NCFE Active IQ Level 3 Award in Adapting Physical Activity for Antenatal and Postnatal Clients

QN: 610/5187/1



Qualification Specification

Qualification summary

Qualification title	**NCFE Active IQ Level 3 Award in Adapting Physical Activity for Antenatal and Postnatal Clients**
Ofqual qualification number (QN)	610/5187/1
Guided learning hours (GLH)	35
Total qualification time (TQT)	50
Credit value	5
Minimum age	16
Qualification purpose	The purpose of this qualification is to provide learners with the knowledge and skills to work with antenatal and postnatal clients in a physical activity setting specific to their individual occupational competency. This qualification includes the essential knowledge and skills that are needed to meet the requirements of the physical activity sector's minimum standards for deployment. This qualification supports physical activity practitioners to work within their scope of competence with antenatal and postnatal individuals and groups: • population – antenatal clients with uncomplicated pregnancies and postnatal* clients. *Postnatal clients refer to those without indications of abdominal wall and/or pelvic floor dysfunctions.
Grading	Achieved/not yet achieved
Assessment method	Internally assessed and externally quality assured portfolio of evidence
Work/industry placement experience	Work/industry placement experience is not required.
Apprenticeship standards	The qualification is linked to the following apprenticeship standard: ST0302: Personal Trainer apprenticeship standard

Endorsement	This qualification is endorsed by CIMSPA (Chartered Institute for the Management of Sport and Physical Activity) and is fully mapped to the Working with Antenatal and Postnatal Clients (Population) professional standard. Learners successfully completing this qualification will have met the requirements of the CIMSPA Working with Antenatal and Postnatal Clients (Population) professional standards and can use the qualification as evidence when applying for the relevant CIMSPA professional status. CIMSPA Endorsed | Professional Standards
UCAS	Please refer to the UCAS website for further details of points allocation and the most up-to-date information.
Performance points	Please check the performance points data produced by the Department for Education (DfE) and available online.
Regulation information	This is a regulated qualification. The regulated number for this qualification is 610/5187/1.
Funding	This qualification may be eligible for funding. For further guidance on funding, please contact your local funding provider.

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Section 1: introduction

Centres must ensure they are using the most recent version of the Qualification Specification on the NCFE website.

Aims and objectives

This qualification aims to:

- focus on the study of adapting physical activity for antenatal and postnatal clients
- offer breadth and depth of study, incorporating a key core of knowledge
- provide opportunities to acquire a number of practical and technical skills.

Support Handbook

This Qualification Specification must be used alongside the mandatory Support Handbook, which can be found on the NCFE website. This contains additional supporting information to help with planning, delivery and assessment.

This Qualification Specification contains all the qualification-specific information you will need that is not covered in the Support Handbook.

Guidance for entry and registration

This qualification is designed for qualified exercise professionals or personal trainers wishing to specialise in delivering physical activity to antenatal and postnatal clients.

Registration is at the discretion of the centre in accordance with equality legislation and should be made on the NCFE Portal.

Learners wishing to undertake this qualification should have achieved a suitable level 2 qualification including fitness instructing/coaching, group training or a suitable level 3 qualification including personal training qualifications or Pilates. There is an element of communication (discussing, presenting, reading and writing) involved and learners should have basic skills in communication pitched at level 2.

Centres are responsible for ensuring that all learners are capable of achieving the unit and learning outcomes (LOs) and complying with the relevant literacy, numeracy, and health and safety requirements.

Learners registered on this qualification should not undertake another qualification at the same level, or with the same/a similar title, as duplication of learning may affect funding eligibility.

Achieving this qualification

To be awarded this qualification, learners are required to successfully achieve **1** mandatory unit.

Please refer to the list of units in Appendix A for further information.

To achieve this qualification, learners must successfully demonstrate their achievement of all LOs of the units as detailed in this Qualification Specification.

Progression

Learners who achieve this qualification could progress to the following:

- further education:
  - specialist level 3 qualifications (for example, training for ageing populations)
  - apprenticeship in personal training.

Progression to higher-level studies

Level 3 qualifications can support progression to higher-level study, which requires knowledge and skills different from those gained at levels 1 and 2. Level 3 qualifications enable learners to:

- apply factual, procedural and theoretical subject knowledge
- use relevant knowledge and methods to address complex, non-routine problems
- interpret and evaluate relevant information and ideas
- understand the nature of the area of study or work
- demonstrate an awareness of different perspectives and approaches
- identify, select and use appropriate cognitive and practical skills
- use appropriate research to inform actions
- review and evaluate the effectiveness of their own methods.

