

THE POSTPARTUM RETURN TO PLAY GUIDE



This framework is an opportunity to change perceptions for future pregnant footballers.

All players



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INTRODUCTION

Since January 1, 2021, regulations have been in place to protect the rights of players who get pregnant during their careers. Prior to this, there were no obligations with regards to maternity in football, which was a direct conflict with the provisions laid out in the International Labour Organisation (ILO)'s Maternity Protection Convention 183/2000.

Using the ILO's recommendations alongside FIFPRO's own Parental Policy, a collection of minimum industry standards was developed and incorporated into the FIFA Regulations on the Status and Transfer of Players (RSTP's).

While every pregnant professional player¹ is entitled to the protections laid out in these regulations, it has been made clear that guidance is needed for both the players and those working with them on how to best transit pregnancy while playing and before taking maternity leave (prepartum), what to expect after they have given birth (postpartum), and how to best prepare for a return to play. After reaching out to players to share their own pre- and postpartum experiences, FIFPRO discovered a lack of readily available advice and knowledge within the footballing landscape, that should be on hand to guide players through the specific needs of their bodies and minds with regards to returning to football after pregnancy.

Through examining the first-hand experiences of players alongside the existing scientific literature and the specialised recommendations of medical experts, FIFPRO has developed a practical guide that can inform players at every stage of their journey - from the first weeks of pregnancy to an optimal return to the game. This guide has been developed not only to give players access to a more efficient and enjoyable experience of motherhood, but to direct clubs, leagues, federations, and any other necessary entourage on how to assist during the process of pregnancy, maternity and return to competitive playing. This guide presents a broad overview of postpartum return to play, and the specifics detailed within this guide are individual-dependent and therefore are not prescriptive.

During the research stage, certain issues were highlighted as fundamental, which should therefore require regulations to ensure minimum standards would be met in regard to these matters. The aim is to establish these standards around the world as basic pre- and postpartum protections that every player is entitled to as they grow their family.

THE POSTPARTUM RETURN TO PLAY (PPRTP) GUIDE

Why do we need PPRTP Guide?

For most professional players, their prime performance years will overlap significantly with their peak window of fertility. As a result, players will seek to start a family during their playing careers with the desire to then return to their work.

There are many things for a player to take into consideration in preparation for their postpartum return to sport, including the physical experience of childbirth and how it might affect things such as their abdominal wall or pelvic floor. However, this is not the only change that could impact performance if left unaddressed, with energy balance, breast health, menstrual cycles, disrupted sleep, and mental health all playing a part in a new mother's overall wellbeing.

For such a varied and complex subject matter, there is very little accessible guidance for players to follow in this regard - an issue that we hope to rectify with FIFPRO's Postpartum Return to Play (PPRTP) guide.

How should the guide be used?

Pregnancy should not signal the end of a footballer's career, and many players have demonstrated that not only is it possible to return to the game, but also to return even better than they were before. However, up until this point, players have done so despite a significant lack of standardised guidance and support, resulting in a 'trial and error' method - that has the potential of unnecessary stress, risks, and uncertainty for professional footballers.

FIFPRO has collaborated with its Member Unions and professional footballers across the globe to understand their first-hand experiences and collate the best practices during this exciting period of life, ensuring that the PPRTP guide is presented from the players' point of view.

The intention of this guide is to direct players, clubs, leagues, federations, and any other necessary groups through the journey of pregnancy, birth, maternity and postpartum return to play. This journey will be unique to each player who undertakes it, so it is important to note that the guidance cannot be viewed as a rigid step by step process that must be followed exactly by each individual. Rather, it is intended to provide general advice and direction for key moments that players can refer to throughout their journey, while preparing to achieve optimum performance upon return to the game.

The PPRTP is split into three sections:

1. Guide for Players
2. Guide for 'Entourage', which refers to anyone in the players support team on or off the pitch
3. Guide for regulatory changes

¹ In accordance with Article 2 of the FIFA RSTP, professional football players are defined as all those who have a written contract with a football club and are paid a reasonable remuneration that cover all living costs and expenses.

01 Guide for Players



This section provides an overview of a players' journey from the preparation for pregnancy right through to a full return to playing at peak performance. This has been divided into six phases, covering pre-pregnancy into pregnancy, and the postpartum experience which has been broken down into weeks.*

I came back stronger than before I had kids.

Cheyna Matthews



PRE-PREGNACY &
INTO PREGNANCY



STEP 2
POSTPARTUM
5-7 WEEKS
women's
health check



STEP 4
RETURNING
TO FOOTBALL
SPECIFIC
TRAINING



STEP 1
POSTPARTUM
0-6 WEEKS
returning to
early exercise



STEP 3
RETURN TO EXERCISE
AS OF WEEK 12
in preparation for
returning "on-field"



STEP 5
RETURNING TO
HIGH-PERFORMANCE



There is a deliberate lack of precision around the duration of each phase, as every player's experience will be different - necessitating a certain amount of flexibility in these timelines. Similarly, different players will have different needs and resources available to them depending on their own unique journey and situation.

*Please note these timings are indicative, not prescriptive



The PPRTG guide was developed by players for players and has been led by a task force who have experienced their own postpartum return to football. This personal guidance has been supported by the existing scientific literature and advice from a team of medical experts, specialising in areas that are most relevant to the postpartum journey.

THE PLAYER TASK FORCE



**SARA BJÖRK
GUNNARSDÓTTIR**

Sara Björk Gunnarsdóttir currently plays as a midfielder for Juventus in the Serie A Femminina and retired from international football in 2023 - having accrued 145 caps for Iceland. The 2019/20 UEFA Women's Champions League winner gave birth to her son in November 2021, returning to the pitch four months later.



**CRYSTAL
DUNN**

Crystal Dunn alternates as a winger for Gotham FC in the National Women's Soccer League (NWSL) and a left-back for the US Women's National Team, with whom she lifted the FIFA Women's World Cup trophy in 2019. In May 2022 she welcomed her first child into the world, returning to training 112 days later.



**CHEYNA
MATTHEWS**

Mother of three Cheyna Matthews recently retired from both club and international football, having balanced motherhood and her professional career for five years. She most recently played for the Chicago Red Stars in the NWSL and the Jamaica Women's National Team - playing in her country's FIFA Women's World Cup debut in 2019.



**ALMUTH
SCHULT**

Almuth Schult is a German international goalkeeper, who has played for clubs in both Germany and the USA. The 2016 Olympic Gold Medallist gave birth to twins in 2020, and a third child in August of 2023. Almuth recently signed a new contract with Hamburger SV in the 2. Bundesliga.

THE MEDICAL EXPERTS



**DR. PIPPA
BENNETT**

**Director of Clinical
Governance | Paralympic
Chief Medical Officer**

UK Sports Institute



**DR. RITA
TOMÁS, MD, MS**

**Portuguese Football
Federation, Health &
Performance Unit**

Team Physician, Women's
National Team



**PROF. KIRSTY
ELLIOTT-SALE**

**Professor of Female
Endocrinology and
Exercise Physiology**

Manchester Metropolitan
University's Institute of Sport



**PROF. DR. VINCENT
GOUTTEBORGE**

**Chief Medical
Officer**

FIFPRO

Postpartum Section



WHAT DOES THIS SECTION COVER?

The key
features of the
postpartum
journey

1
Postpartum
0-6 weeks

2
Postpartum
5-7 weeks

3
Return to
exercise as
of week 12

4
returning
to football
specific
training

5
Return
to high-
performance

The Key Features of the Postpartum journey

HOW TO USE IT?

- » Follow the physical postpartum steps one through five with your team/entourage to help plan your return to play
- » Looking ahead may make you wish to re-assess your pre-partum plan, depending on your needs and circumstances around the birth

WHOSE SUPPORT MIGHT YOU NEED?

- » Your own personal doctor
- » The club doctor
- » The national team doctor (if applicable)
- » The team manager
- » Strength & conditioning coaches/athletic trainers
- » Any wellbeing or psychological support (club, private, or union)
- » A physiotherapist that specialises in pelvic floor (to be arranged with club)
- » A nutritionist
- » A Performance Lifestyle Advisor (PL) (to be mutually agreed upon between player and club)
- » Teammates



WHAT CAN A "LOOKING AHEAD" PLAN ACHIEVE?

- » Allows you to take control of your own return to play journey
- » Helps you work with your Performance Lifestyle adviser to adapt your postpartum timeline according to your progress
- » Ensures that your club and national team (where applicable) are aware of your projected timeline in returning to play

Pre- and During Pregnancy recommendations



Depending on your situation, this phase begins either from the moment you know that you are pregnant, or from when you actively start planning for pregnancy.

WHAT TO DO FIRST?

- » Know your rights: read up on the FIFA RSTP maternity and pregnancy regulations
- » Consider how best to share the news with your club
- » Inform all necessary entourage (listed below), and anyone else whose support you might need
- » Identify what support is available to you in the state/country that you reside/are employed in
- » Reach out to your relevant union

WHOSE SUPPORT MIGHT YOU NEED?

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- » A nutritionist
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- » Teammates

WHAT INITIAL CONVERSATIONS DO YOU NEED TO HAVE?

1. With your union

- » Discuss any individual contractual obligations, as well as what support, benefits and rights you are legally entitled to as a player
- » Ask to be put in touch with a player support/experience network for personalised guidance
- » Make sure you are fully and objectively informed on what you can rightfully expect, as well as possibilities that you should be prepared for

2. Key representatives from your club (please refer to the list above of potential support, if available).

- » Sit down to establish a plan of how your pregnancy and return to play will be approached within the context of the club
- » Reach an agreement in writing on what conditions, services, rights, and benefits the club will provide you with, including childcare allowances for training and travelling, food allowances, specialist equipment, and apparel, etc.

