



HIGH PERFORMANCE
SPORT NEW ZEALAND

HPSNZ HIGH PERFORMANCE PREGNANCY GUIDANCE

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PURPOSE AND BACKGROUND

High Performance Sport New Zealand (HPSNZ) is committed to enabling athletes to pursue high performance sport in environments that are safe, inclusive, evidence-informed and centred on wellbeing as well as performance.

This document has three intentions:

- high level guidance to support National Sporting Organisations (NSOs) in developing their own policies for pregnancy specific to their context;
- to encourage athletes who are pregnant or considering pregnancy while engaged in the New Zealand high performance sport system to consider these aspects as part of their journey; and
- to guide coaches, HPSNZ staff and other support personnel in responding appropriately and to enable informed decision making.

It is designed as practical guidance rather than clinical advice and is not intended to be a comprehensive pregnancy and parenthood framework. Individual medical decisions must always be made with appropriately qualified health professionals.

While it is recognised that preconception, pregnancy and postpartum exist on a continuum, this document focuses on pregnancy. It includes only high-level considerations relating to return to training and performance. NSOs are encouraged to consider how athletes may access information and support relating to family planning and future pregnancy.

Detailed athlete resources relating to the pregnancy and parenthood journey as an elite athlete already exist and can be found in the Additional Resources section.

Scope

These guidelines apply to athletes engaged in high performance pathways, including TAPS athletes of invested NSOs, and to the people and organisations who work with them.

They are primarily focused on the period during pregnancy, while recognising that planning for pregnancy and return to training and competition after childbirth are closely connected and should be discussed early.

It is also recognised that miscarriage, stillbirth, or termination can have a profound impact on an athlete's physical and emotional wellbeing, as well as their ability to train and perform. These experiences require a compassionate, individualised approach, with appropriate support available to assist athletes in returning to training and competition when they are ready.

These guidelines do not replace independent medical, legal, employment or insurance advice. They should be read alongside relevant NSO pregnancy and parental policies, athlete agreements, integrity and safeguarding requirements, clinical advisory guidelines and HPSNZ TAPS guidelines.

Guiding principles

- The athlete's health, wellbeing, dignity and informed decision-making are paramount.
- Pregnancy should not in itself be treated as a barrier to respectful inclusion in high performance sport.
- Participation decisions during pregnancy must be individualised, evidence-informed and made in consultation with qualified medical practitioners.
- Medical consultation may include a combination of the athlete's lead maternity carer (obstetrician/midwife) and external GP, as well as HPSNZ sport doctors as it relates to their training and competition, within their scope of practice.
- Support should be proactive, coordinated and confidential, with the athlete at the centre of communication and decision making.
- Where possible, the HP system should retain connection, capability and opportunity for athletes during pregnancy and return to performance planning.
- Pregnancy related support should reflect the realities of the New Zealand high performance sport system, including NSO responsibilities, the TAPS framework and HPSNZ athlete performance support services.

General position

Many types of exercise and training can be safely continued during pregnancy, and staying active is known to be beneficial for overall health and wellbeing. However, pregnancy can bring evolving physical demands, changes in load tolerance, and specific clinical considerations that require ongoing monitoring.

In high performance environments, where training volumes and competitive demands may exceed general population guidance, there is an even greater need for tailored clinical oversight and careful decision making. Many athletes can continue training during pregnancy with appropriate individualisation and medical oversight. Evidence specific to high performance athletes during pregnancy continues to evolve and therefore individual assessment remains essential.

HPSNZ expects that any decision about ongoing participation in high performance training or competition during pregnancy will prioritise the health and wellbeing of the athlete and baby, be informed by appropriately qualified medical advice, and be reviewed regularly as the pregnancy progresses and circumstances change.

It is recommended that NSOs provide education and support for coaches, high performance leaders and other NSO staff regarding pregnancy disclosure and inclusion.

Guidance for NSOs

NSOs are responsible for ensuring their environments are safe, respectful and practical for athletes navigating pregnancy and parenthood. This includes ensuring they develop relevant NSO policies relating to pregnancy and parenthood, communication, support pathways and decision making processes are clear before a disclosure occurs.