Resource requirements

There are no mandatory resource requirements for this qualification, but centres must ensure learners have access to suitable resources to enable them to cover all the appropriate LOs.

Realistic work environment (RWE) requirement/recommendation

The assessment of competence-based criteria should ideally be conducted within the workplace. However, in instances where this is not feasible, learners can be assessed in a realistic work environment (RWE) designed to replicate real work settings.

It is essential for organisations utilising an RWE to ensure it accurately reflects current and authentic work environments. By doing so, employers can be confident that competence demonstrated by a learner in an RWE will be translated into successful performance in employment.

In establishing an RWE, the following factors should be considered.

The work situation being represented is relevant to the competence requirements being assessed:

- The work situation should closely resemble the relevant setting.
- Equipment and resources that replicate the work situation must be current and available for use to ensure that assessment requirements can be met.
- Time constraints, resource access and information availability should mirror real conditions.

The learner's work activities reflect those found in the work environment being represented, for example:

- Interaction with colleagues and others should reflect expected communication approaches.
- Tasks performed must be completed to an acceptable timescale.
- Learners must be able to achieve a realistic volume of work as would be expected in the work situation being represented.
- Learners operate professionally with clear understanding of their work activities and responsibilities.
- Feedback from colleagues and others (for example, customers or service users) is maintained and acted upon.
- Account must be taken of any legislation, regulations or standard procedures that would be followed in the workplace.

How the qualification is assessed

Assessment is the process of measuring a learner's skill, knowledge and understanding against the standards set in a qualification.

This qualification is internally assessed and externally quality assured.

The assessment consists of one component:

- an internally assessed portfolio of evidence, which is assessed by centre staff and externally quality assured by NCFE (internal quality assurance must still be completed by the centre as usual).

Learners must be successful in this component to gain the Level 3 Award in Adapting Physical Activity for Antenatal and Postnatal Clients.

Learners who are not successful can resubmit work within the registration period; however, a charge may apply in cases where additional external quality assurance visits are required.

Unless otherwise stated in this Qualification Specification, all learners taking this qualification must be assessed in English and all assessment evidence presented for external quality assurance must be in English.

Internal assessment

Each learner must create a portfolio of evidence generated from appropriate assessment tasks to demonstrate achievement of all the LOs associated with each unit. On completion of each unit, learners must declare that the work produced is their own and the assessor must countersign this.

If a centre needs to create their own internal assessment tasks, there are four essential elements in the production of successful centre-based assessment tasks; these are:

- ensuring the assessment tasks are meaningful with clear, assessable outcomes
- appropriate coverage of the content, LOs or assessment criteria (AC)
- having a valid and engaging context or scenario
- including sufficient opportunities for stretch and challenge for higher attainers.

Section 2: unit content and assessment guidance

This section provides details of the structure and content of this qualification, including grading, level, credit and guided learning hours (GLH).

The types of evidence listed are for guidance purposes only. Within learners' portfolios, other types of evidence are acceptable if all learning outcomes (LOs) are covered, and if the evidence generated can be internally and externally quality assured. For approval of methods of internal assessment other than portfolio building, please contact your external quality assurer (EQA).

The explanation of terms explains how the terms used in the unit content are applied to this qualification. This can be found in Section 3.

Unit 01 Adapting physical activity for antenatal and postnatal clients (D/651/4039)

Assessment				
Internally assessed and externally quality assured portfolio of evidence.				
Mandatory	**Achieved/not yet achieved**	**Level 3**	**5 credits**	**35 GLH**

