



CHAMPIONING WORLD CRICKET



RETURN TO PLAY POST PREGNANCY GUIDELINES

BACKGROUND

Traditionally, female athletes have often delayed motherhood until after their sporting career. With the increased professionalism of women's cricket, expanding career opportunities and a shift in sports policies, players are increasingly choosing to start a family and train through pregnancy with the aim to return to perform after giving birth.

This document aims to outline an approach for Science and Medicine staff to support athletic return including the practical, physical, and psychological considerations and provide Member boards with a framework to develop their own pregnancy and return-to-play policies (in line with their local legislation).

These guidelines have been prepared in a general format to enable them to be used by all ICC Members but should be read subject to any applicable local legislation or regulations in the relevant cricket playing country.

With the increased professionalism of women's cricket, expanding career opportunities and a shift in sports policies, players are increasingly choosing to start a family and train through pregnancy.



Maryam Omar, Kuwaiti cricketer who returned to international cricket weeks after giving birth to her first child.

CONSIDERATIONS WHEN DESIGNING A PREGNANCY POLICY



The decision to announce a pregnancy is always at the discretion of the mother.



There should be no mandate from the cricket board for a player to take a pregnancy test.



Local labour laws should be adhered to in the policy development.

Exercise during pregnancy is strongly recommended and can be performed safely without risk to the mother or baby.



Amy Satterthwaite, NZ's former skipper returned to international cricket after the birth of her daughter.



CARE TEAM

It is recommended that Member boards identify a case manager as the primary point of contact to support the players return to play. It is usually a doctor or physiotherapist that would fulfill this role.

All communication should remain player focussed and flexible; with the priority of the mother and the baby being central to all decision making.

Internal Cricket Team

- Cricket Medical Officer
- Physiotherapist
- Strength & Conditioning Coach
- Dietician
- Psychologist
- Player Development Coach
- Coach

External Treating Team

- Obstetrician and / or treating doctor
- Women's' Health Physio
- Family / Partner / Support Person



DURING PREGNANCY

Exercise during pregnancy is strongly recommended and can be performed safely without risk to the mother or baby. However, there is limited evidence on how to design exercise programs for elite players and there is no known upper safe limit to exercise duration, intensity or type.^{1,2}



Bismah Mahroof, lead Pakistan in the ICC Women's Cricket World Cup 2022 six months after giving birth to her daughter.

There are a number of relative and absolute contraindications to exercise during pregnancy, and the player must discuss their individual medical circumstance with their treating doctor to ensure safety is prioritised.

This decision should be made by the player, considering individualised advice from the treating obstetrician / doctor and cricket doctor / medical team ensuring health and safety of mother and baby is prioritised.³

It is recommended that players cease competing at the end of their first trimester. However, there is no set gestational age where a player must stop competing.

1 Brown et al (2020) Evidence-based physical activity guidelines for pregnant women
 2 Hayman et al (2023) Public health guidelines for physical activity during pregnancy from around the world: a scoping review
 3 Bo et al. (2018) Exercise and pregnancy in recreational and elite athletes: 2016/2017 evidence summary from the IOC expert group meeting, Lausanne. Part 5. Recommendations for health professionals and active women



Considerations should include (but are not limited to)

- Trauma to the foetus: Potential exposure to traumatic injury from contact with the ball, collision with another player or contact from the ground. The foetus is protected by the pelvis in early pregnancy however as pregnancy continues and moves higher up into the abdomen, it is more susceptible to injury.
- Safety of travel including risk of infectious diseases, clot (VTE) prophylaxis, risk of extreme heat, healthcare provisions in the location of travel and medical insurance for mother and baby
- Individualised risk factors including relative and absolute contraindications to exercise during pregnancy.

Other considerations

- Modification of training load based on symptoms and progression of pregnancy (regular review is required).
- Musculoskeletal complications during pregnancy including hormonal changes impacting ligament laxity and a shift in centre of gravity.
- Safety of medications including supplement safety and WADA compliance.
- Women's Health physiotherapist referral and pelvic floor assessment.

HOW TO APPROACH RETURN TO PLAY FOR THE CRICKET PLAYER

To assist the player's transition from pregnancy to childbirth and return to play it is recommended that player management meetings, led by the case manager are, at a minimum are held at the following time points:

- On announcement of pregnancy: Announcement of pregnancy should be at the discretion of the player.
- Prior to birth (third trimester).
- 6-8 weeks post birth following 'review' process.
- Every 4 weeks once the player decides to reintegrate into the Cricket Environment.

These meetings should focus on formulation and initiation of an appropriate training and performance plan based whilst ensuring a flexible sport environment is established.



THE 6 RS

The following framework outlines a suggested approach from all relevant stakeholders in the return to play.^{4 5}



Afy Fletcher, West Indies bowler returned to international cricket after the birth of her son.