You need someone advocating for you.

Sara Björk Gunnarsdóttir



3. Key representatives from your national federation (please refer to the list above of potential support, if available).

- » Repeat steps with club above (if applicable)



A TEAM OF EXPERTS

The demands of the professional game continue to increase for players, and when combined with the necessary adaptations of pregnancy, motherhood, and returning to football - finding a healthy work-life balance is not always straightforward. A team of dedicated experts and a strong support system are essential for smooth and efficient transitions, but unfortunately this is not standardised and still largely uncommon.



felt that pregnancy specific expert help was not provided by the club

Crystal Dunn shared that she had a positive experience in this regard, with her club providing access to a pelvic floor specialist - however, the task force found this to be an

CENTRAL COMMUNICATION WITHIN A TEAM OF EXPERTS

Being pregnant and having a child are life-events that, as an athlete, will require you to have access to specialist expertise and support. All players within the task force agreed that having a central communicator, with whom the player has a solid relationship, is essential for effectively navigating and benefitting from this new support network.

An example was shared in which one player's athletic trainer took on this role, keeping all relevant experts,

It takes a village to raise a baby.

Crystal Dunn



uncommon occurrence. Discussions revealed that 75% of players felt that pregnancy specific expert help was not provided by the club and that they had to individually seek specialist support. The importance of building trusting relationships with these specialists was found to be crucial, leading many to be of the opinion that players should have the right to choose experts from outside their club to ensure a safe and comfortable environment.

professionals and coaches updated on varying aspects of the pregnancy and return to play journey, allowing the player to fully focus on their own progress. It was highlighted that this consolidation allowed players to have a clear voice in controlling their own journey throughout pre-pregnancy until return to play, ensuring that their individual needs as both athletes and mothers were being met.



This section details some of the features of the postpartum journey, using both player experiences and expert advice to help guide you through what to expect from these different stages of motherhood as a player. Your individual circumstances and choices will play a part in guiding your own approach to each of these topics, but the information is laid out to help make informed decisions on your own journey.

FEEDING YOUR CHILD

- » Players should be able to choose to breastfeed, express, or bottle feed their baby without judgement
- » Players must be provided with a safe, comfortable, and suitable place to feed; this can be a private space such as an office or an open area such as a canteen – depending on the player's own preference
- » Players should be given an appropriate space to store their feeding-related equipment; this may include space in a fridge to store milk or a suitable place to store sterilising equipment
- » Players may require additional breaks for feeding-related activities, and they should have access to these breaks for as long as necessary
- » Particular attention should be given to breast health during the feeding phase; this ranges from bespoke underwear, to adapting any football-related activities that could impact or cause injury to a player's breasts



mentioned experiences of breast-feeding when talking about their return to play journey

- » One player spoke about trying to combine feeding with her training schedule, which resulted in breastfeeding in the earlier postpartum stages, while relying on her extended family to provide childcare during training windows
- » It was noted that differences arose depending on a player's position, with a player sharing that she was advised to stop breastfeeding earlier than planned, as being unable to be hit in the chest was limiting in her in her role as a goalkeeper
- » Breastfeeding was reported to consume a lot of time and energy, both during the day which could coincide with training times, and at night – which could disrupt sleep and leave players feeling more tired than usual
- » A noticeable change in hormones during this period was also mentioned

EXPERT

PROF. KIRSTY
ELLIOTT-SALE



Whether through breast, express, or bottle - feeding your new-born is a crucial part of the return to play journey.

We summarised the views of Professor Kirsty Elliott-Sale on the conditions that players should be able to expect during this phase.

PLAYER EXPERIENCE

The above advice was provided by Professor Elliott-Sale and below it is supported by the thoughts and experiences of the player task force.

The discussion here centres on breastfeeding, but it is important to note that not all parents will breastfeed their new-borns, nor should they feel pressured to, and so if you are unsure about your own personal situation, we encourage you to seek further relevant information.

EXPERT

PROF. DR. VINCENT
GOUTTEBARGE



Research shows factors such as intense training loads, travel, competition stress and anxiety can prevent many elite athletes from getting the recommended 7-9 hours of sleep per night.

Professor Vincent Gouttebarge shared how caring for a new-born and child can exacerbate this situation, with the demands of parenthood impacting not only the quantity but the quality of sleep.

SLEEP HYGIENE

Caring for a new-born can lead to fatigue in the postpartum period, which can negatively affect both your personal life and return to play in a number of ways, such as:

- » Loss of appetite
- » Reduced focus and concentration
- » Irritable mood, decreased motivation and mental health problems (such as anxiety or depression)
- » Reduced energy and performance (despite return to training)
- » Increased risk of injuries

We summarised the advices of Professor Vincent Gouttebarge for players in the postpartum period:

- » Players should try to sleep when the baby sleeps, even if the new-born's cycles are out-of-sync with what they would consider to be normal
- » Players should be able to rely on the understanding of their teammates, family and friends as they adjust to a sleep routine that suits their family's rhythm
- » Short daytime naps can supplement sleep quota, as long as they don't make it more difficult to fall asleep at night
- » A good sleeping environment is essential, players should make sure that their room is dark, cool and free from distractions (earplugs can be used to block out any background noise)
- » Screen time, such as phones, computers, TVs, etc. should be limited for at least an hour before bed
- » A healthy diet is essential in general, and it can be particularly helpful to avoid consuming too much late at night, especially which it comes to stimulants such as caffeine which can be found in tea, coffee and energy drinks



NUTRITION

- » Players should have ready access to a qualified dietician or nutritionist, both during and after pregnancy
- » Players should be provided with food and drink tailored to their needs during this time
- » Dietary and hydration requirements may vary during and following pregnancy, which both the player and her support team should be aware of
- » General advice on energy intake is based on pre-pregnancy Body Mass Index (BMI) and is a useful guidance tool, however, this has not been calculated with elite athletes or postpartum women in mind, so adjustments may need to be taken into consideration when considering a player's pregnancy and postpartum energy needs
- » During pregnancy and breastfeeding/expressing, players need to take special care not to exert themselves on diminished energy levels (i.e., they should avoid low energy availability)

Sara Björk Gunnarsdóttir noted that there was additional pressure when working on a return to fitness in the postpartum phase, remarking that 'there's a lot of pressure on players in terms of weight'.

EXPERT

PROF. KIRSTY
ELLIOTT-SALE



Nutrition is a key component in the career of any professional footballer, and it becomes even more critical in pregnancy and postpartum.

While noting that there is currently insufficient high-quality evidence to guide female-specific sports nutrition, Professor Kirsty Elliott-Sale shared her thoughts on what players should expect from both their bodies and their employers at this time.

PLAYER EXPERIENCE

The importance of nutrition was reflected on by all players who took part in the focus groups, framing it as a key component of both the pregnancy and return to play phases.

EXPERT

PROF. DR. VINCENT
GOUTTEBARGE



Mental health is inseparable from physical health, and, as a player, your psychological wellbeing is fundamental to achieving peak performance.

Athletes encounter many different challenges to their mental health over the course of their career, some of which can significantly impact performance or daily life – which is occasionally a sign of mental health problems.

The severity of these covers a wide spectrum, from minor mental health issues to severe disorders, and can manifest in a variety of ways, such as adverse thoughts, feelings or behaviours, as well as more physical symptoms.

Professor Vincent Gouttebarge shared his advice on this subject with a focus on players in the postpartum phase, and how to be mindful about their mental health at this time – prioritising their relationship with their child, and new life balance as a parent.

PLAYER EXPERIENCE

Physical and mental wellbeing are inextricably linked, and professional footballers often report mental health problems, such as anxiety, depression, or alcohol misuse at times of prolonged underperformance, injury related absence from training, or even intense pressure during competitive periods.

Poor mental health can also be an outcome of adverse events in a players' life including the death of a loved one, the end of a relationship or financial difficulties.

While parenthood is generally a happy stage for many, the task force outlined factors which were perceived to be mentally challenging in the pregnancy and postpartum periods.

MENTAL HEALTH

- » Remaining physically active can provide a distraction from any negative thoughts, improve mood and sleep, boost social contact, reduce stress and anxiety, as well as releasing "feel-good" chemicals such as endorphins
- » However, any exercise should be undertaken gradually, and only with the approval and supervision of relevant professionals
- » Players should be aware of how their environment might affect them, as the competitive nature, heavy training loads and increased travel of football have the potential to trigger stress and anxiety
- » Disordered eating is unfortunately common in new mothers, this can be observed in diverse and unhealthy approaches to weight loss such as deliberate restriction of food, consumption of diet pills, use of saunas or "sweat runs" (which have an added risk of dehydration), and even an obsessive preoccupation with "healthy eating" which can dominate both mental and physical health
- » Sufficient sleep (see section below on Sleep Hygiene) should be just as integral an aspect of a player's training regime as nutrition and hydration
- » Social media can introduce a player to unnecessary pressure, leading to higher rates of performance anxiety, and so it is recommended to adjust/limit online habits accordingly
- » A player recognising that they need help with their mental health is a sign of strength, not weakness, and there should be no hesitation in seeking support from a trusted individual, whether that is a coach, friend of teammate, or progressing to professional help if needed
- » While it is essential for players to be aware of and comfortable with their own mental health, it is also important that they remain open to further advice and techniques, such as psychoeducation and mindfulness