Learning outcomes (LOs) The learner will:	**Assessment criteria (AC)** The learner can:
1. Understand the benefits, barriers and concerns for antenatal and postnatal clients to participate in physical activity	1.1 Describe the potential **benefits of physical activity for antenatal and postnatal clients** in line with current national and international guidelines
	1.2 Identify the **barriers and concerns that an antenatal client** may have in relation to participating in physical activity and how to respond to these concerns
	1.3 Identify the **barriers and concerns that a postnatal client** may have in relation to participating in physical activity and how to respond to these concerns
	1.4 List the appropriate and relevant **initiatives and campaigns** to promote physical activity for antenatal and postnatal clients
2. Know the physiological and biomechanical changes that take place during pregnancy and the postnatal period	2.1 Define the specific **terms** that are used when working with antenatal and postnatal clients
	2.2 Describe the different **types of birth** that can occur
	2.3 Describe the **impact of birth** on postnatal recovery
	2.4 Identify **psychological considerations** when dealing with antenatal and postnatal clients
	2.5 Describe the **physiological and biomechanical changes** associated across each trimester
	2.6 Explain the **implications** of these changes for the client taking part in physical activity
3. Understand the key considerations for antenatal and postnatal clients participating in physical activity	3.1 Identify the **absolute and relative contraindications** to physical activity during and after pregnancy
	3.2 Identify the **warning signs** that indicate the client should stop exercising
	3.3 Explain **how to respond to the warning signs** that indicate the client should stop exercising
	3.4 Describe the **appropriate professionals and/or support services** to signpost or refer to when contraindications occur, including when concerns relate to mental health
	3.5 Describe the **role of pelvic floor function** in pregnancy and postpartum
	3.6 Describe the **signs and symptoms of pelvic floor and abdominal wall dysfunction** and the **importance of rehabilitation and appropriate referral pathways**
	3.7 Explain the **types of activities or positions** that should be avoided/modified during each stage of pregnancy and the postnatal period

Learning outcomes (LOs) The learner will:	**Assessment criteria (AC)** The learner can:
	3.8 Describe the **importance of engaging with regular continuing professional development (CPD) activities** relevant to the scope of practice and where to source specific information to enhance practice
4. Understand how to collect information to ensure the health and safety of an antenatal or postnatal client	4.1 Explain the process of **pre-activity screening** and **informed consent** for antenatal and postnatal clients
	4.2 Describe how to develop an **effective working relationship** with an antenatal and postnatal client
	4.3 Identify the **information to be collected** from an antenatal and postnatal client by a physical activity practitioner
	4.4 Describe how to **interpret and respond to information** gathered
	4.5 Explain the **process of referral** and **when it is necessary to signpost/refer** to a healthcare professional
	4.6 Describe the **legal and ethical responsibilities** regarding screening, recording information, record-keeping and client confidentiality
	4.7 Identify **credible sources** of information and support services available for antenatal and postnatal clients
	4.8 Explain the **personal insurance requirements** of working with antenatal and postnatal clients
	4.9 Describe the **legal guidelines, scope of practice and professional responsibilities** of working with antenatal and postnatal clients
	4.10 Describe the **socioeconomic and cultural barriers** to physical activity for antenatal and postnatal clients
5. Know the role that health care professionals play in supporting antenatal and postnatal clients	5.1 Summarise the **care package** offered to antenatal and postnatal clients
	5.2 Explain the **guidance provided by medical professionals** throughout the antenatal and postnatal periods
	5.3 Describe a range of **antenatal classes** available to pregnant clients
6. Know the nutritional requirements for antenatal and postnatal clients	6.1 Explain the importance of a **balanced diet** for antenatal and postnatal clients
	6.2 Identify **important food sources** and explain their value to antenatal and postnatal clients.
	6.3 Identify **foods to be avoided** during pregnancy and explain the **reasons why they should not be consumed**
	6.4 List the **vitamin and mineral supplements** recommended in pregnancy and explain the **benefits** of each
	6.5 Explain the importance of **hydration** for antenatal and postnatal clients
7. Be able to identify and manage specific risks to the antenatal and postnatal client when participating in physical activity	7.1 Identify any specific **risks** for the antenatal and postnatal client when participating in physical activity
	7.2 **Provide general nutrition advice** for antenatal and postnatal clients participating in physical activity

Learning outcomes (LOs) The learner will:	Assessment criteria (AC) The learner can:
8. Be able to design an individualised, safe and effective physical activity programme for an antenatal and postnatal client	8.1 **Interpret information gathered** from an antenatal and postnatal client
	8.2 Apply the **principles of FITT** to the design of a physical activity session for each trimester and the postnatal period
	8.3 Select **appropriate types of activity** for the client and their stage of pregnancy
	8.4 Identify any **alternatives or adaptations** specific to individual needs and physiological and biomechanical changes
	8.5 Apply the guidelines for stretching for antenatal and postnatal clients
	8.6 Explain the importance of pelvic floor exercises and factor this into the programme
	8.7 Illustrate the importance of both core and functional training for an antenatal and postnatal client and include appropriate exercises in the programme design for each trimester and the postnatal period
	8.8 Explain the **importance of monitoring intensity and avoiding overheating**
	8.9 Record the programme for each trimester and the postnatal period
	8.10 Arrange the programme so that it is in a format that is easy for an antenatal and postnatal client to use and understand
	8.11 Explain the **importance of reviewing the analysis of a client's needs and motivation**
	8.12 Explain the importance of reflecting on own practice to improve future sessions

