



Surf Life Saving Australia Policy

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INTRODUCTION

Females are increasingly seeking to continue participation in both life saving duties and sporting activities throughout pregnancy. As both facets of surf life saving involve some physical effort, the effect on the mother and the unborn child (foetus), must be considered. Both the maternal and the foetal responses to exercise will be affected by the mother's fitness level before and during pregnancy, existing medical conditions, or developing pregnancy complications. Therefore exercise counseling and advice on lifesaving activities (including competition) of the pregnant lifesaver must be conducted on an individual basis. These guidelines are made in the interests of surf lifesaving, lifesaving and in particular pregnant lifesavers and their unborn children.

CONSIDERATIONS

There are four legal issues to be considered by lifesavers who wish to continue to undertake lifesaving activities whilst pregnant. The duties may vary from patrol duties to competition.

- I. The duty of care owed by the Club (or other relevant organising authority), or any member of the relevant club to a pregnant lifesaver, her foetus or a competitor.
- II. The duty of care owed by the Club (or other relevant organising authority), or any member of the relevant club to the foetus of a pregnant member
- III. The duty of care owed by a Club (or other relevant organising authority), or any member of the relevant club to the welfare of the public, whose safety is being overseen.
- IV. The rights of the pregnant woman to participate to her chosen sporting or other activity. That is, a pregnant woman should NOT be discriminated against. A pregnant woman also has the right to participate in her sport or other activity without undue risk to herself or her unborn child. Should a woman continue to so participate against medical advice they do so at their own risk. Issues such as negligence and risk avoidance (disclaimers, waivers and exclusion clauses) require consideration.

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COMPETITION AND THE PREGNANT SURF LIFESAVER

Surf Life Saving Association Australia has adopted the advice on competition and the athlete guidelines issued for the pregnant athlete, by the Sports Medicine Australia (SMA).

This means that the following competition events are regarded as causing an unacceptable chance of injury to the mother and foetus after the 12th week of pregnancy (calculated as 12 weeks after the date of the first day of the last menstrual cycle). SMA suggest that "in the first 12 weeks of pregnancy the pregnant uterus is protected below the level of the bony pelvis. After this time it may emerge from the pelvis and is exposed, having no bony protection." Thus, applying this principle to SLSA, the following events should not be contested after the 12th week of pregnancy: -

- I. Surf boat rowing
- II. Flag events
- III. Beach sprints
- IV. Surf board (Malibu) events
- V. IRB racing
- VI. Any event incorporating any of the above

PATROL OBLIGATIONS AND THE PREGNANT SURF LIFESAVER

Surf Life Saving Australia feels that the following life saving patrol circumstance, or potential incidents constitute an unacceptable hazard to the pregnant lifesaver on patrol after the 12th week of pregnancy: -

- I. Effecting the rescue of those drowned, near drowned, or in danger of drowning.
- II. Running long distances (over 400 metres) to effect a first aid treatment on the beach, or assist with a rescue whilst operating from the beach
- III. Running any distance with rescue equipment

It is strongly recommended that these should not be attempted after the 12th week of pregnancy (as defined above). SLSA also considers that it may be an unacceptable risk for the person being rescued to be rescued by a pregnant lifesaver who is in their 12th week or more of pregnancy.

Note: -Pregnant lifesavers who wish to continue their patrolling duties should not be discouraged from doing so. However, they must be told by the relevant Club Official, and agree, that for the safety of themselves and their foetus that their participation in patrols is restricted to patrol duties not involving those stated in points I, ii, iii above. In the event of a mass rescue they can perform observation duties (e.g. in the observation tower) or undertake radio duties to assist any such rescues. They must not put, or be allowed to put, their own lives at risk, or those of their foetus, trying to save others. Their own safety (and consequently that of their foetus) must be considered first.

Participation in Club swims, resuscitation, radio communications and first aid are not generally considered a hazard in pregnancy unless excessive physical effort is required greater than that recommended in the Sports Medicine Australia sports and pregnancy guidelines.