- » While elite athletes in general can be prone to anxiety, it was voiced that becoming pregnant and having your future as a player called into question can intensify this condition
- » Many players reported that they required mental support and check-ins while adapting to the changes in their body during pregnancy
- » With body image often being used as an indicator of fitness, there can be a lot of pressure on players to look a certain way, which becomes unfeasible not only in pregnancy but in the postpartum period; all players were of the opinion that check-ins and support would be beneficial to help process these changes
- » It was noted that psychological support depended on what the player's club could offer, but many reported that they had either a therapist or a trusted team member with whom they could talk to



METHODS OF DELIVERY

- » Delivery can be vaginal, assisted vaginal or through caesarean section



70%
OF NEW UK MOTHERS

can expect a vaginal delivery, with a small proportion of these being assisted with forceps or ventouse (vacuum cup)

- » For various reasons, some labours may begin with the intention of a vaginal birth, but must revert to the option of an 'emergency' caesarean section – this is often to ensure safety of the mother or baby
- » A Caesarean (or c-section) involves the baby being birthed via a surgical cut to the lower womb and abdomen
- » A c-section can also be planned, usually for specific medical reasons that would indicate this being the safest birthing method
- » All delivery methods require recovery time, and individual circumstances and recovery should be carefully and consistently monitored as a player progresses in their return to play journey



50/50
SPLIT

within the focus groups between those who delivered vaginally and those who had a c-section

- » Regardless of the method of delivery, all players found that the birthing process had a significant impact on their return to play journey
- » It was reported that there was very little information available on the differences that might occur as a result of either procedure
- » Players discussed how this lack of resource could often lead to myths surrounding particular birthing methods, which they were able to dispel through their own experiences
- » Within the group it was not found that players who delivered vaginally healed quicker, or returned to the field earlier than those who had a c-section
- » One player who was medically advised to opt for a c-section was concerned that this would negatively impact her recovery process, and questioned whether she had "done something wrong"
- » After seeking advice from specialists she discovered that this was not the case, and obtained c-section specific recovery guidance that focused on core strength and pelvic floor in her return to play journey
- » It was noted that a c-section can produce issues with scar tissue and core muscles during the postpartum period
- » In one player's experience these problems persisted for a year following the birth, despite specialist help and treatment. It was noted that these issues were particularly cumbersome to the specific movements required in her position as a goalkeeper

EXPERT

DR. PIPPA
BENNETT



Dr. Pippa Bennet reflected on the importance of women discussing their options for delivery with their healthcare practitioners, and imparted some guidance on the subject below.

This advice can be used to guide your decisions in both the pregnancy and postpartum stages of your journey.

PLAYER EXPERIENCE

Giving birth is one of the most important phases of the postpartum process, with all players acknowledging the impact the delivery process had on their return to play.

EXPERT

ROSALYN
COOKE



According to Dr Cooke, pelvic health should be considered for the well-being and athletic performance of all elite players, particularly in those who have experienced pregnancy and childbirth.

Her expertise on the subject can help you to understand this specific region of your body, while guiding you through the importance of pelvic health in the postpartum experience.

PELVIC HEALTH

Understanding the role of the pelvic floor

- » The pelvic floor is made up of muscle and connective tissues which line the base of the pelvic outlet, helping to support and control the function of organs in this region, namely the bladder, uterus and bowel
- » It assists with the emptying of the bladder and bowel, while simultaneously preventing leakage from either, as well as providing support in sexual function
- » The pelvic floor also assists the muscles that control the pelvic and hip, and supports the transfer of weight between the legs and torso through the pelvis
- » The pelvic muscles react to rapid changes in pressure in the abdomen, which can be caused by actions such as sprinting or jumping

Symptoms of pelvic floor dysfunction

- » Leakage of urine, stool, or gas
- » Urgency to urinate, requiring rushing to the toilet
- » Heaviness or a dragging feeling in the lower pelvis or genital area
- » The sensation of something bulging in the genital area
- » Pain with sexual activity

Understanding and dealing with pelvic floor dysfunction

- » Pelvic floor dysfunction in postpartum can occur with any delivery method
- » While it can be a result of pregnancy and childbirth, it is also common in elite athletes across a variety of sports who have experienced not gone through pregnancy and/or childbirth
- » Although pelvic floor dysfunction is a common issue, it is not something that should be accepted as part of life
- » Pelvic health physiotherapists specialise in both assessing and managing these conditions, and can guide the player/parent through an appropriate recovery and reconditioning process
- » Assessment can involve a physical examination including, when necessary, an internal examination
- » Regularly training the muscles in your pelvic floor can prevent symptoms of pelvic floor dysfunction occurring, and can enable the postpartum recovery and reconditioning process
- » There is sufficient evidence to show that pelvic floor muscle training in pregnancy can reduce the likelihood of experiencing pelvic floor dysfunction postpartum
- » It may also result in additional advantages, such as improved ability to bear weight in the pelvic region, which can be beneficial to players who have a history of hip, groin, or lumbar spine injuries

PLAYER EXPERIENCE

All players noted the importance of pelvic floor training postpartum, with Crystal Dunn in particular citing it as the 'number one thing you need to get back after pregnancy.'

- » Pelvic floor and core stability were universally recognised as a key priority in players' return to play journey
- » It was mentioned that pelvic health was especially important for first time mums
- » Sara Björk Gunnarsdóttir reiterated the importance of training her pelvic floor throughout her pregnancy, stating that it 'helped with being able to train intensely after birth'

1 | Postpartum returning to early exercise



WHEN DOES THIS STEP BEGIN?

- » From week zero onwards

WHAT DOES STEP ONE CONSIST OF?

- » Assessing the effects of both pregnancy and birth on your body, with a specific focus on pelvic floor and core stability
- » Slowly introducing gentle exercises to gauge what your body is comfortable with at this early stage
- » Delivery methods, such as by c-section or vaginal birth, should absolutely be taken into account at this stage

WHOSE SUPPORT MIGHT YOU NEED?

- » A physiotherapist who specialises in women's health
- » A nutritionist
- » Your club's medical team, including:
 - » Physiotherapist or sports scientist
 - » Strength & conditioning coach
 - » Medical doctor
 - » Physical therapist
- » Your national federation's medical team (where applicable)

HOW DO YOU MOVE ON TO STEP TWO?

- » Progress should be monitored from a variety of angles, ensuring that both the player and support staff are comfortable with a return to early exercise
- » Functional assessments should be performed to verify the player's progress



2 | Postpartum women's health check



WHEN DOES THIS STEP BEGIN?

- » Once step one has been completed (usually around six weeks after birth)

WHAT DOES STEP TWO CONSIST OF?

- » A Women's Health assessment, which is a standard medical protocol for any woman in the postpartum period

WHOSE SUPPORT MIGHT YOU NEED?

- » A women's health specialist
- » Your personal doctor
- » Your club's medical team
- » Your national federation's medical team (where applicable)
- » A nutritionist

HOW DO YOU MOVE ON TO STEP THREE?

- » By following the standardised health check-up procedure
- » Beginning to visualise how your progress will serve you in the context of returning to training

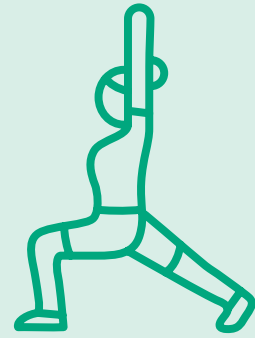
PLAYER EXPERIENCE

All players who took part in the focus groups mentioned the importance of pelvic health in the postpartum journey.

It was noted with a particular focus on returning to exercise, with one player claiming that a strong pelvic floor was essential before recommencing full training.

She attributed her success in the return to play process and lack of injuries to her pelvic floor training – both during pregnancy and in the early postpartum period.

3 Postpartum returning to exercise in preparation for returning "on-field"



WHEN DOES THIS STEP BEGIN?

- » After the women's health check and you have been given the go ahead from the relevant medical professionals to resume normal, non-specific training. This timeline for this step varies depending on each individual circumstance, ranging between six and 18 weeks approximately

WHAT DOES STEP THREE CONSIST OF?

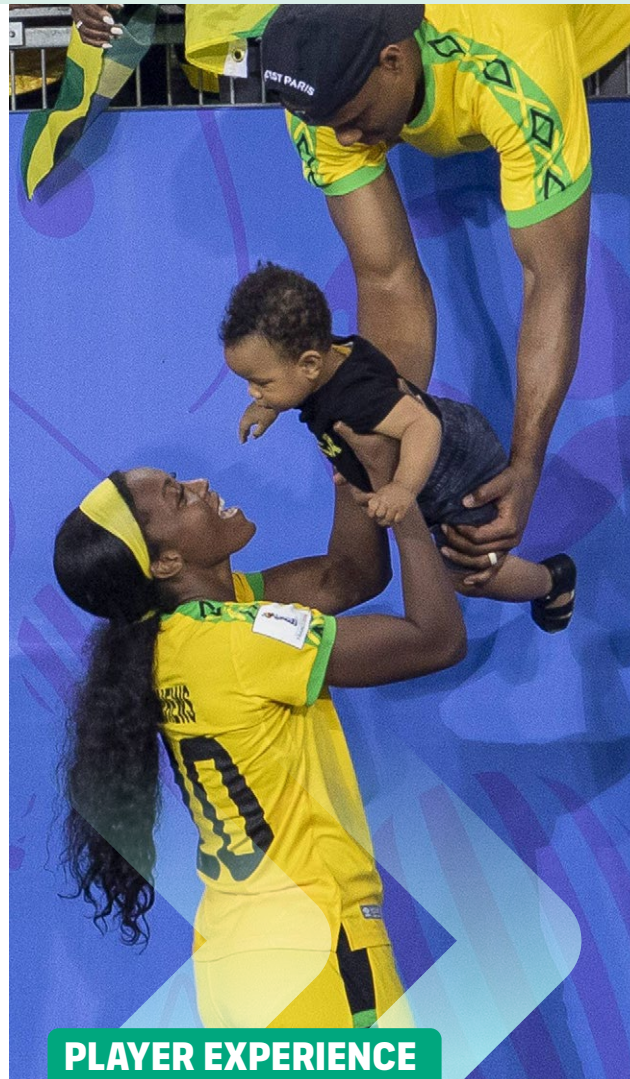
- » An increase in intensity of exercise
- » Gym-based training
- » Monitored cardio exercise
- » Continuation of pelvic floor and abdominal training
- » Strength testing and training
- » Exercises focusing on Hip mobility, stability and balance

WHOSE SUPPORT MIGHT YOU NEED?