Range

1. Understand the benefits, barriers and concerns for antenatal and postnatal clients to participate in physical activity

1.1 Benefits of physical activity for antenatal clients may include:

- reduction in hypertensive disorders
- improved maternal cardiorespiratory health
- maintenance of fitness levels
- increased body awareness
- improved posture and reduction in lower back pain
- weight management
- reduced risk of caesarean delivery
- reduced risk of preterm birth
- reduced risk of gestational diabetes
- improved sleep
- improved mood and mental health
- reduced risk of pre-eclampsia.

Benefits of physical activity for postnatal clients may include:

- faster postnatal recovery
- weight management and return to pre-pregnancy weight
- reduced risk of postnatal depression

Range
• support for diastasis recti recovery • enhancement of pelvic floor function • stress relief • improved sleep • improved mood and mental health. **1.2 Barriers and concerns for an antenatal client** must include: • fear of miscarriage • fear of harming the baby • myths and misconceptions about physical activity • fatigue • nausea/sickness • lack of knowledge regarding safe exercise • peer/family influence • social and cultural beliefs. **1.3 Barriers and concerns for a postnatal client** must include: • lack of time • lack of sleep • lack of energy • childcare access • financial constraints • cultural beliefs • lack of knowledge about safe return to exercise. **1.4** Learners must include a minimum of two (total) **initiatives and campaigns**.
2. Know the physiological and biomechanical changes that take place during pregnancy and the postnatal period
2.1 Terms must include: • perinatal • prenatal • antenatal • breech • preterm birth • vaginal birth after caesarean (VBAC) • diastasis recti • pelvic organ prolapse. **2.2 Types of birth** must include: • vaginal birth • assisted vaginal birth • caesarean section. **2.3 Impact of birth** must include:

Range
• postnatal fatigue • birth trauma • pelvic floor dysfunction • diastasis recti • scar tissue and fascial adhesion (caesarean section recovery). **2.4 Psychological considerations** must include: • perinatal mental health • postnatal depression • anxiety • emotional changes linked to hormonal fluctuations • body image concerns • fear of harming baby • effects of lactation. **2.5 Physiological and biomechanical changes** must include: • circulatory system • respiratory system • musculoskeletal system • metabolic and hormonal system • thermoregulation and body temperature. **2.6 Implications** must include: • exercise position and postural adaptations (including altered biomechanics and centre of gravity changes) • monitoring exercise intensity and current physical activity levels • avoiding overheating and appropriate thermoregulation strategies • pelvic floor and core function, including postnatal re-education • breath control and diaphragmatic breathing • awareness of pelvic floor and abdominal wall dysfunction and appropriate referral.
3. Understand the key considerations for antenatal and postnatal clients participating in physical activity
3.1 Absolute and relative contraindications must include: Absolute contraindications: • severe respiratory diseases (for example, chronic obstructive pulmonary disease, restrictive lung disease and cystic fibrosis) • severe acquired or congenital heart disease with exercise intolerance • uncontrolled or severe arrhythmia • placental abruption • vasa previa • uncontrolled type 1 diabetes • intrauterine growth restriction (IUGR)

Range

- active preterm labour
- severe pre-eclampsia
- cervical insufficiency.

Relative contraindications:

- anaemia
- well-controlled type 1 diabetes
- mild pre-eclampsia
- maternal cardiac arrhythmia (controlled)
- chronic bronchitis
- obesity (BMI ≥ 40) (class III/morbid obesity)
- severely underweight (BMI < 16)
- malnutrition
- twin pregnancy (after 28 weeks)
- history of a sedentary lifestyle
- orthostatic hypertension
- current smoker
- recurrent pregnancy loss.

Learners and practitioners must refer to current industry guidance and relevant professional body standards, as these may be subject to change. It is the responsibility of the practitioner to ensure their knowledge remains up to date and that safe practice is maintained at all times.