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APPENDIX

Discrimination

The Sex Discrimination Act 1984 (Cwth.) makes it unlawful for a club, the committee of management of a club, or a member of the committee of management, to discriminate against a person on the ground of pregnancy in the following circumstances:

- i. On the ground of an athlete's or player's pregnancy:-
 - a) By refusing or failing to accept that surf life saver's application for membership;
 - b) Or in unfair terms or conditions on which the club is prepared to admit the surf lifesaver to compete or patrol.
- ii. To discriminate against a member of the club on the ground of the member's pregnancy:
 - a) in the terms or conditions of membership that are afforded to the member, or
 - b) by refusing or failing to accept the member's application for a particular class or type of membership, or
 - c) by denying the member access, or limiting the member's access, to any benefit provided by the club, or
 - d) by depriving the member of membership or varying the terms of membership; or
 - e) by subjecting the member to any other detriment.

Although the Act is aimed at a club, the committee of management or a member of the committee of management (section 161 - vicarious liability), discrimination by an agent (e.g. coach, or member of a management committee) of the club may be regarded in law as the act of the club itself. Thus, it is the club that is discriminating unlawfully.

However, if the club can establish that it took all reasonable steps to prevent an agent of the club from discrimination, then the club will not be liable.

FURTHER READING

Participation of the pregnant athlete in contact and collision sports. Sports Medicine Australia Policy Statement: May 1994.
Advice: Royal Australian College of Obstetricians and Gynecologists, Melbourne, Victoria. December 1997.
The Pregnant Athlete and the Law. Australian Sports Commission's Guide.

COMMONWEALTH OF AUSTRALIA – DISCRIMINATION ACT

The Sex Discrimination Act 1984 (Cwth) and most other anti-discrimination laws in the States and Territories, provide that it is unlawful for:

A club* (including its committee of management and members of such committee) to discriminate against a person, on the grounds of that person's pregnancy, in the following circumstances:

- I. by refusing or failing to accept that person's application for membership;
- II. by providing terms and conditions in order to be admitted to membership of the club
- III. by affording a member different terms and conditions of membership
- IV. by refusing or failing to accept a member's application for a particular class or type of membership
- V. by denying a member access, or limiting the member's access to any benefit provided by the club. Note: this could include the benefits of participating in any competitions)

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- VI. by depriving the member membership or varying the terms of membership;
- VII. by subjecting the member to any detriment (Note: this could cover denying involvement in any aspect of the clubs activities)

A club means an association (whether incorporated or unincorporated) of not less than 30 persons associated together for social, literary, cultural, political, sporting, athletic or other lawful purposes that : (a) provides and maintains its facilities, in whole or in part, from the funds of the association ; and (b) sells or supplies liquor for consumption on its premises. In some States the term “club” is defined differently.

In Queensland, under the Anti-Discrimination Act 1991, a club means an association established for a sporting, recreational, athletic or community service purpose which it carries on for profit. In Victoria under the Equal Opportunity Act 1985 a club means a social, recreational, sporting or community service or a community service organisation: -

- I. that occupies any Crown Land; or
- II. that directly receives any financial assistance from the State or a municipal council.

An employer (such as the employment of professional lifeguards) to discriminate against a person, on the grounds of that persons pregnancy, in the following circumstances:

- I. if the arrangements made for the purpose of determining who should be offered employment;
- II. in determining who should be offered employment;
- III. in the terms and conditions on which employment is offered;
- IV. in the terms and conditions of employment;
- V. by denying the employee access, or limiting the employee’s access, to opportunities for promotion, transfer or training, or to any other benefits associated with the employment;
- VI. by dismissing the employee;
- VII. by subjecting the employee to any detriment.

A person (which includes a club or association) who (whether for payment or not), provides services, or makes facilities available to discriminate against a person on the grounds of that persons pregnancy, in the following circumstances:

- I. by refusing to provide the pregnant person with those services or to make those facilities available to that person; (Note: “services” could include competitions, first aid course etc)
- II. in the terms or conditions provided to the pregnant person with those services or facilities available to that person; or
- III. in the manner in which the pregnant person is provided with those services or makes those facilities.