- » A strength and conditioning coach
- » Your training coach
- » A pelvic floor specialist
- » Your club's doctor and extended medical team
- » Your national federation medical team (where applicable)
- » A nutritionist

HOW DO YOU MOVE ON TO STEP FOUR?

- » No exact timeframe can be provided for the completion of this step
- » As a player you have a right to choose and direct your journey, particularly through this phase
- » It is important to listen to your body, consider your exercise progress, and make a personal decision about when it is right for you to return to playing football



PLAYER EXPERIENCE

All players commented on how personal an experience returning to play is, and how different each woman's experience will be.

It was noted that, with this in mind, it wasn't realistic to mention specific weeks when managing expectations to return to play.

Cheyne Matthews in particular noted the importance in having a clear voice at this stage in the journey, and avoiding the pressure of hitting particular milestones within an arbitrary timescale.

It takes time to be 100% again and being able to gradually return helps both physically and mentally. No coach should be expecting a player coming back to be 100% right away.

Crystal Dunn



WITHIN A CLUB ENVIRONMENT

Most players discussed the pressure to return to play and prove their 'worth', and how the club can take steps to relieve any stress at this stage in the postpartum journey.

Sara Björk Gunnarsdóttir remarked that returning to exercise and football should be on a player's own terms, allowing them to feel good about the process and their progress within it.

The use of language when discussing the return to play process is an important tool in showing support, with one player positively recalling exchanges with her coach, in which he would enquire about her progress as opposed to simply asking "when are you coming back?". She perceived this as the coach considering the many factors

that could influence her return to play journey and, as a consequence, felt less pressure to rush the process. It was noted that while many players will be anxious to come back quickly, it is imperative to take the time to ensure that players are returning to the game safely.

The social aspect of returning to the club was also registered as being important to players, allowing them to spend time in a team environment outside of just playing and training. Being able to spend time with both club and national team colleagues was helped players feel welcomed as both a parent and a colleague. This was considered a crucial aspect of players' reintegration that it could be undertaken whenever a player felt comfortable, and should not need to follow the same timelines as returning to exercise or training.

4 Postpartum returning to football specific training



WHEN DOES THIS STEP BEGIN?

- » Once you can comfortably exercise at a pre-agreed level and have passed all health checks with your club, you can begin to return to football based activities

WHAT DOES STEP FOUR CONSIST OF?

A gradual return to football, including a re-introduction to contact training, while concentrating on aspects such as:

- » Endurance
- » Strength
- » Speed
- » Balance
- » Pelvic & abdominal muscles
- » Passing and ball work

WHOSE SUPPORT MIGHT YOU NEED?

- » A strength and conditioning coach
- » An on-field coach
- » A pelvic floor specialist
- » Your club doctor extended medical team
- » Your national federation medical team (where applicable)
- » A nutritionist

HOW DO YOU MOVE ON TO STEP FIVE?

- » Personal assessment of your own progress is essential to gauge both physical and psychological readiness
- » Speak about how you feel you are progressing with your central communicator, who can ensure that your wider support network is up to date with all aspects of your return to play journey

WITHIN A CLUB ENVIRONMENT

- » Many spoke about how they didn't feel like professional players during their pregnancy and return to play journeys, with varied experiences reported between returning to club and international environments
- » One player reported being made to feel that it was unprofessional to have her children at the national team training ground while her club in another country, in their efforts to support her as a mother, encouraged her to have her family around as much as she wanted
- » Another player spoke about how she made her own decision to keep her children away from both the training ground and matches in order to present a professional image to the club

PLAYER EXPERIENCE

All players agreed that physical changes are inevitable, in both pregnancy and postpartum, and that adapting to them takes time.

The return to play journey was discussed as a different experience for each individual which was influenced by multiple factors, with players reported significantly varying time frames between steps four and five.

One player mentioned particular performance aspects that she struggled with (such as changing direction and lateral movement) and felt that she needed a while to 'get centred' after childbirth. However, simultaneously she reported heightened levels of fitness on her return to the field, with a stronger endurance base.

5 Postpartum returning to high performance



WHEN DOES THIS STEP BEGIN?

- » Once you have successfully participated in a period of football-specific exercise of about four to six weeks - not dissimilar to preseason training - and have begun to be phased into competitive play.

WHAT DOES STEP FIVE CONSIST OF?

- » Returning to regular play in competitions with your club and (where applicable) your national team
- » Gradually building match minutes in line with what your body and mind are comfortable with
- » Considerations of player positions - for example gradually building match minutes for a goalkeeper will require a different approach than for an outfield player

WHOSE SUPPORT MIGHT YOU NEED?

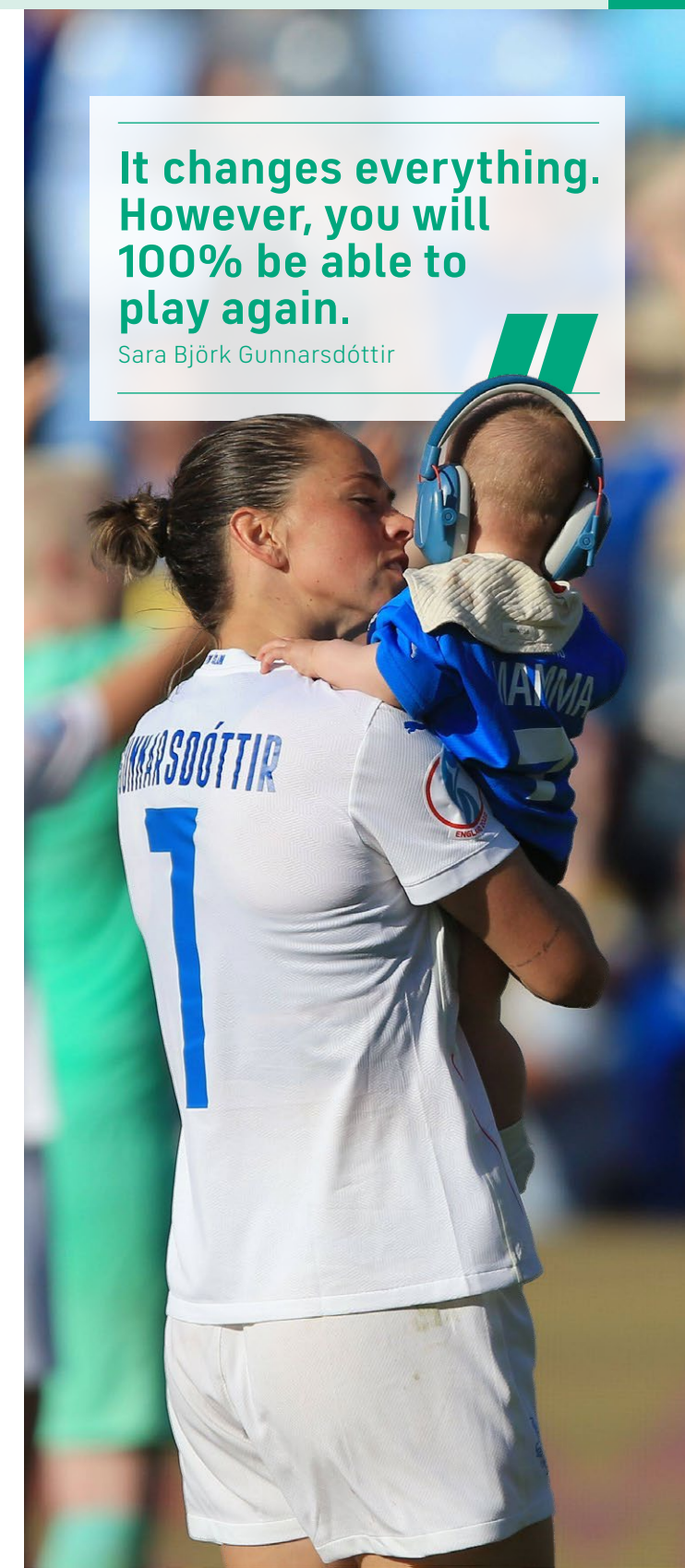
- » Your teammates
- » A physiotherapist
- » Your club coaching staff
- » Your club medical team
- » Your national federation coaching staff (where applicable)
- » Your national federation medical staff (where applicable)

HOW DO YOU COMPLETE STEP FIVE?

- » Gradually, always adhering to a pace that you find comfortable both physically and mentally.

**It changes everything.
However, you will
100% be able to
play again.**

Sara Björk Gunnarsdóttir



PLAYER EXPERIENCE

Professional footballers often link their identity very closely with the sport, meaning that any perceived deviation from the game can be viewed as fundamentally bad for them and their performance.

