scheduling training times to fit within childcare hours)?

☐ YES ☐ NO ☐ NA Comments: .....

42. Have alternative 'suitable duties' roles been explored and established if viable and feasible for athletes to transition to during preconception, pregnancy, postpartum and parenthood when they can no longer continue their normal training or competition, but wish to stay connected and engaged (e.g. assistant coach, media person, office assistance)?

☐ YES ☐ NO ☐ NA Comments: .....

43. Are parental responsibilities recognised in the same context as other athlete responsibilities (e.g. not 'punishing' postpartum or parenting athletes who miss training due to when their child/ren is sick due to being unable to access childcare)?

☐ YES ☐ NO ☐ NA Comments: .....

44. Are the parental responsibilities of postpartum and parenting athletes considered when scheduling training, events, and other mandatory athlete activities (e.g. scheduling training times to fit within childcare hours)?

☐ YES ☐ NO ☐ NA Comments: .....

45. Are pregnant, postpartum and parenting athletes permitted to train, travel and/or attend events and/or other compulsory athlete activities at alternate times and/or venues and/or via alternate modes (e.g.,attend team meetings virtually)?

☐ YES ☐ NO ☐ NA Comments: .....

SERVICES AND FACILITIES

46. Are the parental responsibilities of postpartum and parenting athletes considered when scheduling training, events, and other mandatory athlete activities (e.g. scheduling training times to fit within childcare hours)?

☐ YES ☐ NO ☐ NA Comments: .....

47. Are athletes provided with ongoing access to facilities (e.g. gym equipment, courts, pools, fields, office space, private change rooms) during preconception, pregnancy, parental leave and return to sport?

☐ YES ☐ NO ☐ NA Comments: .....

48. Are athletes provided ongoing access to organisational staff and services during preconception, pregnancy, postpartum and parenthood (e.g. sports physician, physiotherapist, athlete wellbeing manager)?

☐ YES ☐ NO ☐ NA Comments: .....

49. Is there an established repository of relevant internal and external support services and programs to refer athletes wanting to start a family, pregnant, postpartum and parenting athletes, including established networks or support groups? Refer to Appendix G.

☐ YES ☐ NO ☐ NA Comments: .....

CLOTHING

50. Are pregnant and postpartum athletes provided with modified uniforms and/or training clothes (e.g. supportive bra, larger sized clothing)?

☐ YES ☐ NO ☐ NA Comments: .....

51. If no to 50, are athletes allowed to modify their uniform appropriately to accommodate the physical changes from pregnancy?

☐ YES ☐ NO ☐ NA

FUTURE RESEARCH

52. Are there established partnerships with a research group or university to collect and analyse data from athletes during preconception, pregnancy, postpartum and parenthood to build the evidence base to advance the field?

☐ YES ☐ NO ☐ NA Comments: .....

53. Is there a database, registry or referral pathway in place to facilitate the timely recruitment of athletes to prospective studies? (e.g. prospective register of athletes planning pregnancy).

☐ YES ☐ NO ☐ NA Comments: .....

APPENDIX C: COMPREHENSIVE CARE CONSIDERATIONS FROM PRECONCEPTION TO PARENTHOOD

Use the below prompts (including discussion topics and critical questions) when establishing a comprehensive care plan for athletes from preconception to parenthood. All plans should be:

- ☐ Individualised (i.e. tailored specifically to the athlete)
- ☐ Co-designed (i.e. developed in consultation with the athlete and relevant organisational staff (including performance support experts) and professionals working directly with athletes
- ☐ Athlete-centered (i.e. prioritise the needs and wants of athletes)
- ☐ Flexible (e.g. able to be modified/adjusted as required)
- ☐ Regularly reviewed (e.g. includes critical time points for review with the athlete to address changes and/or concerns)?
- ☐ Ongoing (i.e. continued until no longer necessary)

Critical Information to collect

ATHLETE INFORMATION

Name: .....

Sporting Discipline: ..... Level of Competition: .....

Categorisation (e.g. pathway, podium, training partner): .....

Current stage: planning a family, actively trying to get pregnant, pregnant, postpartum, or parenting (inc. adoption, surrogacy, fostering): .....

Date the athlete made contact: ..... Date of discussion: .....

KEY CONTACTS

Key point of contact within the organisation for all preconception, pregnancy, postpartum and parenthood enquiries: .....

Person responsible for maintaining communication with athlete during preconception, pregnancy, postpartum and parenthood, including during parental leave: .....

Athlete, relevant organisational staff (including performance support experts) and professionals working directly with athletes (e.g. coach, sports physician, physiotherapist, dietitian, psychologist, obstetrician, gynaecologist):

.....

COMMUNICATION PLAN

Preferred frequency of contact moving forward (e.g. weekly, monthly): .....

Preferred method of communication (e.g., face to face, telephone, email): .....

Who will initiate contact (e.g. athlete or staff member): .....

Date of next discussion/review of current phase/plan: .....

Athlete advised to inform organisation/contact person of any significant changes (e.g. confirmed pregnancy, commenced fertility treatment, pregnancy loss, no longer has desire to become pregnant or RTS postpartum):

☐ YES ☐ NO ☐ NA Comments: .....

How often would the athlete like to be contacted throughout the different stages (e.g. the athlete wishes to cease all communication with the organisation whilst on parental leave):

.....

Checklist 1: Preconception

EDUCATION / DISCUSSION TOPICS:

- ☐ How medical and other private and personal information (e.g. athlete expresses intent to start a family in next 12 months) will be managed, stored and shared, and who will have access to what information (e.g. a coach doesn't need to know an athlete has sought information regarding pregnancy or fertility treatment options) to ensure athlete privacy and confidentiality and limit potential bias and discrimination
- ☐ Organisational support provisions including relevant policies within the organisation (e.g. contract security, grants and/or other financial protections, ranking, categorisation and/or qualification protection, selection and/or re-qualification process, parental leave and carer entitlements, insurance cover, access to training and competition facilities and services including internal and external healthcare professionals, financial subsidies, alternative work arrangements, research opportunities)
- ☐ Educational resources available (e.g. FPHI pregnancy module and factsheet)
- ☐ Support groups/networks with other athletes (e.g. other athletes considering a family, utilised fertility treatment services, adoption, fostering)
- ☐ Age and fertility considerations (e.g. egg quality and quantity declines as age increases, critical timepoints to consider)
- ☐ Short- and long-term training and competition planning (e.g. when would be a good time to try and get pregnant, take time away from competition)
- ☐ Menstrual cycle considerations (characteristics of normal menstrual cycle, factors influencing menstrual health, impacts of menstrual abnormalities)
- ☐ Menstrual cycle tracking practices and tools/apps available
- ☐ Contraception and hormonal contraception considerations (e.g. timeframe to get pregnant after ceasing contraception, how to manage possible PMS and menstrual cycle if planning to discontinue contraception)
- ☐ Nutrition (e.g, ensuring energy intake is sufficient to fuel energy output to promote optimal fertility environment)
- ☐ Fertility treatment options (e.g. IVF, egg freezing)
- ☐ Sport specific considerations (e.g. rules regarding participant during pregnancy or weight-category/ classification sports)
- ☐ Training considerations (e.g. any modifications to training required)
- ☐ Fertility supplements (e.g. folate, iron and iodine) and medications (e.g., fertility treatment medications or injections) and WADA compliance considerations
- ☐ Available fertility screening (e.g. blood tests to determine egg quality and quantity as well as ovulation phase and duration within cycle, and genetic screening to test for potential genetic conditions)

CRITICAL QUESTIONS TO CONSIDER AT THIS STAGE

Medical history

Are there medical conditions that may impact conception such as thyroid disorders, hypertension, diabetes, history of disordered eating, REDs, previous pregnancy loss, mental health conditions?