In all of the above circumstances for the discrimination on the grounds of a persons pregnancy to be unlawful, the discriminator must treat the pregnant person less favorably than a person who is not pregnant would be treated in the same circumstances.

It is a defence to claim discrimination on these grounds if the discriminator can show that the condition, limitation or action imposed by them on the pregnant person is reasonable in the circumstances. (Medical reasons fall into this category.)

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SPORTS MEDICINE AUSTRALIA POLICY - MAY 1994

PARTICIPATION OF THE PREGNANT ATHLETE IN CONTACT AND COLLISION SPORTS

DEFINITIONS

- I. A **trimester** of pregnancy lasts for a three-month period.
- II. A **collision sport** is a sport in which physical contact is a legal and essential part of the game.
- III. A **contact sport** is a sport in which contact occurs between players but it is not an essential part of the game and is usually illegal. Contact sports are generally less dangerous than collision sports.

GUIDELINES FOR SAFE PARTICIPATION IN CONTACT AND COLLISION SPORTS

Physiological changes throughout pregnancy expose both the mother and foetus to increased dangers during competitive contact and collision sports. In assessing the safety of sports for the pregnant athlete the following facts need to be taken into consideration:

- I. Overheating
- II. Level of Exertion
- III. Risk of Injury
- IV. Health status
- V. Stage of pregnancy

i. Overheating

In the first trimester (three months) the foetus is particularly susceptible to sustained increases in the mother's body core temperature (38 Celsius). Although the risk is considered slight, there is concern that sustained elevations in the mother's body core temperature could have the potential to cause birth defects. This is particularly relevant in prolonged exercise events e.g., long distance running where body core temperature may be elevated for a sustained period.

Recommendation - The pregnant athlete must not train or compete during the hottest times of the day. Regular fluid consumption of 2 large glasses of cool water (500-600ml) prior to exercise and 1 large glass every 15 minutes during exercise should be rigorously adhered to.

Regular fluid consumption should also continue after exercise and be maintained throughout the day. To aid the body's cooling process light colored, open weave clothing should be worn. If exercising indoors the room should be cool and well ventilated. In team sports the sportswoman should be allowed to interchange frequently to provide regular cooling off periods.

ii. Level of Exertion

A high level of fitness throughout pregnancy does not appear to either positively or negatively affect birth outcome. However, women are generally advised not to increase their level of exercise once pregnant.

In healthy, pregnant sportswoman the period of high intensity exertion within a complete exercise session should not exceed 15 minutes. The total duration of the session should be between 30 and 45 minutes, three to four days per

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week, with a maximum intensity of 140bpm.

If using the Borg Rating of Perceived Exertion Scale the intensity should be somewhat hard or 12-14 points. The pregnant sportswoman should become competent in assessing their exercise intensity.

High intensity training or competition >80% heart rate maximum (maximum heart rate is determined by 220 age) may affect foetal oxygen supply although this has not been conclusively shown in humans. There have been reports of foetal bradycardia (slowed heart rate) on cessation of maximal intensity exercise. One study reported this in 20% of women who abruptly stopped maximal intensity exercise. Birth outcomes in the studies reporting foetal bradycardia have been normal.

Recommendation - The pregnant athlete should avoid maximal intensity exercise because of the potential danger of foetal hypoxia. The competitive athlete should be able to exercise at moderate intensities of <75% heart rate maximum allowing them to maintain aerobic fitness without endangering the foetus. It is essential that the exercise program contains a thorough cool down period comprising gentle exercise.

iii. Risk of Injury

Redistribution of body weight can alter the athlete's sense of balance and this can lead to an increase in falls. At any stage during pregnancy a blow to, or fall upon, the abdomen could damage the placenta. Damage to the placenta has many potentially disastrous consequences. Later in the pregnancy as the foetus moves higher and is unprotected by the pelvis there is greater risk of damage to the foetus itself by direct impact during sport. Additionally the athlete is at a higher risk of ligament and bone injury due to increased laxity of the joints during pregnancy.