3.2 Warning signs must include:

- vaginal bleeding
- abdominal pain
- reduced foetal movements
- painful or regular contractions
- amniotic fluid leakage
- severe pelvic pain
- headache
- shortness of breath prior to exertion
- dizziness, faintness or visual disturbance
- chest pain or palpitations
- muscle weakness affecting balance
- swelling, redness or pain in the calf (sign of deep vein thrombosis (DVT)).

3.3 How to respond to the warning signs must include:

- stop the session/activity immediately
- advise the client to seek urgent medical assessment (for example, GP, midwife, maternity triage)
- record/document concerns and actions taken
- follow local referral protocols/stay within scope of practice.

3.4 Appropriate professionals and/or support services must include two or more of:

Range

- GP
- midwife
- maternity triage team
- obstetric physiotherapist/pelvic health specialist
- dietitians/nutritionists
- mental health professionals.

Learners must include referral process essentials:

- referral discussed with the client in advance
- client consent obtained before referral/sharing medical info
- referral and consent recorded
- confidentiality and UK data protection requirements followed.

3.5 Role of pelvic floor function must include:

- supports pelvic organs (for example, bladder, bowel, uterus) and contributes to pelvic/spinal stability
- supports the growing uterus and baby (increased load during pregnancy)
- stretches to allow birth (vaginal delivery) and contributes to managing urinary/faecal continence
- remains weakened/stretched postpartum and must be considered in activity planning.

3.6 Signs and symptoms of pelvic floor dysfunction must include:

- leaking urine during exercise/coughing/sneezing
- heaviness, dragging or bulging in the vagina (possible prolapse)
- difficulty controlling bowel movements
- passing wind involuntarily.

Signs and symptoms of abdominal wall dysfunction (diastasis recti) must include:

- visible doming along the midline when moving
- reduced core control and/or lower back pain.

Importance of rehabilitation and appropriate referral pathways must include:

- certain exercises may worsen symptoms (for example, those increasing abdominal pressure/doming)
- referral to appropriately qualified professionals (for example, pelvic health physio) when symptoms persist or are suspected
- early rehabilitation supports safe return to functional and impact-based activity.

3.7 Types of activities or positions must include:

- contact sports/risk of abdominal trauma (for example, rugby, hockey, kickboxing, judo)
- activities with high fall risk (for example, horse riding)
- scuba diving (decompression/gas embolism risk)
- altitude-exposure activities (altitude sickness risk)

Range
• supine lying/positions after 16 weeks (or after first trimester) • very heavy/plyometric lifting (for example, power/Olympic lifting) where joint laxity and BP/HR spikes increase risk • exercises likely to aggravate diastasis recti/pelvic floor dysfunction (for example, spinal flexion/rotation against gravity such as crunches, sit-ups, Russian twists; anything causing abdominal doming) • avoid returning to higher intensity/high impact too early; return should follow appropriate screening and medical clearance timelines (for example, postnatal check, especially after caesarean section). **3.8 Importance of engaging with regular continuing professional development (CPD) activities** must include: • maintaining scope of practice • staying informed of current national (for example, Chief Medical Officers) and international (for example, World Health Organization) physical activity guidelines for antenatal and postnatal clients • updating knowledge of contraindications and referral pathways • evidence-informed programming • insurance requirements linked to competence.
4. Understand how to collect information to ensure the health and safety of an antenatal or postnatal client
4.1 Pre-activity screening must consider: • use of an appropriate antenatal/postnatal PAR-Q (or equivalent health questionnaire, Get Active Questionnaire for Pregnancy (UK)) • medical and pregnancy history • current trimester/postnatal stage • contraindications and warning signs • current lifestyle and health status • exercise history, preferences and goals • perceived barriers, psychological concerns and motivations • 6 to 8 week postnatal check (where relevant) • type of birth experienced/birth trauma and/or complications • signs and symptoms of abdominal wall and/or pelvic floor dysfunction • effects of lactation • pelvic girdle and/or back pain • general wellbeing. **Informed consent** must include: • clear explanation of session purpose and risks • clear explanation of benefits and potential risks associated with participation • knowledge regarding roles and responsibilities of the client and exercise professional • client opportunity to ask questions • written consent prior to participation • ongoing consent throughout programme.

Range

4.2 Effective working relationship must include:

- empathy and non-judgemental communication
- active listening
- clear explanation of scope of practice
- sensitivity to psychological considerations
- confidential handling of personal information
- respect for cultural and socioeconomic differences
- managing sensitive and potentially emotive information with empathy, professionalism and respect.