However, this notion was challenged by the task force who found that, while pregnancy and motherhood brought about a significant transition in their lives as professional footballers, having a child has a positive effect on them as players – both physically and mentally.

For example, it was discussed that while before a bad result or missed pass might have been brooded over, a child brought a different perspective, helping players to move on more quickly – a trait that was deemed to be beneficial to future performances. As Crystal Dunn phrased her new outlook: 'I get to go home to a beautiful baby boy- life is not that bad'.

WITHIN A CLUB ENVIRONMENT

» Sara Björk Gunnarsdóttir shared that she had a negative experience in the return to play process, and a lack of trust with her club necessitated her to conceal elements of her postpartum journey that might be perceived as problematic – such as emotion or exhaustion. However, she has since transferred to a new club, and has a far more secure relationship with the coach and staff, creating an environment in which she feels comfortable being honest about her progress – without fear of being dropped from the team. Her experiences taught her that clubs need to understand the journey that players are going through in order to make them feel supported. This in turn gives players the confidence and space to perform to their maximum, instead of having their performance plagued by worry

» It was noted by one player that, as a goalkeeper, there were specific difficulties encountered with regards to building game time. She described that her position is very often concretely decided before a game with minimal opportunities to 'sub-in' – which denies returning keepers the short bursts of game time to test their fitness that outfield players can benefit from. It was discussed that specific planning would be recommended for future cases such as this, in order to create 'game moments' for players in this final step of their postpartum journey



People think this will completely destroy our careers – this wasn't the case; I gave birth to a beautiful boy.

Sara Björk Gunnarsdóttir



Case Study

Postpartum Return to Play Home vs. Away



Within the player task force were broad ranges of experiences and circumstances. As stated throughout the PPRTP Guide, each journey is individual, and this can be largely impacted by the context of the work environment for the player. In this section we explore in detail the return to play journey of two players, with a focus on the differences between playing football in your home country or abroad.



CRYSTAL
DUNN



SARA BJÖRK
GUNNARSDÓTTIR



I'm a player,
I'm still there.

Crystal Dunn



HOME CASE STUDY

While all players discussed the importance of a dependable team in relation to their physical football performance, many also highlighted the key role that their personal support network, such as their close family and partner, played in their return to the game.

Crystal found that the proximity of her club allowed her to have continuous communication with her team – both throughout her pregnancy and immediately postpartum. She described herself as remaining very much within the club environment after discovering she was pregnant, which allowed her to continue training, but in a reduced capacity that prioritised the health of her and her baby.

She highlighted the significance of the relationship with the team of experts around you at this time, with a necessity for them 'be built on trust'. She was put in contact with a pelvic floor specialist whom she saw three or four times a week, as well as continuing to work with the club's strength coach and athletic trainers throughout her pregnancy and into her postpartum period. Crystal didn't want to 'disappear' on account of her pregnancy and wanted to be connected to the team for as long as possible.

This seamless integration with the team continued until she gave birth, and it gave her peace of mind that she wouldn't be forgotten as a player, suggesting that distancing herself from football might have resulted in an 'out of sight, out of mind' effect.

Crystal was reintroduced to the club environment as soon as she felt it was possible, and just two months after delivering her son she was back on the field as a competitive player. She reported that having her baby didn't make her feel like any less of an athlete, and that she continuously considered herself as part of the team.

Her experiences have made her an advocate for remaining within a club environment, while adapting your role there to follow a pregnancy plan. She feels that this inclusion can relieve the anxiety that players might have about their return to the game, with regards to their position in the team and, in some cases, even their contract.

More weight was lifted off my shoulders, allowing me to be able to focus on returning; showing up and doing what I needed to do, as well as being a mum.

Crystal Dunn

PLAYER

CRYSTAL DUNN



Crystal Dunn plays football and gave birth in her home country, the USA.

Crystal played for Portland Thorns FC in her home country, with her family living nearby, stating that "without them, it wouldn't be possible".



It's your career it's your body, you make the decisions, and the club have to be 100% on board.

Sara Björk Gunnarsdóttir

PLAYER

SARA BJÖRK GUNNARSDÓTTIR



Sara Björk Gunnarsdóttir returned from France, where her club was based, to Iceland to give birth to her child at home with her family and partner.

AWAY CASE STUDY

Sara Björk, who was living and working abroad when she found out she was pregnant, decided to move home to be around family during this time of her life.

However, once she was there, she found that her club would stop contacting her, and left her unable to benefit from their trainers or expert advice. Sara Björk had to proactively reach out to specialists of her own accord, including a strength coach, pelvic floor classes, and a female health sports scientist, while coordinating her own training programme during pregnancy and immediate postpartum.

Outside of the club environment, she tried to maintain the same routine alongside pregnancy classes, listening to her body's needs and limitations as she went. However, pregnancy, combined with the club stopping all contact with her, made Sara Björk feeling not like herself, and during her experience she just wanted someone to tell her: 'You are still important, and relevant'.

Upon returning to her club, away from both her partner and family, Sara Björk said she felt that she was 'out of their plans', and she struggled to find a routine between her training and childcare.

Living on her own meant that she couldn't rely on her personal support network to help with the baby, and instead had to utilise babysitters and kindergartens so as to be able to return to work. With her child being her first priority, Sara Björk found that she had to sacrifice factors of her own recovery that were previously essential to her as a footballer, such as sleep and nutrition, in order to balance her role as both a player and a mother. While she found the experience extremely tough, she was proud of what she accomplished.

Sara Björk expressed thoughts on how things could've been done differently, stressing that had she been properly supported she would have been able to focus more on her pregnancy and return to play journey. She found that the lack of trust in her club meant that she was unable to effectively communicate about aspects of her recovery, for fear that any 'lack of progress' would be negatively received.

Since then, Sara Björk has changed clubs and has found herself in an environment which allows her to prioritise her career and motherhood simultaneously.

Everything was so uncertain, nobody knew how to deal with anything.

Sara Björk Gunnarsdóttir



02

Guide for Entourage



The FIFPRO Postpartum Return to Play (PPRTP) guide, which has been developed through a distinct player-centric lens, is intended to support not only players, but their clubs, leagues, federations, and any other party involved at any stage of a player's pregnancy and postpartum journey.

This section has been developed specifically with this 'entourage' in mind, providing guidance for anyone who plays a supporting role in a player's pregnancy, including family members, friends, teammates and technical staff.

This is not intended to be followed as a strict step-by-step manual, but rather as a non-prescriptive guide for those who find themselves lacking the necessary information in key moments of a player's pregnancy and postpartum journey.

As with the players' guide, this has been broken down into six stages, with flexible timescales to accommodate the varying needs for each individual player.

For entourage this guide begins upon finding out about a pregnancy, as it is at a player's discretion as to when they wish to share this information.

WHO IS THIS SECTION FOR?

This section aims to offer guidance to anyone who is supporting a player throughout their pregnancy and postpartum journey.

This could include, but is not limited to:

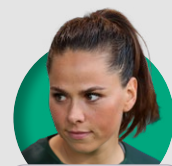
- » Personal / independent doctors (of the players choice)
- » Physiotherapists
- » Club doctors
- » National team doctors (if applicable)
- » Team managers
- » Strength & conditioning coaches
- » Wellbeing / psychological support (club, private, or Union)
- » Women's health specialist (arranged with the club)
- » Nutritionists
- » Central communicators (or liaison officers)
- » Teammates
- » Family/ friends/ additional support

The PPRTP was developed by players for players, and has been led by a task force who have personally experienced their own postpartum return to football. This personal guidance has been supported by advice from a team of medical experts, specialising in areas that are most relevant to the postpartum journey.





THE PLAYER TASK FORCE



SARA BJÖRK GUNNARSDÓTTIR

Sara Björk Gunnarsdóttir currently plays as a midfielder for Juventus in the Serie A Femina and retired from international football in 2023 - having accrued 145 caps for Iceland. The 2019/20 UEFA Women's Champions League winner gave birth to her son in November 2021, returning to the pitch four months later.



CRYSTAL DUNN

Crystal Dunn alternates as a winger for Gotham FC in the National Women's Soccer League (NWSL) and a left-back for the US Women's National Team, with whom she lifted the FIFA Women's World Cup trophy in 2019. In May 2022 she welcomed her first child into the world, returning to training 112 days later.



CHEYNA MATTHEWS

Mother of three Cheyna Matthews recently retired from both club and international football, having balanced motherhood and her professional career for five years. She most recently played for the Chicago Red Stars in the NWSL and the Jamaica Women's National Team - playing in her country's FIFA Women's World Cup debut in 2019.



ALMUTH SCHULT

Almuth Schult is a German international goalkeeper, who has played for clubs in both Germany and the USA. The 2016 Olympic Gold Medallist gave birth to twins in 2020, and a third child in August of this year. Almuth recently signed a new contract with Hamburger SV in the 2. Bundesliga.

THE MEDICAL EXPERTS



DR. PIPPA BENNETT

Director of Clinical Governance | Paralympic Chief Medical Officer
UK Sports Institute



DR. RITA TOMÁS, MD, MS

Portuguese Football Federation, Health & Performance Unit
Team Physician, Women's National Team



PROF. KIRSTY ELLIOTT-SALE

Professor of Female Endocrinology and Exercise Physiology
Manchester Metropolitan University's Institute of Sport



PROF. DR. VINCENT GOUTTEBORGE

Chief Medical Officer
FIFPRO

PRE-PREGNANCY & INTO PREGNANCY



STEP 2
POSTPARTUM
5-7 WEEKS
women's health check



STEP 4
RETURNING TO FOOTBALL
SPECIFIC TRAINING



STEP 1
POSTPARTUM
0-6 WEEKS
returning to early exercise



STEP 3
RETURN TO EXERCISE
AS OF WEEK 12
in preparation for returning "on-field"



STEP 5
RETURNING TO
HIGH-PERFORMANCE



Pre-partum Recommendations



WHO DOES A PLAYER'S 'ENTOURAGE' CONSIST OF?