☐ YES ☐ NO ☐ NA Comments: .....

If yes to above, how are they managed/treated?

.....

Is the athlete up to date with vaccinations, cervical screening and breast examinations?

☐ YES ☐ NO ☐ NA Comments: .....

Does the age of the athlete present an increased risk of infertility and/or pregnancy complications?

☐ YES ☐ NO ☐ NA Comments: .....

If yes to above, how are these risks being managed?

.....

Contraceptive method (e.g. condom, mini pill, implant):

.....

Menstrual cycle characteristics (e.g. cycle length, period duration, menstrual flow):

.....

.....

If irregular, refer athlete to performance support expert or professionals for further investigation.

Nutrition:

Has the athlete had their nutrition reviewed to ensure sufficient caloric intake to support a pregnancy and accommodate athlete fuelling requirements?

☐ YES ☐ NO ☐ NA Comments: .....

Are referrals required to further support athlete needs (e.g. fertility treatment specialist)?

☐ YES ☐ NO ☐ NA Comments: .....

List all medications and supplements:

.....

.....

Do they involve any WADA prohibited substances?

☐ YES ☐ NO ☐ NA Comments: .....

Have they been batch tested for potential contamination?

☐ YES ☐ NO ☐ NA Comments: .....

Has the athlete applied for a Therapeutic Use Exemptions (TUE)?

☐ YES ☐ NO ☐ NA Comments: .....

Fertility:

Is the athlete planning to engage in fertility treatment?

☐ YES ☐ NO ☐ NA Comments: .....

If yes to above, detail critical dates and impact on training/competition.

.....

.....

Sport specific considerations (e.g. is the athlete in a weight category/classification sport, are athletes allowed to compete during pregnancy, is there an increased risk of training/competing during pregnancy).

.....

.....

Training and competition considerations:

Athlete short- and long-term training and competition goals (e.g. does the athlete wish to continue to compete during the pregnancy?):

.....

.....

How long does the athlete intend to continue training?

.....

How, if at all, will training be modified (e.g. reduction in training intensity or volume or high contact activities, such as tackling, during fertility treatment)?

.....

.....

Have goals been reviewed/cleared by relevant health professionals/physician?

☐ YES ☐ NO ☐ NA Comments: .....

Ensure goals have been reviewed/cleared by relevant health professionals/physician.

Marketing and promotion:

Does the athlete want to share their fertility journey?

☐ YES ☐ NO ☐ NA Comments: .....

If yes to above, does the athlete have any stipulations (e.g. all information must be screened by the athlete before being released?)

☐ YES ☐ NO ☐ NA Comments: .....

Method (e.g., intercourse, fertility treatment):

.....

Timeframe (e.g., since ceasing contraception, trying to get pregnant):

.....

Fertility treatment (if applicable):

Treatment specialist details/contact information:

.....

.....

Type of treatment (e.g. IVF, egg freezing):

.....

Significant dates (e.g., egg retrieval and egg implantation):

.....

Sport specific considerations (e.g., need to miss training or reduced training capacity during fertility treatment):

.....

.....

Menstrual cycle:

Are PMS symptoms such as bloating, cramping, fatigue, heavy bleeding) being proactively managed (e.g. nutrition, Panadol) to reduce impact on performance?

☐ YES ☐ NO ☐ NA Comments: .....

Marketing and promotion:

Does the athlete want to share their fertility journey?

☐ YES ☐ NO ☐ NA Comments: .....

If yes to above, does the athlete have any stipulations (e.g. all information must be screened by the athlete before being released)?

☐ YES ☐ NO ☐ NA Comments: .....

Helpful resource: Are you an athlete considering pregnancy?: https://www.ais.gov.au/fphi/female-athlete-resources/resources/pregnancy

Checklist 2: Pregnancy

EDUCATION / DISCUSSION TOPICS:

- ☐ How medical and other private and personal information (e.g., athlete currently 6 weeks pregnant whilst negotiating contract) will be managed, stored and shared, and who will have access to what information (e.g. legal/contracts team doesn't need to know athlete is currently pregnant) to ensure athlete privacy and confidentiality and limit potential bias and discrimination
- ☐ Organisational support provisions including relevant policies within the organisation (e.g. contract security, grants and/or other financial protections, ranking, categorisation and/or qualification protection, selection and/or re-qualification process, parental leave and carer entitlements, insurance cover, access to training and competition facilities and services including internal and external healthcare professionals, financial subsidies, alternative work arrangements, research opportunities)
- ☐ Educational resources available (e.g. FPHI pregnancy module and factsheet)
- ☐ Support groups/networks with other pregnant and/or postpartum and parenting athletes
- ☐ Physiological and physical changes to the body, common symptoms, increased nutritional requirements to support pregnancy and accommodate athlete fuelling requirements, foods and supplements to avoid, body image concerns, disordered eating, milk production in late pregnancy
- ☐ Biopsychosocial considerations (e.g. societal expectations, social and emotional challenges of sport and motherhood including guilt, depression, identity, motivation, stress, anxiety, body image) and strategies to manage and/or overcome challenges
- ☐ Training and competition (e.g. current guidelines, modified to training/competition during pregnancy, such as ineligibility to compete during pregnancy, removal of contact/collision activities)

CRITICAL QUESTIONS TO CONSIDER AT THIS STAGE

Disclosure:

What is the athlete's preferred timeline (e.g. inform coach upon conception, advise support team and teammates at 13 weeks gestation) and method (e.g. private announcements, press release) for disclosure?

.....

.....

.....

Has the athlete experienced any bullying or discrimination since disclosure?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, how is the athlete being supported to manage this?

.....

If yes, has this unacceptable behaviour been appropriately managed and those involved held accountable?

☐ YES ☐ NO ☐ NA Comments: .....

Medical considerations:

Has the athlete had a check-up with their treating health professional/s since becoming pregnant?

☐ YES ☐ NO ☐ NA Comments: .....