4.3 Information to be collected must include:

Antenatal:

- personal details
- medical contacts (emergency contact or midwife contact)
- lifestyle
- medical and pregnancy history
- estimated date of birth
- medical concerns/contraindications
- psychological concerns
- exercise preferences
- barriers (actual or perceived)
- current level of fitness (type, amount and intensity of activities engaged in).

Postnatal:

- type of birth
- birth trauma or complications
- guidance or information advised from a specialist
- postnatal bleeding
- 6 to 8 week medical clearance
- signs of abdominal wall or pelvic floor dysfunction
- lactation considerations
- current level of fitness (type, amount and intensity of activities engaged in).

4.4 Interpret and respond to information must include:

- determining if safe to exercise
- identifying need for modification
- identifying need for referral
- adjusting FITT variables appropriately
- respecting scope of practice boundaries.

4.5 Process of referral must include:

- discussing referral with client

Range

- obtaining consent
- signposting to appropriate professional (for example, GP, midwife, pelvic health physio)
- recording actions taken
- circumstances where written medical clearance from a healthcare professional may be required prior to participation.

When it is necessary to signpost/refer must include:

- presence of contraindications
- warning signs during exercise
- suspected pelvic floor/abdominal wall dysfunction
- psychological concerns outside scope.

4.6 Legal and ethical responsibilities must include:

- screening responsibilities
- accurate recording of information
- considerations for online delivery, including the use of disclaimers where pre-activity screening cannot be fully completed face-to-face
- secure record-keeping
- client confidentiality
- data protection legislation (UK GDPR)
- informed consent.

4.7 Credible sources must include a minimum of two of:

- NHS
- NICE
- RCOG
- CMO
- Active Pregnancy Foundation
- Chartered Institute for the Management of Sport and Physical Activity (CIMSPA)
- Public Health England/UK Health Security Agency (UKHSA)
- peer-reviewed research
- other appropriate credible sources of information and support services available for antenatal and postnatal clients.

4.8 Personal insurance requirements must include:

- appropriate professional indemnity insurance
- public liability insurance
- working within scope of insured competence
- disclosure of specialist population coverage.

4.9 Legal guidelines, scope of practice and professional responsibilities must include:

- scope of practice boundaries
- referral when outside competence

Range
• duty of care • adherence to professional codes of conduct • health and safety compliance • having an up-to-date first aid qualification. **4.10 Socioeconomic and cultural barriers** must include: • financial constraints • cultural beliefs • language barriers • social support limitations • access to facilities • religious considerations.
5. Know the role that health care professionals play in supporting antenatal and postnatal clients
5.1 Care package must include: • midwife and/or doctor appointment • blood tests • scans • postnatal and new baby checks. **5.2 Guidance provided by medical professionals** must include: • 150 minutes moderate activity guidance • avoidance of supine position after first trimester • gradual return to exercise postpartum • 6 to 8 week postnatal check (as an opportunity to discuss physical and mental wellbeing and readiness to return to physical activity) • extended recovery after caesarean birth • pelvic floor rehabilitation guidance. **5.3 Antenatal classes** must include a minimum of three of: • NHS antenatal classes • NCT antenatal classes • hypnobirthing classes • pregnancy yoga • other appropriate antenatal classes available to pregnant clients.
6. Know the nutritional requirements for antenatal and postnatal clients
6.1 Balanced diet must include: • The Eatwell Guide • weight management during pregnancy • maternal caloric needs in each trimester and during the breastfeeding phase. **6.2 Important food sources** must include: • iron-rich foods

Range
• calcium sources • protein sources • fibre sources • omega-3 sources. **6.3 Foods to be avoided** must include: • unpasteurised or non-UHT dairy • soft cheese with white rind/blue-veined cheese • all pates • raw/undercooked meat • raw/partially cooked eggs • high-mercury fish • raw shellfish • excess vitamin A sources (for example, liver and liver-containing products) • alcohol • caffeine restrictions. **Reasons why they should not be consumed** must include: • infection • foetal development risks. **6.4 Vitamin and mineral supplements** must include: • folic acid • vitamin D • iron (where required) • vitamin C • calcium. **Benefits** must include reference to neural tube development, bone health, and prevention of anaemia. **6.5 Hydration** must include: • increased fluid needs • thermoregulation • prevention of overheating • breastfeeding considerations.
7. Be able to identify and manage specific risks to the antenatal and postnatal client when participating in physical activity
7.1 Risks must include: • assessment and ongoing management of risks prior to, during and following physical activity • client information, barriers and goals • stage of pregnancy and postnatal recovery and associated risks • common antenatal and postnatal problems (for example, musculoskeletal pain, fatigue, posture and balance changes, gastrointestinal discomfort)