- » Anyone who, with the players permission, plays a key role in the pregnancy and return to play journey

WHEN IS MY SUPPORT REQUIRED?

- » The moment the player informs you of their pregnancy

WHAT IS THE DESIRED OUTCOME OF MY INVOLVEMENT?

- » The player feels supported in all aspects of their journey, from pregnancy to returning to play
- » A support network that can be relied on not only to help in each individual field, but to converse effectively via a central communicator in order to relieve players of organisational burdens

HOW CAN I ENSURE THE BEST POSSIBLE EXPERIENCE FOR THE PLAYER?

- » Ensure that every task is undertaken with a player-centred approach
- » With the players permission, sit down with other key actors in the entourage to develop a collaborative plan for each step of the players' journey
- » Make sure that all parties (such as clubs and federations) are taken into consideration



Player experiences of entourage support

In the focus groups players spoke about the impact that key actors could have upon a pregnancy and return to play journey.

Below are significant areas that players reflected on in relation to the support of their entourage.

CHOOSING THEIR OWN EXPERTS

Of utmost importance to the task force was that the players can trust the team of experts surrounding them throughout their pregnancy and return to play journey.

For this to be achieved, players must have the autonomy to choose the specialists that will guide them through

COMMUNICATION WITHIN THE TEAM OF EXPERTS

There were mixed reviews around working with multiple specialists, and all players agreed that a trusted central communicator would improve the experience greatly. This role should be undertaken by someone that the player can trust, who can ensure that all relevant parties are informed and involved where appropriate in the larger return to play plan.

BEING ABLE TO ENJOY THEIR PREGNANCY

The players discussed that access to information and specialists to guide them through the pregnancy and postpartum journey would result in them being able to relax and enjoy the experience more. Many spoke

PERSONAL SUPPORT NETWORKS

While players spoke in detail about the importance of support in their physical performance, the key role played by family and friends was also discussed. Many cited the crucial support they received outside of the football

The relationship needs to be built on trust.

Crystal Dunn



this period. In some cases, roles (such as the club doctor) may already be decided, but it should be ensured that the player feels comfortable with this arrangement, and if they desire access to another medical professional this should be arranged without disagreement.

Almuth Schult shared the opinion that having this structure in place would result in a player 'feeling important, feeling like they want you back.'

While a central communicator was found to be a crucial asset in the process, it was reinforced that the return to play journey should still be very much led by the player, and that their voice should guide every decision in the journey.

of having to seek this help of their own accord, while adopting a trial-and-error approach to planning both their pregnancy and return to play.

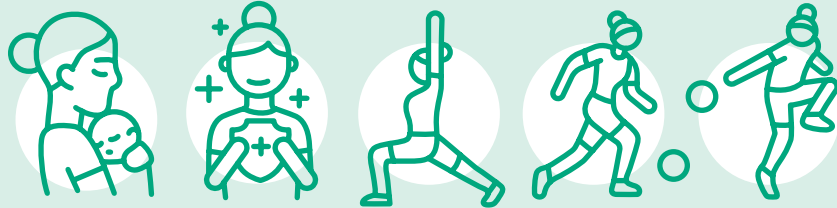
environment in their return to play journey, with one player stressing the importance of finding your 'village' before the baby is born.

I should have been supported and been able to focus on pregnancy and birth and returning to play

Sara Björk Gunnarsdóttir



Postpartum Section



WHAT DOES THIS SECTION COVER?

The postpartum period, which begins immediately after birth, through maternity leave, and until return to high performance football

- 1** return to early exercise
- 2** pelvic floor health check
- 3** preparation to return "on-field"
- 4** return to football training
- 5** Return to high-performance

HOW CAN IT BE USED?

- » Follow the postpartum steps one through five for guidance on how best to support the player at each stage of their journey
- » Be aware of the larger plan and those involved in it, allowing you to assess how and when your support can be best utilised
- » Note additional pressures that a player could be facing at this time, such as childcare, travelling, etc., and take these into consideration whilst planning your support
- » Ensure that you are collaborating effectively with other members of the entourage, using a central communicator so as not to overwhelm the player



WHO CAN IT BE HELPFUL TO?

Anyone playing a key role in the players pregnancy and return to play journey, including (but not limited to):

- » Personal / independent doctors (of the players choice)
- » Physiotherapists
- » Club doctors
- » National team doctors (if applicable)
- » Team managers
- » Strength & conditioning coaches
- » Wellbeing / psychological support (club, private, or Union)
- » Women's health specialists
- » Nutritionists
- » Central communicators
- » Teammates
- » Family/ friends/ additional support

WHAT CAN IT ACHIEVE?

- » Places the player at the centre of their own return to play journey
- » Ensures that you have fulfilled your role at each step of the process
- » Keeps all members of the team updated on the player's progress
- » Allows all timelines to be adapted to the players unique return to play journey, ensuring that they are physically and mentally comfortable with the pace, and that all relevant parties can plan accordingly

Entourage support in significant aspects of a players postpartum journey

This section covers specific features that players discussed as relevant throughout the five steps of the postpartum journey.

Their experiences should make entourage aware of the additional challenges that can affect a player throughout the process, offering context and guidance on how to integrate these factors into the return to play planning.

NUTRITION

All players presented nutrition as a key component in both their pregnancy and return to play journeys. It was unanimously agreed that working closely with a nutritionist or dietician was of paramount importance while adapting to changes in training.

While many felt that they didn't need to specifically change their diet during this time, it was established that guidance around supplements and eating to support themselves and their baby during training would be extremely beneficial.

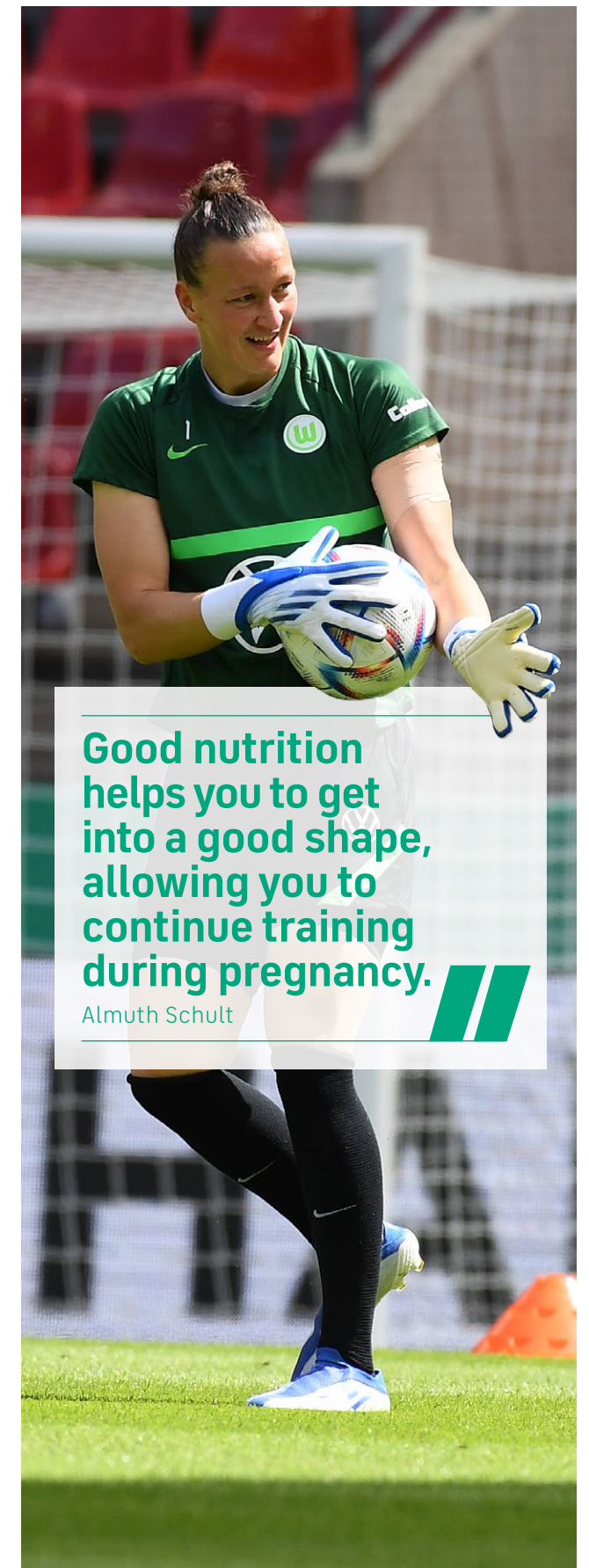
MENTAL HEALTH

Players cited mental health as a significant factor in the return to play journey, with physical changes to their bodies during pregnancy being widely shared as a reason for needing support in this regard.

It was acknowledged that, in their role as professional footballers, there is often pressure to look a certain way and weigh a particular amount. This stress can be exacerbated during pregnancy, as a result of the lack of control over the changes that a player's body experiences. This was perceived as having the potential to shift perception of body image, leading to poor mental health as a result.

With this in mind, it was discussed that qualified mental health support should be a critical component in planning any players return to play journey.

One player in particular highlighted the prevalence of postpartum depression, and that more guidance was needed for players on how to navigate this, as well as post-birth hormonal changes. She suggested clubs providing educational resources for pregnant players on how their mental health can be affected during this time.