Are there absolute contraindications to exercise during pregnancy (e.g. ruptured membranes, pre-eclampsia)?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, can the athlete continue to train?

☐ YES ☐ NO ☐ NA Comments: .....

If no, are there suitable activities the athlete can engage in/take on while unable to train (e.g. assist with coaching)

☐ YES ☐ NO ☐ NA Comments: .....

Are there relative contraindications to exercise during pregnancy (e.g. malnutrition, history of miscarriage, type 1 diabetes)?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, do the benefits of competition outweigh potential risks?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, does training need to be modified to account for these relative contraindications?

☐ YES ☐ NO ☐ NA Comments: .....

What modifications will be made?

.....

List all pregnancy-specific symptoms (e.g. nausea, fatigue)?

.....

.....

.....

How are they being managed/treated?

.....

Are there any psychological conditions/symptoms (e.g. anxiety, stress, body image concerns)?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, how are these being managed?

.....

Are referrals required to further support athlete needs (e.g. women's health physiotherapist, obstetrician, psychologist)?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, have they been arranged?

☐ YES ☐ NO ☐ NA Comments: .....

Pregnancy specific information

OB/GYN/GP contact information:

.....

.....

Gestation age (e.g. how many weeks gestation is the athlete):

.....

Expected due date (e.g. when is the athlete expected to give birth):

.....

Weight gain (e.g. how much weight has the athlete gained since becoming pregnant):

.....

Nutrition:

Does the athlete require modifications to their diet (e.g. increased caloric intake to support pregnancy and accommodate athlete fuelling requirements, electrolyte supplementation if required)?

☐ YES ☐ NO ☐ NA Comments: .....

Are referrals required to further support athlete needs?

☐ YES ☐ NO ☐ NA Comments: .....

List all medication and supplements (e.g. anti-nausea medication, folate or iron supplements, laxatives or reflux tablets):

.....

.....

.....

Do they involve any WADA prohibited substances?

☐ YES ☐ NO ☐ NA Comments: .....

Have they been batch tested for potential contamination?

☐ YES ☐ NO ☐ NA Comments: .....

Has the athlete applied for a Therapeutic Use Exemptions (TUE)?

☐ YES ☐ NO ☐ NA Comments: .....

Training and competition considerations:

Athlete short- and long-term training and competition goals (e.g. does the athlete wish to continue to compete during the pregnancy?):

.....

.....

.....

Are there any sport-specific rules relevant to pregnancy and competing?

☐ YES ☐ NO ☐ NA Comments: .....

How long does the athlete plan to continue training?

☐ YES ☐ NO ☐ NA Comments: .....

Is there a training plan in place?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, are any of the following changes required to support this plan:

Training intensity, volume, modality, modified exercises/activities?

☐ YES ☐ NO ☐ NA Comments: .....

Safe upper limits (training below 90% HR maximum)?

☐ YES ☐ NO ☐ NA Comments: .....

Training environment (e.g. athlete should avoid training in excessively hot conditions)?

☐ YES ☐ NO ☐ NA Comments: .....

Recovery and/or rehabilitation practices (e.g. ice baths, saunas chambers)?

☐ YES ☐ NO ☐ NA Comments: .....

Introduction of pregnancy-specific exercises (e.g. pelvic floor)?

☐ YES ☐ NO ☐ NA Comments: .....

Other?

☐ YES ☐ NO ☐ NA Comments: .....

Are there pregnancy-related clothing or uniform requirements (e.g. looser clothing, supportive sports bra)?

☐ YES ☐ NO ☐ NA Comments: .....

Marketing and promotion:

Does that athlete want to share their pregnancy journey?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, does the athlete have any stipulations (e.g. no birthing details are to be shared)?

☐ YES ☐ NO ☐ NA Comments: .....

Helpful resources:

(1) Are you an athlete who is currently pregnant?: https://www.ais.gov.au/fphi/female-athlete-resources/resources/pregnancy

(2) Screening tool for physical activity during pregnancy: https://www.essa.org.au/Web/Web/Resources/Tools-and-templates/Screening-Tool-Physical-Activity-During-Pregnancy.aspx

Checklist 3: Postpartum

EDUCATION / DISCUSSION TOPICS:

- ☐ How medical and other private and personal information (e.g. the athlete experienced significant trauma during birth) will be managed, stored and shared, and who will have access to what information (e.g. fellow team members do not need to know personal details) to ensure athlete privacy and confidentiality and limit potential bias and discrimination
- ☐ Organisational support provisions including relevant policies within the organisation (e.g. contract security, grants and/or other financial protections, ranking, categorisation and/or qualification protection, selection and/or re-qualification process, parental leave and carer entitlements, access to training and recovery facilities and services including internal and external healthcare professionals, financial subsidies, alternative work arrangements)
- ☐ Educational resources available (e.g. list of helpful resources, training modules)
- ☐ Support groups/networks with other postpartum and/or parenting athletes
- ☐ Physical, physiological conditions (e.g. perineal tears, diastasis, pelvic floor dysfunction, hormonal changes) and biopsychosocial considerations (e.g. societal expectations, sleep, support systems, social and emotional challenges of sport and motherhood including guilt, depression, identity, motivation, stress, anxiety, mental health, body image, childcare) and strategies to manage and/or overcome challenges
- ☐ Breastfeeding (e.g. breastfeeding posture and techniques, nutrition requirements for sport and breastfeeding, mastitis and other breastfeeding conditions, breastfeeding and sport considerations)
- ☐ Nutrition (e.g. nutrition postpartum, nutrition to support postpartum recovery, breastfeeding, and RTS, the effects of poor nutrition for athletes, newborns, and babies including the signs and symptoms of Low Energy Availability (LEA), Relative Energy Deficiency (REDs), Disordered Eating (DE) behaviours and Eating Disorders (EDs), nutrition for newborns and babies such as introducing solids, and ways to manage nutrition with newborns and babies)
- ☐ Planning and expectations (e.g. considerations for managing children and family, setting and structuring routines, setting expectations, roles and responsibilities)
- ☐ Practical and lifestyle challenges of sport and motherhood (e.g. time management, difficulty finding childcare, financial stressors) and strategies to manage and/or overcome such challenges
- ☐ Training and competition (e.g. current guidelines, rehabilitation, return to training and competition considerations and RTS Frameworks)

CRITICAL QUESTIONS TO CONSIDER AT THIS STAGE

Medical history:

Birthing outcomes: .....

Date of birth: ..... Delivery method (e.g. vaginal/caesarean section): .....

Adverse birthing outcomes (e.g. perineal tearing, episiotomies, instrumental deliveries including forceps or vacuum):

.....

Has the athlete undergone an initial screening by a health professional?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, by who and what was the outcome?

.....

.....

Nutrition:

Does the athlete require modifications to their diet (e.g. increased caloric intake to support breastfeeding and accommodate athlete fuelling requirements)?