Range
• type of activity • equipment • environment • dynamic risk assessment, including adapting activities in real time, monitoring changing conditions, and managing risks when babies are present in the environment. **7.2 Provide general nutrition advice** must include: • balanced diet principles • weight management guidance within scope of practice • hydration guidance • safe supplementation awareness • referral to registered dietitian when outside scope.
8. Be able to design an individualised, safe and effective physical activity programme for an antenatal and postnatal client
8.1 Interpret information gathered must include: • use of an appropriate antenatal/postnatal PAR-Q (or equivalent health questionnaire) • medical and pregnancy history • current trimester/postnatal stage • contraindications and warning signs • current lifestyle and health status • exercise history, preferences and goals • perceived barriers, psychological concerns and motivations • 6 to 8 week postnatal check (where relevant) • type of birth experienced/birth trauma and/or complications • signs and symptoms of abdominal wall and/or pelvic floor dysfunction • lactation • pelvic girdle and/or back pain • general wellbeing. **8.2 Principles of FITT** must include: • frequency of training • intensity of training • time or duration of the session • type of training. Learners must include these for each trimester and the postnatal period: • a safe and effective warm-up for trimesters 1, 2 and 3 • a safe and effective main component for trimesters 1, 2 and 3 • a safe and effective cool-down for trimesters 1, 2 and 3 • postnatal period. Key considerations when planning physical activity sessions for antenatal and postnatal clients, should include:

Range

- avoiding hot and humid conditions where appropriate
- regular hydration
- balanced nutrition
- appropriate clothing and footwear
- lactation
- type of birth and stage of recovery
- adaptation of exercises (modification)
- use of correct technique
- safe and controlled functional transitions between activities and in everyday movements (for example, getting in and out of the car)
- planning sessions that are engaging and appropriate to the needs, preferences and motivations of antenatal and postnatal clients
- the relationship between programme design and activity delivery in supporting engagement and adherence
- delivering inclusive, safe and engaging physical activity sessions that meet the needs, abilities and preferences of antenatal and postnatal clients.

Learners must provide a clear rationale for programme design and activity selection based on current evidence and client needs. Learners must evaluate the physical activity sessions, including inclusivity, safety and enjoyment, to support engagement, adherence and return to physical activity after childbirth.

8.3 Appropriate types of activity must include:

- individual needs, preferences, and goals of the antenatal or postnatal client
- stage of pregnancy or postnatal recovery
- presence of common antenatal or postnatal conditions (for example, pelvic girdle pain, fatigue, musculoskeletal discomfort).

8.4 Alternatives or adaptations must include:

- modifications to accommodate common antenatal and postnatal conditions
- adjustments based on client feedback, comfort, and tolerance
- the use of regressions and progressions appropriate to the stage of pregnancy or postnatal recovery
- the importance of correct techniques to ensure activities are safe and effective
- adapting activities for both one-to-one and group settings to meet the needs of the individual client.

8.8 Importance of monitoring intensity and avoiding overheating must include:

- to prevent overexertion
- to maintain safe exercise intensity.

8.11 Importance of reviewing the analysis of a client's needs and motivation must include:

- the use of client feedback and reflective practice to review and improve programme design and delivery.

NCFE assessment strategy

The key requirements of the assessment strategies or principles that relate to units in this qualification are summarised below.

The centre must ensure that individuals undertaking assessor or quality assurer roles within the centre conform to the assessment requirements for the unit they are assessing or quality assuring.

Knowledge LOs

- Assessors will need to be both occupationally knowledgeable and qualified to make assessment decisions.
- Internal quality assurers (IQAs) will need to be both occupationally knowledgeable and qualified to make quality assurance decisions.

Competence/skills LOs

- Assessors will need to be both occupationally competent and qualified to make assessment decisions.
- IQAs will need to be both occupationally knowledgeable and qualified to make quality assurance decisions.