- Nominate clear designated contacts for pregnancy related disclosure and support planning.
- Ensure athlete facing information explains confidentiality, support options, decision making roles and escalation pathways.
- Ensure transparent conversations with the athlete as it relates to the TAPS framework.
- Facilitate coordinated access to athlete support services, including performance health, performance life and other specialist support relevant to the athlete's circumstances.
- Work with the athlete to maintain an Individual Performance Plan or equivalent planning document that can be adapted during pregnancy and through return to performance.
- Consider travel, campaign, selection and training environment risks early and review them regularly.
- Ensure relevant leaders understand legal and integrity obligations, including non-discrimination, safeguarding and respectful conduct.
- Where athletes are stepping back temporarily, retain connection to the sport wherever possible and communicate clearly about review points and return options.

Rights, respect and non-discrimination

NSOs should foster environments in which athletes can disclose pregnancy without fear of stigma, exclusion or assumptions about commitment or capability. In New Zealand, pregnancy and childbirth are protected within anti-discrimination law, including through the Human Rights Act 1993, and unlawful discrimination may also arise in related contexts under other legislation. Decisions about selection, deselection, access to support, programme inclusion, or role changes should therefore be made carefully, transparently and on legitimate grounds rather than on stereotypes or assumptions about pregnancy.

Reasonable adjustments, flexible training arrangements, modified schedules, alternative support plans or short-term changes in expectations may all be appropriate ways to maintain inclusion and athlete wellbeing. These adjustments should be discussed in partnership with the athlete and should not be framed as a withdrawal of opportunity unless there are genuine performance, safety or medical reasons that justify a different approach.

Disclosure, confidentiality and individual planning

Athletes should be encouraged to disclose pregnancy to an appropriate designated person as early as they feel reasonably able, so that informed planning and support can occur. An athlete may choose to disclose to a trusted person in their support team who can help them in navigating this disclosure to the NSO's designated person.

A designated person may include the NSO High Performance Director or equivalent, the NSO doctor or other agreed clinical practitioner, depending on the structure of the NSO and the athlete's support network.

Disclosure should remain athlete led; it may take place in stages and should be in timeframes the athlete is comfortable with. Information about pregnancy should be shared only with the athlete's knowledge and consent, except where there is a serious safety concern or another legal obligation to disclose. NSOs and HPSNZ should be clear about who will know, what information will be shared, why it is required, and how confidentiality will be maintained.

Once disclosure occurs, the athlete and relevant support people should agree an individual plan that is proportionate to need. Depending on the circumstances, this may include, but is not limited to, assessment and ongoing review by the medical and wider performance support team, recommendations regarding clinical management, modifications to training, recovery and nutrition programmes, competition participation decisions, communication protocols, wellbeing support, travel considerations, return-to-performance planning, and consideration of any implications for athlete agreements, TAPS nominations, associated TAPS grants, and Prime Minister's Scholarships.

The plan should be reviewed at agreed intervals because pregnancy related needs can change quickly as a pregnancy progresses.

TAPS framework

TAPS grants

In the New Zealand context, pregnancy related planning should be considered alongside the athlete's place within the TAPS Framework and any support provided through TAPS.

HPSNZ's TAPS guidance (Tailored Athlete Pathway Support – HPSNZ) recognises that athletes may temporarily step back from full training and competition because of parental commitments, rehabilitation or another agreed reason, and that applications for continued or modified support can be considered case by case where appropriate planning and conditions are in place.

NSOs and athletes are encouraged to carefully consider these guidelines when seeking to meet nomination criteria for TAPS and the TAPS grant for the Elite and Potential TAPS categorisation.

If the athlete falls pregnant within TAPS grant timeframe:

If an athlete receives a TAPS grant and subsequently becomes pregnant, the athlete should continue to receive the TAPS grant for the remainder of the period for which the grant is provided, subject to compliance with any applicable terms and conditions.

The NSO and athlete should have an open and transparent conversation about relevant terms and conditions including, but not limited to, how training and performance requirements will be applied.