Recommendation - It is possible to continue with some sports, however, the athlete should be aware of these physical alterations and consequent limitations and err on the side of caution while participating.

iv. Health Status

Some medical conditions will preclude sporting participation in pregnancy. The Physician or Obstetrician will assess the dangers of exercise with any of the following conditions:

- Heart disease
- Respiratory disease
- Infectious disease
- Endocrine conditions
- Renal disease
- Obesity or underweight
- Obstetric conditions

If the athlete experiences any of the following symptoms during exercise she should stop and contact her physician immediately:

- tachycardia (rapid heart beat)
- headache
- vaginal bleeding
- nausea
- dizziness
- shortness or breath
- uterine contractions
- faintness
- amniotic fluid leakage
- back or pelvic pain
- insufficient weight gain

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- decreased foetal movements
- sudden swelling of ankles, hands and face

v. Stage of Pregnancy

In the first trimester the foetus is contained in the pelvic girdle. This position affords protection for the foetus from blows to the abdomen. As pregnancy continues the foetus moves higher in the abdomen and becomes more susceptible to direct blows to the region. It is for this reason that participation is not advisable after the first trimester in sports where there is a risk of a blow to, or fall upon, the abdomen.

RISK CLASSIFICATIONS AND RECOMMENDATIONS

In determining the relative risk of sports for the pregnant athlete the following classifications can be used:

- I. **Non Contact Sports** - In a non contact sport the pregnant sportswoman should have virtually no risk of falling or contact with a projectile or another person (e.g., swimming, low impact aerobics, stationary cycling). The majority of non contact sports are suitable during all stages of pregnancy providing:
 - a) the athlete is under appropriate medical supervision and
 - b) the degree of exertion is controlled
- II. **Limited Contact Sports** - In limited contact sports contact may occur minimally (either legally or illegally) or there is a small risk of falls or contact with a projectile (e.g., netball, touch football, racquet sports). If the pregnancy is progressing normally these sports are suitable during the first trimester. Ongoing consultation with the Physician or Obstetrician may make sporting participation in this group of sports possible into the second trimester.
- III. **Unlimited Contact and Collision Sports** - In these sports contact or collision is frequent and may be quite forcible (e.g., soccer, baseball, football, martial arts, judo, gymnastics). There is a high risk of falls, blows to the abdomen or contact with a projectile. If the pregnancy is progressing normally participation in these sports could only be recommended during the first trimester.
- IV. **Specifically Excluded Sports** - This is a mixed group of sports which carry a high risk from falls, physical trauma or other risks and should not be undertaken once the sportswoman knows or suspects that she is pregnant (e.g., scuba diving, novice downhill skiing, ice skating, horse riding).

SUMMARY

- I. Pregnant women are advised not to commence a new competitive sport during their pregnancy.
- II. Pregnant sportswoman should consult closely with their doctors whilst continuing with sporting participation especially if playing high risk contact or collision sports.
- III. The pregnant sportswoman should advise their coach, trainer or fitness leader of their pregnancy so that training can be modified accordingly.
- IV. Pregnant sportswomen need to be aware that participation in contact or collision sports carries risks for herself and the unborn child.
- V. Under the supervision of her doctor the pregnant sportswoman with high levels of fitness and a normal pregnancy may continue participation into the second trimester in non-contact and limited contact sports.

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- VI. Pregnant sportswoman should avoid overheating (body core temperature > 38 Celsius) especially in the first trimester.
- VII. If any medical or obstetric complication should occur, the sportswoman should cease participation and contact her doctor immediately.
- VIII. If maintaining fitness is the goal of sports participation, the pregnant sportswoman should consider changing to lower risk activities e.g., non contact sports like swimming and walking as the pregnancy advances.
- IX. Pregnant sportswoman should not attempt to increase their level of training or exercise at any stage during pregnancy.
- X. Pregnant sportswoman need to pay special attention to:
 - a) a thorough warm up and cool down
 - b) consumption of adequate fluids before, during and after participation
 - c) regulation of intensity (heart rate) at times of maximal exertion so that it does not exceed 140 beats per minute for more than 15 minutes

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