The centre with which the learners are registered will be responsible for making all assessment decisions. Assessors must be **contracted** to work directly with the centre, contributing to all aspects of standardisation. The centre must ensure a process of training is followed, including during induction and quality assurance activities. Occupationally competent and qualified assessors from the centre must use direct observation to assess practical skills-based outcomes.

Section 3: explanation of terms

This table explains how the terms used at **level 3** in the unit content are applied to this qualification (not all verbs are used in this qualification).

Apply	Explain how existing knowledge can be linked to new or different situations in practice.
Analyse	Break down the subject into separate parts and examine each part. Show how the main ideas are related and why they are important. Reference to current research or theory may support the analysis.
Clarify	Explain the information in a clear, concise way.
Classify	Organise according to specific criteria.
Collate	Collect and present information arranged in sequential or logical order.
Compare	Examine the subjects in detail and consider the similarities and differences.
Critically compare	This is a development of 'compare' where the learner considers the positive aspects and limitations of the subject.
Consider	Think carefully and write about a problem, action or decision.
Create	Make or produce an artefact as required.
Demonstrate	Show an understanding by describing or applying knowledge in a practical context.
Describe	Write about the subject giving detailed information in a logical way.
Develop (a plan/idea)	Expand a plan or idea by adding more detail and/or depth of information.
Diagnose	Identify the cause based on valid evidence.
Differentiate	Identify the differences between two or more things.
Discuss	Write a detailed account giving a range of views or opinions.
Distinguish	Explain the difference between two or more items, resources, pieces of information.
Draw conclusions	Make a final decision or judgement based on reasons.
Estimate	Form an approximate opinion or judgement using previous knowledge or considering other information.

Evaluate	Examine strengths and weaknesses, arguments for and against and/or similarities and differences. Judge the evidence from the different perspectives and make a valid conclusion or reasoned judgement. Reference to current research or theory may support the evaluation.
Explain	Provide detailed information about the subject with reasons showing how or why. Responses could include examples to support these reasons.
Extrapolate	Use existing knowledge to predict possible outcomes that might be outside the norm.
Identify	Recognise and name the main points accurately (some description may also be necessary to gain higher marks when using compensatory marking).
Implement	Explain how to put an idea or plan into action.
Interpret	Explain the meaning of something.
Judge	Form an opinion or make a decision.
Justify	Give a satisfactory explanation for actions or decisions.
Perform	Carry out a task or process to meet the requirements of the question.
Plan	Think about and organise information in a logical way using an appropriate format.
Provide	Identify and give relevant and detailed information in relation to the subject.
Reflect	Learners should consider their actions, experiences or learning and the implications of this for their practice and/or professional development.
Review and revise	Look back over the subject and make corrections or changes.
Select	Make an informed choice for a specific purpose.
State	Give the main points clearly in sentences or paragraphs.
Summarise	Give the main ideas or facts in a concise way.
Test	Complete a series of checks utilising a set procedure.

Section 4: support

Support materials

The following support materials are available to assist with the delivery of this qualification and are available on the NCFE website:

- learning resources
- Qualification Factsheet.

Other support materials

The resources and materials used in the delivery of this qualification must be age-appropriate and due consideration should be given to the wellbeing and safeguarding of learners in line with your institute's safeguarding policy when developing or selecting delivery materials.

Products to support the delivery of this qualification may be available. For more information about these resources and how to access them, please visit the NCFE website.

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Contact us

NCFE
Q6
Quorum Park
Benton Lane
Newcastle upon Tyne
NE12 8BT

Tel: 0191 239 8000*
Fax: 0191 239 8001
Email: customersupport@ncfe.org.uk
Website: www.ncfe.org.uk

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Appendix A: units

To simplify cross-referencing assessments and quality assurance, we have used a sequential numbering system in this document for each unit

Mandatory units

Unit number	Regulated unit number	Unit title	Level	Credit	GLH
Unit 01	D/651/4039	Adapting physical activity for antenatal and postnatal clients	3	5	35

Change history record

Version	Publication date	Description of change
AIQ007187	1 May 2026	Document published.
AIQ007267	15 June 2026	Credit value added to qualification to support use within Welsh apprenticeship programmes. No changes to qualification content, assessment requirements, GLH or TQT.
v3.0	November 2026	Qualification title changed and template updated to new version. Minor wording updates have been made to assessment criteria (AC) to improve clarity and consistency. No changes to learning outcomes (LOs) guided learning hours (GLH), credit or content requirements.