If the athlete falls pregnant and TAPS grant timeframe is concluding within the pregnancy or shortly thereafter:

It is recommended that athletes who fall into this category should still be identified within their NSO specific pathway, and therefore eligible for TAPS nomination, if they meet the following minimum criteria:

- Prior to becoming pregnant, the athlete was categorised AND was receiving a TAPS grant in the past 12 months;
- Has an Individual Performance Plan focusing on maintaining physical and mental wellbeing as it aligns to the sport's needs and informed by specific medical advice as it relates to pregnancy;
- Has an agreed return to sport and competition plan including timeframes and regular pre-determined meetings scheduled with the NSO; and
- Maintains contact with a designated person on a regular basis to ensure the athlete is focussed on maintaining their overall wellbeing.

In circumstances where a pregnant athlete chooses to take time away from sport, an NSO may decide upon the continuation of a TAPS nomination, or not, in accordance with its own clearly articulated and published policy position.

Athlete support considerations

Where an athlete is receiving TAPS related support and becomes pregnant, the NSO and HPSNZ should discuss the athlete's circumstances early, including current TAPS categorisation, the athlete's Individual Performance Plan, expected duration and nature of any temporary adjustment, and what support is needed to retain wellbeing, connection and realistic future performance opportunity. Decisions should be made on a case-by-case basis and communicated clearly to the athlete.

- Pregnancy should not automatically trigger loss of connection to athlete support services or immediate assumptions that the athlete is exiting the pathway permanently.
- If an athlete is temporarily unable to train and compete as originally planned, the NSO should engage with HPSNZ on the support needed, expected duration and relevant conditions.
- Any decisions affecting TAPS grants, nominations, reviews, athlete status or transition support should be transparent, documented and discussed directly with the athlete.
- Where an athlete later exits permanently, existing TAPS transition support and any applicable NSO processes should be applied consistently and respectfully.

Selection, safety and duty of care

Selection and deselection decisions should not be based solely on the fact of pregnancy. However, in some circumstances an athlete's current ability to perform at the required standard, or the safety implications of participation, may legitimately affect selection decisions. Where this occurs, decisions should be grounded in actual performance evidence, the requirements of the event or campaign, and relevant medical advice rather than broad assumptions.

NSOs have a duty of care to assess and mitigate risk in training and competition environments. This may include reviewing contact risk, heat, altitude, travel load, access to medical support, fatigue, scheduling, recovery demands and the practical realities of event settings. Where expert medical advice indicates that participation is unsafe in the athlete's particular circumstances, the sport may need to restrict participation in some activities. Any such step should be explained clearly and handled respectfully.

Return to training and performance

Although these guidelines focus primarily on pregnancy, good practice requires early discussion about return to training and competition after childbirth. Return to performance should be phased, clinically informed and responsive to the athlete's individual physical recovery, pelvic health, feeding choices, sleep, caregiving demands, psychological wellbeing and performance goals.

Athletes should not be expected to resume high performance loads according to a fixed timetable that does not reflect their individual recovery.

NSOs should work with the athlete to map realistic progression points, support needs, including those when travelling, service access and communication expectations, including any review of campaign planning or TAPS that may be required as the athlete returns.

Once disclosure occurs, the athlete and relevant support people should agree an individual plan that is proportionate to need. Depending on the circumstances, this may include, but is not limited to, assessment and ongoing review by the medical and wider performance support team, recommendations regarding clinical management, modifications to training, recovery and nutrition programmes, competition participation decisions, communication protocols, wellbeing support, travel considerations, return-to-performance planning, and consideration of any implications for athlete agreements, TAPS nominations, associated TAPS grants, and Prime Minister's Scholarships.

The plan should be reviewed at agreed intervals because pregnancy related needs can change quickly as a pregnancy progresses.