☐ YES ☐ NO ☐ NA Comments: .....

Are referrals required to further support athlete needs?

☐ YES ☐ NO ☐ NA Comments: .....

Is the athlete maintaining regular appointments with relevant health professionals?

☐ YES ☐ NO ☐ NA Comments: .....

Training and competition considerations:

Athlete short- and long-term training and competition goals (e.g. is the athlete ready to return to training, does the athlete wish to return to high performance sport in the next 12 months?):

.....

.....

.....

Ensure goals have been reviewed/cleared by relevant health professionals/physician.

Has the athlete undergone necessary screening, risk assessment and clearance by relevant organisational staff to resume training? Refer to Appendix D.

☐ YES ☐ NO ☐ NA Comments: .....

If yes, were any medical conditions, contradictions or concerns flagged?

☐ YES ☐ NO ☐ NA Comments: .....

If no, when will this be scheduled/undertaken?

.....

Is there a training plan in place? If no, refer to Appendix D.

☐ YES ☐ NO ☐ NA Comments: .....

If yes, are any changes required to accommodate birthing outcomes (e.g. athlete required unplanned caesarean so surgical recovery is priority), biopsychosocial factors (e.g. athlete unable to make scheduled training on a specific day as cannot access childcare) or athlete goals (e.g. athlete wishes to adjust goals for an earlier/later RTS)?

☐ YES ☐ NO ☐ NA Comments: .....

Does the training plan consider progression and regression factors and is the athlete aware of these factors?

☐ YES ☐ NO ☐ NA Comments: .....

Is there a return to sport plan in place? If no, refer to Appendix D.

☐ YES ☐ NO ☐ NA Comments: .....

If challenges remain, does critical individualised support continue once the athlete has returned to sport?

☐ YES ☐ NO ☐ NA Comments: .....

Does the athlete have any equipment that will need to be assessed to ensure it's fit for purpose following potential pregnancy and/or postpartum changes?

☐ YES ☐ NO ☐ NA Comments: .....

Are there changes to clothing or uniform requirements (e.g. looser clothing, supportive sports bra) as a result of pregnancy and/or postpartum changes?

☐ YES ☐ NO ☐ NA Comments: .....

Parental leave:

Does the athlete intend to take parental leave?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, what is their anticipated return date? .....

Marketing and promotion:

Does that athlete want to share their pregnancy, postpartum or parenthood journey?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, does the athlete have any stipulations (e.g. no images of the athlete's child are to be published without prior permission)?

☐ YES ☐ NO ☐ NA Comments: .....

Checklist 4: Non-Birthing Athletes: Adoption, Surrogacy, Fostering

EDUCATION / DISCUSSION TOPICS:

- ☐ How medical and other private and personal information (e.g. athlete expresses intent to start a family in next 12 months) will be managed, stored and shared and who will have access to what information (e.g. a coach doesn't need to know an athlete has sought information regarding pregnancy or fertility treatment options) to ensure athlete privacy and confidentiality and limit potential bias and discrimination
- ☐ Organisational support provisions including relevant policies within the organisation (e.g. contract security, grants and/or other financial protections, ranking, categorisation and/or qualification protection, parental leave entitlements, insurance cover, access to training and competition facilities and services including internal and external healthcare professionals, financial subsidies, alternative work arrangements, research opportunities)
- ☐ Educational resources available (e.g. Domestic and Intercountry Adoption, Australian Government)
- ☐ Support groups/networks with other athletes (e.g. other athletes considering a family, utilised fertility treatment services, adoption, fostering)
- ☐ Short- and long-term training and competition planning (e.g. when would be a good time to start a family, take time away from competition)
- ☐ Nutrition (e.g. ensuring energy intake is sufficient to fuel energy output)
- ☐ Training considerations (e.g. any modifications to training required)
- ☐ Legal considerations (e.g. adoption, surrogacy, fostering laws in Australia)

CRITICAL QUESTIONS TO CONSIDER AT THIS STAGE

Legal process and timeline:

Has the athlete started the process of adoption?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, when will the adoption occur?

.....

Disclosure:

What is the athlete's preferred timeline (e.g. inform coach about surrogacy, advise support team and team members once surrogacy is finalised) and method (e.g. private announcements, media release) for disclosure?

.....

.....

.....

Has the athlete experienced any bullying or discrimination since disclosure?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, how is the athlete being supported to manage this?

.....

If yes, has this unacceptable behaviour been appropriately managed and those involved held accountable?

☐ YES ☐ NO ☐ NA Comments: .....

Medical history:

Are there any medical conditions that may impact parenthood (e.g. REDs, mental health conditions, anxiety, stress, sleep disorders)?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, how are they managed/treated?

.....

Are referrals required to further support athlete needs?

☐ YES ☐ NO ☐ NA Comments: .....

Has the athlete had a check-up with their treating health professional/s since becoming a parent?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, does the athlete require any additional treatment/support/referral to additional health professionals?

☐ YES ☐ NO ☐ NA Comments: .....

List all medication and supplements:

.....

.....

.....

Do they involve any WADA prohibited substances?

☐ YES ☐ NO ☐ NA Comments: .....

Have they been batch tested for potential contamination?

☐ YES ☐ NO ☐ NA Comments: .....

Has the athlete applied for a Therapeutic Use Exemption (TUE)?

☐ YES ☐ NO ☐ NA Comments: .....

Nutrition:

Has the athlete had their nutrition reviewed to ensure sufficient caloric intake to support athlete's fuelling requirements for training, competition and parenthood?

☐ YES ☐ NO ☐ NA Comments: .....

Is the athlete maintaining regular appointments with relevant health professionals?

☐ YES ☐ NO ☐ NA Comments: .....

Training and competition considerations:

Athlete short- and long-term training and competition goals (e.g. does the athlete want to continue to train and/or compete?):

.....

.....

.....

Ensure goals have been reviewed/cleared by relevant health professionals/physician.

Do training and/or competition requirements need to be modified to accommodate biopsychosocial factors (e.g. the athlete is not required to attend 'away games' until complete return to competition to reduce time away from family)?

☐ YES ☐ NO ☐ NA Comments: .....

Parental leave:

Does the athlete intend to take parental leave?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, what is their anticipated return date?

.....

Marketing and promotion:

Does that athlete want to share their parenthood journey?

☐ YES ☐ NO ☐ NA Comments: .....

If yes, does the athlete have any stipulations (e.g. all information regarding the adoption of a child remain confidential)?

☐ YES ☐ NO ☐ NA Comments: .....

APPENDIX D: RETURN TO SPORT FRAMEWORKS OVERVIEW

SUMMARY OF RETURN TO SPORT FRAMEWORKS

1. Davenport, M., Christopher, S., Deering, R. E., et al. (2025). An international Delphi study of clinical and exercise professional opinion of exercise prescreening and contraindications for participating in physical activity after childbirth. British Journal of Sports Medicine, 59(8):527-538.