01

READY (0-6 WEEKS)

Healing and recovery post birth:

- Early pelvic floor activation.
- Focus on psychological support in the adjustment to life as a mother.

Exercise:

- Gradually increase exercise tolerance as able post birth, starting with gentle walking and progressing to longer bouts as able under the guidance of the medical team.

02

REVIEW (6-8 WEEKS)

External Reviews:

- Obstetrician and/or General practitioner: Review and clearance including wound review.
- Women's' Health physio: Pelvic floor assessment.

Internal Reviews:

- Cricket Doctor: Review of bloods including iron.
- Physio: Address relevant musculoskeletal issues.
- S&C: Graduated introduction of strength-based training.
- Psychology: Review of psychological stressors post birth including assessment of possible birth trauma.
- Dietician: Review energy availability (especially in the context of the breastfeeding player) and practicalities around fueling and meal preparation.
- Other: Consideration of social supports including childcare and practical requirements (babysitter accessibility, breast feeding / pumping room).

Exercise Prescription:

- Introduction of non-ballistic aerobic activity as comfortable (swimming once bleeding as stopped / cycling if comfort allows).
- Graded reintroduction of strength based training.

Equipment:

- Review sports bra fit.

03

RESTORE (8-16 WEEKS)

Preparation for return to a structured training environment:

- Graduated return to run program: Collaboration with women's' health physio and doctor / physio / S&C.
- Ensure social supports in play to allow return to training program; consider training flexibility, childminding / carers responsibility, breast feeding / pumping room.

Recognise and address barriers to return including:

- Fatigue and poor recovery secondary to babies sleep habits.
- Time availability due to childcare limitations.
- Player mental health.
- Physical limitations following birth.

04

RECONDITION (12-16 WEEKS+)

- Reconditioning and graded exposure towards a sports specific training load to optimize performance and ensure a sustained return to play.
- Be mindful of period off training / performance and ensure other MSK risks factors (overuse injury risk) are accounted for in programming.

06

REFINE

- Continue to review social sports and practical training / travel requirements.
- Monitor symptoms including musculoskeletal and pelvic floor issues.
- Ensure whole system approach eg; optimise sleep and recovery / monitor for low energy availability.

05

RETURN

- Player returns to play.

⁴ Donnelly, GM., Moore, IS., Brockwell, E., et al. (2022). Reframing return-to sport postpartum: the 6 Rs framework. Br J Sports Med, 56, 244–245.

⁵ Selman, et al. (2022). Maximizing Recovery in the Postpartum Period: A Timeline for Rehabilitation from Pregnancy through RTS.

PRACTICAL SUPPORTS FOR CONSIDERATION⁶

1 Flexible sport environment

Recognise parental responsibilities for players in the same context as that in the workplace including, understanding and flexibility around childhood illness, childcare hours and flexible work / training conditions where appropriate.



2 Access to facilities

Continued access to training facilities during the pregnancy and post-partum period.

Ensure suitable facilities are available at training and competition venues which may include but not limited to:

- Access for baby and caregiver / childcare provider to attend
- Space to change baby / sleep baby including relative amenities (cots, bins, change table)
- Breastfeeding or bottle-feeding space (including fridge, microwave, sink)



3 Access to services

Ongoing access to relevant services including high performance staff and medical team during pregnancy and during return to play.

4 Alternative employment

Consider alternative employment opportunities within the cricket organisation such as coaching, analysis or administration - for players who are unable to compete due to pregnancy or the post-partum period. Consideration should also be given to extending contractual arrangements during pregnancy and the post-partum period to support return to play.

5 Childcare

Consider childcare access including financial and practical assistance.

6 Travel

Facilitate designated caregivers and children to travel with the player to training and competition.

Assist in travel arrangements including booking flights, airport transfers, visa applications.

Identify relevant travel equipment including equipment and excess luggage requirements.

Consider financial subsidies where able to assist in covering the associated costs including accommodation and transport for the child and caregiver.



⁶ McGregor et al (2023) A scoping review of the experiences of elite female athletes concerning pregnancy and motherhood



Resources

The following resources contain valuable information for players who are pregnant or planning to have a child, as well as valuable guidance for cricket management supporting female players.

- [ECB pregnancy education module](#)
- [UKSI Pregnancy guidance to support athletes](#)
- [AIS guide to support athletes from preconception to parenthood](#)
- [Active Pregnancy Foundation resources page](#)
- [Exercises to avoid in pregnancy](#)
- [How active can I be in pregnancy](#)
- [When to be careful about exercise in pregnancy](#)

The following resources are particularly valuable for staff working in sport science and medicine roles supporting female players.

- [Contraindications to exercise in pregnancy](#)
- [Contraindications to pregnancy infographic](#)

Exercise and pregnancy in recreational and elite athletes
IOC guidance:

- [Part 1](#)
- [Part 2](#)
- [Part 3](#)
- [Part 4](#)
- [Part 5](#)



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