Good nutrition helps you to get into a good shape, allowing you to continue training during pregnancy.

Almuth Schult

BEING A MOTHER IN A FOOTBALL ENVIRONMENT

Many spoke about not feeling like professional players during their return to play journey, and their contrasting experiences with having children in a football environment.

One player described her club making her feel that having her children at the training ground was a distraction, while another shared that she proactively kept these two aspects of her life separate so as to be seen as professional.

However, many women reported that having children in the training and match environment resulted in a positive impact not only on the mothers, but the team in general.

All the players spoke strongly about being role models for returning to top level football after pregnancy, and

SUPPORT OFF THE FIELD

Many of the players spoke about the significant role played by their friends and immediate family in their return to play journey, with widely different experiences reported between those playing in their home country, and those playing abroad.

Players who worked in their home country often had an established personal support network, who could help with childcare while they were training, playing or travelling. However, those who worked abroad often had to rely on kindergartens and babysitters to provide them with the space needed to resume their careers after maternity leave.

wanting to highlight that they don't have to choose between their careers and motherhood.

A current lack of guidance was highlighted, with a number of players citing an opportunity to educate others, especially male coaches, on the return to play process - helping to change the narrative for pregnant professional footballers. It was felt that an improved general understanding of pregnancy in football would increase empathy, diminish stereotypes, and ultimately create an easier path for players to return to top level competition after giving birth.

The collective group of experts, or entourage, are crucial not only in supporting players in this regard, but also in observing and endorsing the return to play process.

This lack of support was found to present additional challenges such as sleep deprivation, lack of recovery time, and adequate nutrition - all aspects that would have been prioritised as professional athletes beforehand.

Entourage should pay particular attention in cases which finds a player without a personal support network, such as those playing abroad, ensuring that they have access to the necessary support required to comfortably balance their roles as both footballers and mothers. This can include anything from providing childcare, to facilitating the player to travel with the child when needed.

There was pressure to keep them away, so I could fit in as much as possible, and have a fair chance of competing ...

Cheyne Matthews



1 Postpartum returning to early exercise



WHEN DOES THIS STEP BEGIN?

- » From week zero onwards

WHAT DOES STEP ONE CONSIST OF?

- » Helping the player with gentle exercises focusing on pelvic floor and core stability
- » Taking delivery methods, such as c-section or vaginal birth, into account while planning a player's progression

WHOSE SUPPORT MIGHT THE PLAYER NEED?

- » A physiotherapist who specialises in women's health
- » A pelvic health specialist
- » A nutritionist
- » Their club's medical team, including:
 - » Physiotherapist or sports scientist
 - » Strength & conditioning coach
 - » Medical doctor
 - » Physical therapist
- » Your national federation's medical team (where applicable)
- » Family/ friends/ additional support

HOW TO HELP THE PLAYER MOVE ON TO STEP TWO?

- » Ensure that all progress is centred around the player's specific needs
- » Let a gradual approach guide the early stages of the return to play process (hyperlink to the incremental programme)
- » Establish timeframes with both players and entourage, while ensuring that all parties treat these as guide as opposed to deadlines - as every player's journey will be different
- » Complete a basic assessment of the player's progress within your area of expertise



PLAYER EXPERIENCE

All players within the focus groups mentioned the significance of pelvic floor training postpartum, and how important it is to work with specialists who have particular knowledge and experience in this field.

Within the four case studies presented, the availability of this service to the pregnant player was variable; while one was put in contact with a specialist directly through their club, the other three were left to seek these resources independently. One player noted her difficulties in accessing pelvic floor expertise online, and expressed that this information should be readily supplied to players through their clubs.

Players generally discussed their own limited knowledge of pelvic health and training before pregnancy, coming to the conclusion that there was a need for women to have accessible and reliable education on this topic.

2 | Postpartum pelvic floor health check



WHEN DOES THIS STEP BEGIN?

- » Once step one has been completed (usually around six weeks after birth)

WHAT DOES STEP TWO CONSIST OF?

- » A women's health assessment

WHOSE SUPPORT MIGHT THE PLAYER NEED?

- » A pelvic floor specialist, with support from:
 - » A Personal doctor
 - » The club medical team
 - » The national federation medical team (where applicable)
 - » A nutritionist

HOW TO HELP THE PLAYER MOVE ON TO STEP THREE?

- » Collaborate with the pelvic floor specialist across all relevant fields, ensuring the player's voice guides every decision
- » By utilising the central communicator, begin to place the player's progress within context of returning to more strenuous exercise and training

PLAYER EXPERIENCE

All of the players spoke about difficulties finding advice on the return to play process, resulting in a trial-and-error approach to their own personal experience. However, pelvic floor training was consistently mentioned as a key factor of postpartum recovery.

One player in particular stressed that a strong pelvic floor was essential before returning to full exercise and training. She maintains that her pelvic floor exercises throughout both pregnancy and postpartum are responsible for her successful and injury-free return to play.

Another player spoke about how she took learnings from her first pregnancy to guide her focus in the



future. While she initially concentrated on strength work in her return to play journey, she realised how important specific programming towards pelvic floor and core exercises were, and incorporated these in her subsequent pregnancies.

One participant noted a lack of emphasis on core training in her general playing career, and when she returned to training postpartum she reported that her legs felt fine, but that her core strength and stability was completely thrown off. She said that this impacted her balance and therefore became the main focus of her return to play journey, citing it as the number one thing needed to get back after pregnancy.

3 | Postpartum return to exercise in preparation for returning "on-field"



WHEN DOES THIS STEP BEGIN?

- » After a player has successfully passed their pelvic floor assessments to the satisfaction of the relevant specialists. The timeline for this step varies depending on each individual circumstance, ranging between six and 18 weeks approximately

WHAT DOES STEP THREE CONSIST OF?

- » Supporting the player's return to exercise, including:
 - » Gym-based training
 - » On-field training
- » Incorporating supportive exercises, such as:
 - » Continuation of pelvic floor and abdominal training
 - » Strength testing and training
 - » Hip mobility, stability and balance

WHOSE SUPPORT MIGHT THE PLAYER NEED?

- » A strength and conditioning coach
- » A training/ on-field coach
- » A Pelvic floor specialist
- » The Club doctor and extended medical team
- » The National federation medical team (where applicable)
- » A nutritionist
- » A central communicator
- » Family/ friends/ additional support

HOW TO HELP THE PLAYER MOVE ON TO STEP FOUR?

- » Due to the individual nature of each player's return to play process, especially at this stage, an exact timeframe cannot be issued for the completion of step three
- » With this in mind, it is the responsibility of all entourage to ensure that the player has autonomy over all decisions relating to their postpartum journey
- » Ensure that the player is progressing at a pace that suits their circumstances, and that no pressure is placed on them to speed up the process

PLAYER EXPERIENCE

The individual nature of the return to play journey was highlighted, with all players stating that every woman will have a different experience. As a result, it was unanimously expressed that the return to play journey should be player led, without undue pressures from the club or other key actors.

A frequently articulated sentiment amongst the players was a pressure to 'prove their worth' to their clubs. It was discussed that a level of trust must be achieved through collaborative planning and protected player dialogue, so as to avoid pressure to conform to irrelevant timelines.

The importance of communication was touched upon by one player, who mentioned that her coach's use of language helped her feel supported during her return to play journey. Questions such as 'when are you coming back?' were replaced with more open inquiries, such as asking about how she was progressing. The player thought that this reflected an understanding of how many factors could influence the return to play journey and felt less pressurised as a result.

It takes time to be 100% again and being able to gradually return helps both physically and mentally.

Crystal Dunn

4 Postpartum returning to football specific training



WHEN DOES THIS STEP BEGIN?

- » Football based activities can recommence once the player can comfortably exercise at a pre-agreed level, having passed all health checks with the club

WHAT DOES STEP FOUR CONSIST OF?

- » Completing exercise milestones across multiple training areas, including:
 - » Endurance
 - » Strength
 - » Speed
 - » Balance
 - » Pelvic and abdominal
- » Gradual return to football, including:
 - » Passing and ball work
 - » Introduction to contact training

WHOSE SUPPORT MIGHT THE PLAYER NEED?

- » A strength and conditioning coach
- » An on-field coach
- » A pelvic floor specialist
- » The club medical team
- » The national federation medical team (where applicable)
- » A central communicator
- » A nutritionist

HOW TO HELP THE PLAYER MOVE ON TO STEP FIVE?

- » Allow the process to be guided by the player's own personal views, taking both physical and psychological readiness into account
- » Ensure collaboration between all members of the entourage, creating a safe environment where player trusts and feels valued by the key actors in their journey



PLAYER EXPERIENCE

Feeling trusted and valued by both club and national team was seen as a key factor in a positive return to play journey. This is where the central communicator can be most effective in establishing and maintaining relationships within the wider entourage, ensuring that the player always feels supported and respected.

PHYSICAL CHALLENGES

Significantly different timelines were reported in the focus groups, with players putting this down to a variety of factors that come into play between step four and step five. The consensus was that this variability should be actively acknowledged and supported by entourage.

All players reported physical changes in their bodies requiring recovery time, however the specifics were individual to each experience. One player noted that, while she felt her fitness upon returning to training was at a peak, there were particular aspects of her performance which she particularly struggled with, such as changing direction and lateral movement. Another player reported that pregnancy had appeared to impact all aspects of their football performance.

PRESSURE TO PERFORM

Two players reported feeling pressured to resume full training before they were ready, with one in particular mentioning that her salary was dependent on completing this stage of her return to play journey – despite the negative effects this could have on her recovery process.