CONTRAINDICATIONS TO MODERATE-TO-VIGOROUS INTENSITY PHYSICAL ACTIVITY DURING THE POSTPARTUM PERIOD

ABSOLUTE CONTRAINDICATIONS

- Loss of consciousness
- Neurological symptoms, such as fainting, ataxia, or muscle weakness influencing balance
- Calf pain or swelling
- Renal resistive index (RRI) prior to delivery (significant increase in BP (>250/115) or decrease in systolic BP >10 mmHg without ischemic symptoms)

RELATIVE CONTRAINDICATIONS

- Vaginal bleeding not associated with menses
- Abdominal pain
- Birth trauma
- Postpartum cardiomyopathy
- Caesarean section
- Unassessed urinary or fecal incontinence
- High blood pressure
- Breast pain due to reasons other than mastitis
- Pelvic girdle pain
- Low back pain
- Acute systemic infection, accompanied by fever, body aches or swollen lymph glands
- Excessive fatigue
- Hemodynamically unstable (ischemic symptoms combined with systolic BP decrease >10 mmhg with exercise)
- Breathing difficulties
- Chest pain
- Dizziness
- Heart disease or stroke
- Concussion
- Pelvic organs prolapse
- An eating disorder
- Fractures
- Malnutrition
- Diastasis Rectus Abdominus
- Anemia
- Other medical or physical conditions that may affect ability to be physically active

NOT A CONTRAINDICATION

- Depression
- High anxiety
- Low mood

SCREENING RECOMMENDATIONS PRIOR TO BEGINNING OR RETURNING TO PHYSICAL ACTIVITY POSTPARTUM

- Mental health
- Pelvic floor dysfunction
- Musculoskeletal pain
- Wound healing
- Readiness to return to moderate-to vigorous physical activity
- REDs
- Abdominal screen for Diastasis Recti Abdominus
- Sleep
- Abdominal pain
- Fear of movement
- Lactation
- Preconception and pregnancy physical activity
- Social and emotional support
- Goals and plans for physical activity postpartum
- Muscular strength
- Vital signs
- Eating disorder

2. Deering, R. E., Donnelly, G. M., Brockwell, E., et al. (2024). Clinical and exercise professional opinion on designing a postpartum return-to-running training programme: An international Delphi study and consensus statement. British Journal of Sports Medicine, 58:183-195.

FOCUS: **Recovery**
PROTOCOLS:

- The length of the recovery is person-specific and should be based on individual symptoms, risk factors and anticipated recovery

FOCUS: **Screening**
PROTOCOLS:

- Screen for signs and symptoms of bone stress injury (e.g. stress fractures)
- Conduct a full musculoskeletal assessment
- Monitor pelvic health symptoms throughout training
- Assess/evaluate strength of abdominal and lower extremity muscles, particularly hip muscles

FOCUS: **Training**
PROTOCOLS:

- The initiation of running should begin slowly with a walk-run protocol to assess symptom provocation
- The amount of running prescribed in the initial stages of training is dependent on the runner's running history, including the time since their last run and how far they were running at that time
- Areas of muscle/movement impairment should be targeted with exercise
- Training specific muscle groups is less important than overall movement patterns
- Strengthen abdominal and lower extremity muscles, particularly hip muscles
- Programs should include strengthening exercises in conjunction with a return-to-running plan
- Athletes with pelvic health symptoms should receive specific Pelvic Floor Muscle Training (PFMT)
- PFMT should commence during pregnancy
- Biopsychosocial factors such as sleep, fatigue, pain, social support, infant needs, energy availability and lactation should be considered when adapting training (progression vs. regression)
- When determining whether to progress or regress training, biopsychosocial factors, including sleep, mental health, lactation, energy availability, pelvic health and musculoskeletal symptoms should be monitored and training adjusted accordingly (e.g. decrease running volume if symptoms arise or are exacerbated)
- Training volume can be progressed if symptoms are not present or existing symptoms do not worsen
- When progressing running training, only one variable should be changed at a time
- Avoid drastic increases in training volume to minimise injury risk
- Training volume should be progressed gradually
- The duration (mileage or time) of exercise should be progressed before intensity (speed)
- The training program should be specific to each runner's goals
- Cross training can be used to optimise cardiorespiratory and muscular fitness before and after initiating running

FOCUS: **Education**
PROTOCOLS:

- Educate athletes on ceasing programs if pelvic health symptoms arise

Footnote: PFMT should commence during pregnancy and continue through the perinatal and postpartum period as advised by a specialist pelvic floor physiotherapist. Moreover, athletes should receive education on presenting for a health assessment, including having their programs adapted/changed if pelvic health symptoms arise.

3. Christopher, S. M., Donnelly, G., Brockwell, E., et al. (2024). Clinical and exercise professional opinion of return-to-running readiness after childbirth: An international Delphi study and consensus statement. British Journal of Sports Medicine, 58(3):299–312.

FOCUS: **Recovery**
PROTOCOLS:

- Athletes should not start running before 3 weeks postpartum
- Any birthing injury (e.g. perineal tearing, episiotomy, caesarean incision) should be completely healed before returning to running

FOCUS: Screening
PROTOCOLS:

- Relevant performance support experts and professionals working directly with athletes are encouraged to identify biopsychosocial red flags to return to running
- Evaluate/screen athletes to determine run readiness and recovery, then consider:
  - Runner's previous medical and social history, training (e.g. training load before and during pregnancy as well as current) and performance goals
  - Runner's stress level
  - Runner's social support network
- Evaluate/screen athletes for pelvic health-related symptoms (e.g. incontinence/prolapse) before initiating running
- Include pelvic floor, lower extremity, and lumbopelvic strength and balance assessments in screening/examination
- Assess athletes with abdominal pain or who exhibit fear-avoidance behaviours
- Prior to running/training postpartum, administer gradual and progressive load and impact challenges to assess provocation or exacerbation of symptoms
- Screen/assess athletes for concerns or issues with sleep (i.e. sleep quality and habits), screen for pre-existing conditions (i.e. musculoskeletal or pelvic floor symptoms), lactation concerns, hydration, milk supply, fatigue and mental health
- Screen for energy availability (EA) and relative energy deficiency (REDs)
- Assess breathing technique prior to initiating running
- Runners with pain should be evaluated to determine the cause of pain, and whether or not running is appropriate

FOCUS: Assessments (equipment)
PROTOCOLS:

- Assess footwear for correct/appropriate fit, and compatibility with running goals and musculoskeletal profile
- Assess the stroller for appropriateness
- Assess appropriateness of intravaginal support or other continence device – use a pelvic health care team

FOCUS: Referral (e.g. to professionals)
PROTOCOLS:

- Refer athletes to relevant performance support experts and professionals to address postpartum symptoms/concerns (e.g. primary care providers, lactation consultants, pelvic health physiotherapists (PTs), mental health providers, physiatrists, orthopedic specialists, obstetricians/gynecologists, urogynecologists)
- Significant pelvic health symptoms should be assessed by a specialist (for example, a urogynecologist)
- Symptomatic (or concerned) athletes should seek medical advice and/or be evaluated by a pelvic health therapist
- Refer athletes with pelvic floor dysfunction to specialised professionals
- Refer to treatment if experiencing incontinence
- Refer to professionally guided/individualised bra fitting

FOCUS: Training
PROTOCOLS:

- Gradually progress athletes in cardiorespiratory fitness and strength training prior to initiating a running program
- Athletes should complete screening tasks without musculoskeletal or pelvic floor pain/symptoms before initiating running/training

FOCUS: Education
PROTOCOLS:

- Educate runners on proper breast support
- Educate runners on stroller running (e.g. a two-handed approach is more favourable)
- Educate runners on postpartum physiological and musculoskeletal recovery and issues
- Educate runners on the key milestones that indicate run-readiness
- Educate runners on hydration and nutrition

4. Donnelly, G. M., Moore, I. S., Brockwell, E., et al. (2022). Reframing return-to-sport postpartum: The 6 Rs framework. British Journal of Sports Medicine, 56(3):244–245.

STAGE: **1. Ready (prenatal and early postpartum)**
DESCRIPTION:
Ready the athlete for anticipated whole-systems, biopsychosocial changes (e.g. educate athletes about postnatal health considerations such as sleep, weight gain, breastfeeding, pelvic floor function, and mental health changes).

STAGE: **2. Review (6-8 weeks)**
DESCRIPTION:
Screen for whole-systems, biopsychosocial implications (e.g. pain, pelvic floor dysfunction, fear of movement, diet) and address needs (e.g. refer to relevant organisational staff and professionals working directly with athletes such as women's health physio).

STAGE: **3. Restore (8-16 weeks)**
DESCRIPTION:
Restore physical and psychological well-being and prepare the athlete to return to a structured training environment (e.g. commence graded/modified training and develop strategies to support athlete RTS such as flexible training times).

STAGE: **4. Recondition (16 weeks +)**
DESCRIPTION:
Recondition the athlete based on physical and psychological demands of sport (e.g. gradually expose the athlete to sport-specific loads, demands and requirements).

STAGE: **5. Return**
DESCRIPTION:
Return the athlete to the competitive sport environment (e.g. through individualised, evidence-informed and guided exposure).

STAGE: **6. Refine**
DESCRIPTION:
Review and refine strategies to enhance athlete training and performance (e.g. review athlete sleep and monitor for signs of relative energy deficiency in sport).

Footnote: Relative energy deficient syndrome (RED-S) updated to Relative Energy Deficiency in sport (REDs)[15]

5. Christopher, S. M., Gallagher, S., Olson, A., et al. (2022). Rehabilitation of the postpartum runner: A 4-phase approach. Journal of Women's Health Physical Therapy, 46(2):73–86.

STAGE: **Screen**
DESCRIPTION:
Conduct medical clearance and screening (e.g. a full musculoskeletal exam and an RTS readiness exam). Screening results will determine which of the below phases the athlete returns to: Phase I-IV.

STAGE: **Phase I**
DESCRIPTION:
Not ready to run. Establish neuromuscular coordination, strength, endurance (muscular and cardiovascular), and control of the hip, trunk, pelvic floor and lower extremity muscles.

STAGE: **Phase II**
DESCRIPTION:
Commence a walk/run program as well as improve strength, coordination and endurance of muscles specific to running.

STAGE: **Phase III**
DESCRIPTION:
Progress the walk/run program and build on muscular endurance, power, dynamic stability and load management. Progress to exercises in the standing position and include low-level plyometrics

STAGE: **Phase IV**
DESCRIPTION:
Return to full participation/running. Progress muscular strength, endurance and power by adding increased resistance, changing surface stability and plyometrics to single leg to increase load tolerance and strength in running-specific positions

6. Selman, R., Early, K., Battles, B., et al. (2022). Maximizing recovery in the postpartum period: A timeline for rehabilitation from pregnancy through RTS. International Journal of Sports Physical Therapy, 17(6):1170–1183.

STAGE: **Postpartum Weeks 0-2**
FOCUS: **Cardiovascular activity**
RECOMMENDATIONS:
- Minimise musculoskeletal stress to allow healing
- Household ambulation in small bouts
- Education related to nutrition (within the scope of the provider) to ensure appropriate intake to accommodate nursing and exercise

FOCUS: **Neuromuscular activity**
RECOMMENDATIONS:
- Diaphragmatic breathing, pelvic mobility as tolerated
- Gentle and pain-free mobility/postural work
- Education regarding proper body mechanics for handling of newborn infant, i.e. lifting, carrying and holding

FOCUS: **Pelvic Floor**
RECOMMENDATIONS:
- Light transverse abdominal/pelvic floor contract/relax – defer if symptomatic

STAGE: **Postpartum Weeks 3-4**
FOCUS: **Cardiovascular activity**
RECOMMENDATIONS:
- Walking program with shorter duration (<10-15 minutes), the frequency may increase as tolerated

FOCUS: **Neuromuscular activity**
RECOMMENDATIONS:
- Increase focus on transversus abdominis coordination – supine, side-lying and quadruped

FOCUS: **Pelvic Floor**
RECOMMENDATIONS:
- Pelvic floor contract/relax with focus on short holds (5 seconds)
- Continue to defer if symptomatic

STAGE: **Postpartum Weeks 5-6**
FOCUS: **Cardiovascular activity**
RECOMMENDATIONS:
- Walking program may slowly increase in duration (<20-30 minutes)
- Speed may gradually increase, but should be kept below jogging

FOCUS: **Neuromuscular activity**
RECOMMENDATIONS:
- Postural strength and endurance to include thoracic and cervical spine
- Coordination of transversus abdominis in more functional movements such as sitting/standing

FOCUS: **Pelvic Floor/Strength**
RECOMMENDATIONS:
- Open kinetic chain hip strength in combination with appropriate pelvic floor contract/relax
- Pelvic floor contract/relax with a focus on long holds (10 seconds)
- Light functional movements (sit to stand, step ups)

STAGE: **Postpartum Weeks 7-12**
FOCUS: **Cardiovascular activity**
RECOMMENDATIONS:

- Slow increase in the duration of the walking program with gradual speed increases
- Short <60-second bouts of jogging may be appropriate at the 8-week or beyond mark (dependent on response to impact readiness tasks)
- Recovery intervals should be twice that of work phase in jogging (i.e. 60-second jog and 120-second recovery)
- Work phases should be kept conversational with RPE <6

FOCUS: **Neuromuscular activity**
RECOMMENDATIONS:

- Awareness/improvement of postural changes that often persist postpartum
- Thoracic rotation/extension, improving excessive pelvic tilting (anterior or posterior) should be addressed
- Horizontal impact work (i.e. table plank position – mountain climbers) may be slowly progressed to begin force absorption focus until the patient is ready to tolerate this in an upright position

FOCUS: **Pelvic Floor**
RECOMMENDATIONS:

- Internal muscle exam performed if the patient desires to determine baseline function
- The focus should be both on appropriate contract/relaxation as well as strength/endurance to determine the individual need for up vs. down-training

FOCUS: **Strength**
RECOMMENDATIONS:

- Closed kinetic strength tasks beginning with slow performance and increasing speed of movement as tolerated
- Progression from double to single-leg weight-bearing tasks

FOCUS: **Impact-Specific Markers for Readiness for Progression**
RECOMMENDATIONS:

- Double leg jump downs, heel raises with bounce, forward/lateral/reverse lunging performed rapidly, kettlebell swing variations to include the sagittal, transverse, and frontal planes

FOCUS: **Functional Testing Options**
RECOMMENDATIONS:

- Musculoskeletal pain or pelvic symptoms with loading and impact
- Run Readiness Scale

STAGE: **Postpartum Weeks 13+**
FOCUS: **Cardiovascular activity**
RECOMMENDATIONS:

- Slow increase in mileage and speed with walking/jogging/rest throughout the run as needed
- 2D running assessment may be performed to limit the likelihood of injury

FOCUS: **Strength/Power**
RECOMMENDATIONS:

- Impact work may be better tolerated from a pelvic floor perspective on an incline
- The incline may be slowly lowered until tolerating impact performance on a flat surface
- Full clearance for return to running/sport should be assessed weekly as training volume increases per ACSM guidelines (2-10%/week)

Footnote: The above RTS framework should be modified to accommodate para-athletes.

APPENDIX E: EDUCATIONAL TOPICS

- Importance of healthy menstrual cycles and the potential influences of overtraining, under fuelling, disordered eating, eating disorders, genetics and cultural practices on menstrual health
- Impacts of menstrual cycle abnormalities including REDs, hormonal imbalances, impaired fertility, increased injuries etc.
- Female fertility across the lifespan
- Fertility treatments (e.g. IVF, egg freezing) and the potential advantages, disadvantages and risks of using them (e.g. changes to rulings around banned substances)
- Importance of breast health (e.g. risks of direct trauma to breasts, bra fit and adequate support, impact of hormonal fluctuations)
- Pregnancy and important considerations for pregnant athletes (e.g. physiological and physical changes to the body, common symptoms, increased nutritional requirements, foods and supplements to avoid, body image concerns, disordered eating, milk production in late pregnancy)
- Unexpected or undesired pregnancy outcomes such as pregnancy complications and miscarriage
- The support available for pregnant, postpartum and parenting athletes and who is responsible for implementing them
- What to expect if starting a family mid-career, and how to plan ahead
- The physical and physiological effects of pregnancy and childbirth (e.g. perineal tears, diastasis, pelvic floor dysfunction, hormonal changes)
- Postpartum training considerations, parameters and protocols (e.g. RTS Frameworks)
- Breastfeeding (e.g. breastfeeding posture and techniques, nutrition requirements for sport and breastfeeding, mastitis and other breastfeeding conditions, breastfeeding and sport considerations)
- Sleep (e.g. the effect of a lack of sleep/the importance of sleep for athletes, newborns and babies and ways to manage sleep for athletes, newborns and babies)
- Nutrition (e.g. nutrition postpartum, nutrition to support postpartum recovery, breastfeeding, and RTS, the effects of poor nutrition for athletes, newborns, and babies including the signs and symptoms of Low Energy Availability (LEA), Relative Energy Deficiency (REDs), Disordered Eating (DE) behaviours and Eating Disorders (EDs), nutrition for newborns and babies such as introducing solids, and ways to manage nutrition with newborns and babies)
- Family planning (e.g. considerations for managing children and family, setting and structuring routines, setting expectations, roles and responsibilities)
- Practical and lifestyle challenges of sport and motherhood (e.g. time management, difficulty finding childcare, financial stressors) and strategies to manage and/or overcome such challenges
- Social and emotional challenges of sport and motherhood (e.g. guilt, depression, identity, motivation, body image) and strategies to manage and/or overcome such challenges
- Communication techniques and strategies (e.g. how to approach and manage conversations with professionalism, respect and sensitivity)

APPENDIX F: HELPFUL RESOURCES

AIS High Performance Pregnancy Guidelines

Australian Institute of Sport

https://www.ais.gov.au/__data/assets/pdf_file/0005/1033349/AIS-High-Performance-Pregnancy-Guidelines.pdf

Are You an Athlete Considering Pregnancy? Factsheet

Female Performance Health Initiative

https://www.ais.gov.au/__data/assets/pdf_file/0011/1055495/36706_FPHI-Are-you-an-athlete-considering-pregnancy-fact-sheet.pdf

Are you an athlete who is currently pregnant? Factsheet

Female Performance Health Initiative

https://www.ais.gov.au/__data/assets/pdf_file/0005/1085099/36945_Pregnancy-Fact-Sheet_D3.pdf

FPHI Medical and Physical Therapy Referral Networks

https://www.clearinghouseforsport.gov.au/networks/fphi

Additional Educational Resources

For additional resources and education modules regarding menstrual health, contraception, eating disorders, pregnancy, breast health, pelvic health and various other topics visit the FPHI links below.

https://www.ais.gov.au/fphi/female-athlete-resources

https://www.ais.gov.au/fphi/education

Pelvic Floor Health and Information

Continence Health Australia

https://www.pelvicfloorfirst.org.au/

Pregnancy, Childbirth, and Parenting Information

Raising Children Network

https://raisingchildren.net.au/

Pregnancy, Childbirth, and Parenting Information

Australian Government, Department of Health and Aged Care

https://www.pregnancybirthbaby.org.au/

Breastfeeding Information and Support

Australian Breastfeeding Association

https://www.breastfeeding.asn.au/

Childcare and Child Support Payments and Services Information

Australian Government, Services Australia

https://www.servicesaustralia.gov.au/raising-kids

Mental Health Referral Network

Australian Institute of Sport

https://www.ais.gov.au/MHRN

Peri and Postnatal Mental Health Support

Perinatal Anxiety & Depression Australia (PANDA)

https://www.panda.org.au/

Parent Counselling and Information (QLD & NT – only)

Parentline

https://parentline.com.au/

Career Practitioner Referral Network (staff and health professionals - only)

Australian Institute of Sport

https://www.ais.gov.au/career-and-education/cprn

Networking, Personal and Professional Development (athletes – only)

Minerva Network

https://www.minervanetwork.com.au/

Adoption, Surrogacy and Fostering:

Domestic and intercountry adoption: https://www.intercountryadoption.gov.au/countries-and-considerations/other-care-options/domesticlocal-adoption/

Surrogacy: https://www.surrogacy.gov.au/

Support for foster carers and other non-parent carers: https://www.servicesaustralia.gov.au/support-for-foster-carers-and-other-non-parent-carers?context=60011

APPENDIX G: EVIDENCE USED TO INFORM THE DEVELOPMENT OF POLICY AND PRACTICE RECOMMENDATIONS TO SUPPORT ELITE ATHLETES FROM PRECONCEPTION THROUGH PARENTHOOD

Preconception & Pregnancy Evidence Sources:

Recommendations	Reference to source of evidence used to inform recommendations
1. Develop pregnancy policies which detail the rights of pregnant athletes, the support and protections available, and guidance for the care and management of athletes during preconception and pregnancy	AIS, 2023 Davenport et al., 2023b Davenport et al., 2024 Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b Titova et al., 2025c
2. Actively support the education of their athletes and staff on topics related to menstrual health, fertility, breast health and pregnancy using evidence-based sources	Bø et al., 2016a Bø et al., 2018 Brown et al., 2023 Davenport et al., 2023b Davenport et al., 2024 Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b UK Sport, 2023a UK Sport, 2023b
3. Encourage and support athletes by increasing visibility and awareness of elite athletes and their experiences of preconception, pregnancy and motherhood	Davenport et al., 2023b Davenport et al., 2024 Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b
4. Promote open communication and collaboration between relevant organisational staff and professionals working directly with athletes considering/planning for pregnancy and pregnant athletes	Bø et al., 2016a Bø et al., 2018 Davenport et al., 2024 Hayman et al., 2023a Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b Titova et al., 2025c UK Sport, 2023a UK Sport, 2023b
5. Provide clear pathways for confidential disclosure of pregnancy in an appropriate timeframe	AIS, 2023 Titova et al., 2025a Titova et al., 2025b UK Sport, 2023a UK Sport, 2023b

6. Develop and regularly review personalised pregnancy plans collaboratively with relevant organisational staff and professionals working directly with athletes considering/ planning for pregnancy and during pregnancy	AIS, 2023 Bø et al., 2016a Bø et al., 2016b Bø et al., 2018 Brown et al., 2023 Davenport et al., 2023b Hayman et al., 2023b Mottola et al., 2019 Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b Titova et al., 2025c UK Sport, 2023a UK Sport, 2023b
7. Provide additional flexibility to athletes who require modifications to their role, training, sporting commitments and/or clothing during preconception and/or pregnancy	Bø et al., 2016a Bø et al., 2016b Bø et al., 2018 Brown et al., 2023 Hayman et al., 2023a Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b Titova et al., 2025c UK Sport, 2023a UK Sport, 2023b
8. Facilitate continued engagement with athletes who are no longer able to continue their normal training during preconception and/or pregnancy	Davenport et al., 2023b Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b Titova et al., 2025c UK Sport, 2023a UK Sport, 2023b
9. Ensure ongoing access to suitable facilities, equipment, services, relevant organisational staff and professionals working directly with athletes considering/planning for pregnancy and during pregnancy	Titova et al., 2025a Titova et al., 2025b Titova et al., 2025c
10. Provide clear contractual protections of existing funding and financial support for athletes who need to take time away from the sport during preconception and/or pregnancy	AIS, 2023 Davenport et al., 2023b Davenport et al., 2024 Sport Canada, 2022 Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b UK Sport, 2023a UK Sport, 2023b
11. Protect the existing categorisation, ranking and/or qualification for athletes who need to take time away from the sport during preconception and/or pregnancy	AIS, 2023 Davenport et al., 2024 Sport Canada, 2022 Titova et al., 2024 Titova et al., 2025a Titova et al., 2025b
12. Encourage and facilitate future research involving athletes during their preconception and pregnancy journeys	Davenport et al., 2023b Davenport et al., 2024 Titova et al., 2024 Titova et al., 2025a Titova et al., 202b

Postpartum & Parenthood Evidence Sources:

Recommendations	Reference to source of evidence used to inform recommendations
1. Appoint an organisational staff member as the primary point of contact to support postpartum and parenting athletes	Brown et al., 2023 Davenport et al., 2022 Tighe et al., 2023 UK Sport, 2023a UK Sport, 2023b
2. Clearly define the expectations, roles, and responsibilities for engagement between postpartum and parenting athletes and relevant organisational staff	Davenport et al., 2023b UK Sport, 2023a UK Sport, 2023b
3. Establish and implement an evidence-informed RTS Framework to guide postpartum and parenting athletes, relevant organisational staff and professionals working directly with postpartum and parenting athletes before and during their return to the training and/or the competition environment	Bø et al., 2017 Brown et al., 2023 Christopher et al., 2024 Davenport et al., 2022 Davenport et al., 2023a Davenport et al., 2023b Davenport et al., 2023c Davenport et al., 2025a Davenport et al., 2025b Davenport et al., 2025c Deering et al., 2024 DeVivo et al., 2022 Diggles et al., 2023 Donnelly et al., 2022 Irani et al., 2024 Tighe et al., 2023
4. Create a supportive, inclusive, and accommodating environment for postpartum and parenting athletes, designated carers, and children	Darroach et al., 2019 Darroach et al., 2023 Davenport et al., 2022 Davenport et al., 2023b Davenport et al., 2023c Davenport et al., 2024 Davenport et al., 2025b Giles et al., 2016 Heron et al., 2023 Irani et al., 2024 McHugh & Davenport 2025 O'Leary et al., 2024 Suárez et al., 2022 Tighe et al., 2023 Titova et al., 2025b
5. Update or introduce policy clauses that promote financial and contract stability and security for postpartum and parenting athletes	Darroach et al., 2019 Darroach et al., 2023 Davenport et al., 2022 Davenport et al., 2023a Davenport et al., 2023b Davenport et al., 2025b Heron et al., 2023 McHugh & Davenport 2025 Sport Canada, 2022 Suárez et al., 2022 Tighe et al., 2023 Titova et al., 2025b

Recommendations	Reference to source of evidence used to inform recommendations
6. Actively promote postpartum and parenting athletes to raise awareness, normalise participation and reduce stereotypes	Davenport et al., 2023a Davenport et al., 2023c McHugh & Davenport 2025 O'Leary et al., 2024 Tighe et al., 2023
7. Facilitate and support education and training for athletes, relevant organisational staff and professionals working directly with postpartum and parenting athletes on the biopsychosocial factors pertinent to postpartum and parenting athletes	Christopher et al., 2024 Davenport et al., 2023a Davenport et al., 2023b DeVivo et al., 2022 Giles et al., 2016 Matejka & Born 2022 McHugh & Davenport 2025 O'Leary et al., 2024 Santos-Rocha et al., 2024 Tighe et al., 2023

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