Guidance for pregnant athletes

- Prioritise your health and wellbeing and seek qualified medical advice that is specific to your pregnancy, sport and training demands.
 - Consider early discussion with a trusted designated person so that support can be planned in a timely and confidential way.
 - Work with your healthcare team to understand specific medical advice provided and how it can best support your training, competition, travel, and recovery decisions.
 - Work with your NSO and support team to develop a documented, realistic and flexible plan that reflects your goals, values, health needs and the demands of your sport.
 - You are encouraged, and will be supported, to ask questions and seek clarity if you experience pressure, stigma, unclear communication or uncertainty about funding, selection, services or future pathway opportunities.
 - Stay connected to available wellbeing, performance life, medical and support services even if training or competition involvement changes during pregnancy.
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Guidance for coaches and daily training environments

Coaches can have a significant influence on an athlete's experience of pregnancy within high performance sport. Supportive, flexible and respectful coaching practices can help athletes remain engaged, connected and confident in their future performance pathway.

Coaches should respond respectfully to disclosure, support athlete autonomy, and collaborate with the athlete and appropriate health professionals within the limits of their role.

- Respond to pregnancy disclosure with respect, support and discretion, recognising that disclosure timing is highly personal and athlete led.
- Recognise that pregnancy is not, in itself, a reason for exclusion from training, team environments or performance planning.
- Foster a training environment where athletes feel safe to discuss pregnancy without fear of judgement, loss of opportunity or assumptions regarding their commitment to sport.
- Be flexible and prepared to adapt training expectations, competition plans and communication approaches as the athlete's needs evolve throughout pregnancy.
- Work collaboratively with the athlete and their support team to establish realistic short-term goals and maintain connection to longer-term performance aspirations where appropriate.
- Help athletes remain connected to their training environment, team culture and support networks, particularly when participation levels change.
- Focus discussions on the athlete's wellbeing, performance needs and agreed plan rather than assumptions about capability or future commitment.
- Seek education and guidance where required to better understand how to support athletes experiencing pregnancy and return-to-performance planning.
- Where performance or selection issues arise, ensure decisions are evidence-based, documented and clearly distinguish performance considerations from assumptions about pregnancy.
- Respect professional role boundaries and rely on qualified health professionals for pregnancy-specific clinical advice.

Suggested supporting resources

HPSNZ Healthy Women in Performance Sport resources
[Healthy Women in Performance Sport – HPSNZ](#)

HPSNZ TAPS Programme Guidance 2025-2028
[TAPS-Version-2-Podium-and-Aspirational-4_6.pdf](#) and athlete-facing TAPS FAQs, [TAPS-Version-2-FAQ-5_7.pdf](#)

Global Alliance for Female Athletes (GAFA) resources
[GAFA - Global Alliance for Female Athletes](#)

AISS Pregnancy and parenthood resources
[Pregnancy | ASC](#), [The Parenthood Recommendations | ASC](#)

IOC Expert Committee Evidence Statements: Pregnancy and the Elite Athlete

- Recommendations for health professionals and active individuals
- Summarises the IOC expert committee's recommendations for exercise
- [Olympic Documents - Athletes, Olympic Games, IOC and More](#)

Sport NZ Pregnancy and Breastfeeding Policy resources,
[Pregnancy and Breastfeeding Policy - Member protection | Sport New Zealand - Ihi Aotearoa](#)

Sport Integrity Commission Te Kahu Raunui integrity, participant protection and complaint pathways
[Home | Sport Integrity Commission Te Kahu Raunui](#)

General information on pregnancy in New Zealand
[Pregnancy topics | Healthify](#)

Perinatal Anxiety & Depression Aotearoa / Te mate Tuatea, me te mate Pōuri o Aotearoa
[Home - PADA - Perinatal Anxiety & Depression Aotearoa](#)

Parent Support Groups and Services
[Support Groups & Services For New Parents | KidsHealth New Zealand's Trusted Voice On Children's Health](#)

Relevant specialist advice from GPs, sports physicians, obstetric providers, physiotherapists, pelvic health practitioners and other qualified clinicians.

Disclaimer

This document is intended as general guidance only. It does not constitute medical, legal or employment advice and should not be relied on as a substitute for advice from appropriately qualified professionals. HPSNZ and NSOs should obtain specific advice where required, including on clinical risk, contractual obligations, selection matters, insurance implications and the application of any relevant legislation or policy.



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