Another player was forced to hide any 'weaknesses' upon her return, pushing through training despite her exhaustion as a result of not wanting the club to have 'anything on her.' She acknowledged the lack of trust that led to this situation and has since moved to a new club where she feels much more secure in her place as part of the team.

BEST PRACTICE

A positive situation was reported in which the player experienced no pressure from either her club nor coaches about her return to training, and she felt support throughout for the duration of her journey. The head coach was kept informed about her overall plan, and she was safe in the knowledge that the club was comfortable with her returning on her own terms.

A central communicator at the heart of a team of experts would be essential to a smooth process at this stage, ensuring that all parties are up to date and happy with the players progress, relieving the player of any stress that might cause them to push beyond their current capabilities.

5 | Postpartum returning to high performance



WHEN DOES THIS STEP BEGIN?

- » Once the player has completed an on-field preparation phase of around four to six weeks – not dissimilar to preseason training – and has begun a phased return to match days.

WHAT DOES STEP FIVE CONSIST OF?

- » Supporting the player in their return to competition
Introduction of match minutes, to be gradually increased over time
- » Taking positional differences into account, e.g. obtaining match minutes as a goalkeeper rather than an outfield player

WHOSE SUPPORT MIGHT THE PLAYER NEED?

- » Teammates
- » A physiotherapist
- » The club coaching staff
- » The national federation coaching staff (where applicable)
- » The club medical team
- » The national federation medical team (where applicable)

HOW TO HELP THE PLAYER COMPLETE STEP FIVE?

- » Ensure that the return is a gradual and ongoing process, and that the player is both physically and mentally prepared to complete the final step of their postpartum journey

There is a perceived incompatibility between being a footballer and a mother.

Cheyna Matthews



PLAYER EXPERIENCE

Positional differences posed one of the main challenges in this stage of the journey, with one player calling out the difficulties of gradually building gametime as a goalkeeper. She described minimal opportunities to test fitness, as the short substitutions that outfield players can benefit from are not common in her position.

Entourage should engage in specific planning for future cases such as this, creating 'game moments' to give keepers experience before completing the final step of their postpartum journey.

The importance of enjoying the pregnancy was also reflected on by players, who in some cases felt that lack of support and information caused them to worry about the future postpartum phase of their journey. Taking the responsibility of collaborating plans and specialists off the players shoulders can allow them to fully embrace the experience of pregnancy and new parenthood, while comfortably progressing towards their return to a high level of performance.



03 Guide for regulatory changes



PURPOSE

After developing and leading the process of the creation of pregnancy and maternity protections for professional football players in the FIFA Regulations on the Status and Transfer of Players, FIFPRO has reviewed the current protections together with players who have experienced pregnancy while playing and other professional experts.

As such, FIFPRO has developed a Guide to assist players, clubs, leagues, federations and their entire entourage on the process of pregnancy, maternity and post-partum return to competition, in order to make it smoother, clearer, more efficient, and enjoyable for the mother-to-be.

During the process of the creation of the Guide some issues were highlighted as fundamental, and therefore requiring international and/or national mandatory regulation, as minimum standards. The aim of this regulatory section is to create basic standards that will be introduced and complied with all around the world, so that each and every player can have the basic protections (both pre-and post-partum) when deciding to start a family.

EDUCATION ON PREGNANCY, MATERNITY AND RETURN TO COMPETITION POST-PARTUM

- » Every football club / league / Federation which employs or uses the services of professional women's football players shall organise annually a workshop for all players and club staff members on pregnancy, maternity and return to competition post-partum, making a clear reference to the rights of the players granted by the FIFA RSTP, national legislation and collective bargaining agreements (CBA), if applicable
- » Should there be a FIFPRO member union in the country, clubs / leagues / federations are strongly advised to run this workshop in collaboration with the FIFPRO member, together with a club and/or FA physician
- » Should there be no FIFPRO member in the country, clubs / leagues / federations are strongly advised to run this workshop in collaboration with FIFPRO Global

COMMUNICATION DURING PREGNANCY AND POST-PARTUM

- » The club / league / federation and the player may come to an agreement that the player can go through her pregnancy and/or maternity leave in a different country to the club / league / federation's country
- » Should this agreement be reached, the club / league / federation shall have a duty to keep in regular contact with the player, checking in on her, and making sure that all the services that are to be mentioned in the following articles shall be provided and all her rights are duly respected
- » Likewise, the player shall have the duty to communicate and update the club regularly on relevant developments
- » The above shall not apply for the maternity leave, the period in which the player is off, and shall not be contacted, unless there is an express agreement to the contrary



PREGNANCY AND POST-PARTUM PLAN

- » Soon after, and in no case more than one month after the player decided to inform the club/ league / federation about her pregnancy, the player, the club/league/federation and the relevant Liaison Officer (see section liaison officer - page 46) shall convene for the creation of a plan on pregnancy, maternity leave and return to exercise, return to football and return to competition, for that specific player
- » In this plan, the parties may, for example, agree to a longer maternity leave, nanny/daycare support, flexibility for companion during trips to travel with baby, provision of certain specialists, and shall agree on the way of communication forward. In no case shall this agreement be used to diminish/ elude the already granted rights to players by law, regulation or CBA
- » The plan shall be mandatory, but may be reviewed periodically, to adjust to possible changes that had not been foreseen, in connection to the player's health and needs

PROFESSIONAL SERVICES PROVIDED

It shall be recognised that professional players who are pregnant need to take good care of their body and mind, and that this shall be done with the guidance and funding of the club / league / federation.

All clubs, leagues, federations who employ or use the services of professional players who become pregnant should provide the players with the services of the professionals mentioned below, regardless of whether the player continues to play or remains in the country of the club during her pregnancy and post-partum.

PHYSIOTHERAPIST WITH PELVIC FLOOR SPECIALISATION

- » Federations, leagues and/or clubs shall provide the services of a Physiotherapist with certified pelvic floor specialisation, who will accompany the pregnant player all through pregnancy and post-partum, and in any case at least until the player has returned to competitive football
- » If the player is abroad, she shall be responsible for looking for a Physiotherapist with pelvic floor specialisation, and the club shall reimburse her or directly pay for these services, up to the amount that the services would have cost in the country of the club, unless there is a health insurance coverage in place that covers said costs under better financial conditions

STRENGTH AND CONDITION COACH/ ATHLETIC TRAINER SPECIALISED ON PREGNANT ATHLETES

- » Federations, leagues and/or clubs shall provide with the services of a Strength and Conditioning Coach/ Athletic Trainer, with specific certified education on pregnant athletes, who will accompany the pregnant player all through pregnancy and post-partum, at least until the player has returned to competitive football
- » If the player is abroad, she shall be responsible for looking for a Strength and Conditioning Coach / Athletic Trainer, and the club shall reimburse her or directly pay for these services, up to the amount that the services would have cost in the country of the club unless there is a health insurance coverage in place that covers said costs under better financial conditions



MENTAL HEALTH SPECIALIST

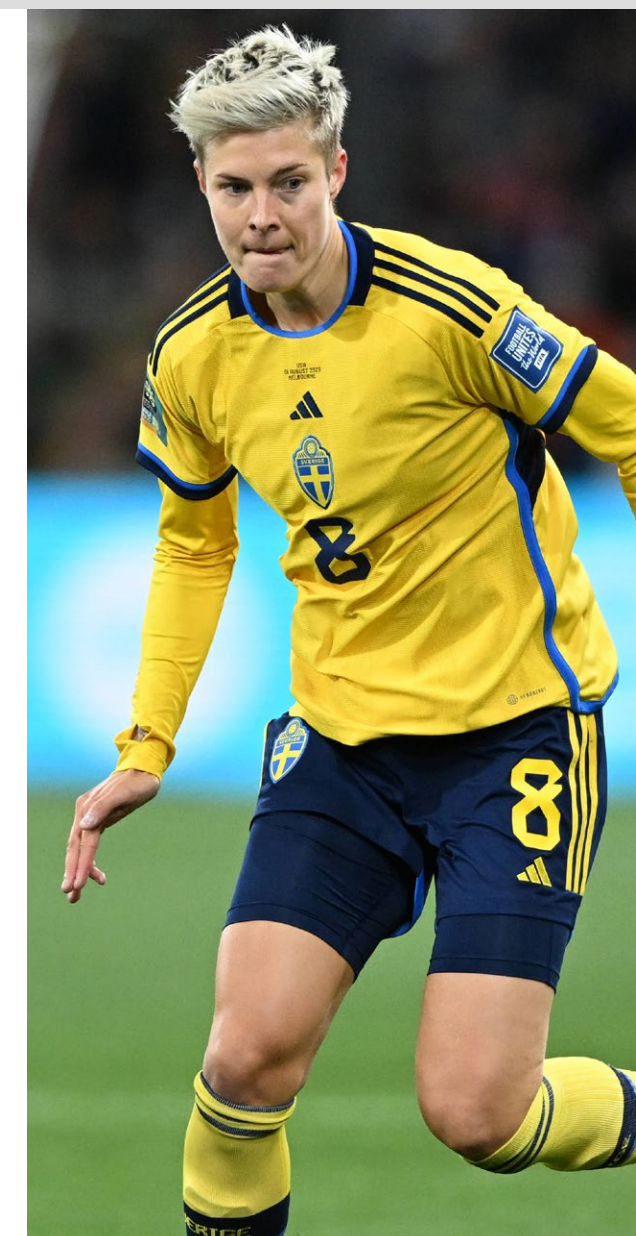
- » All through pregnancy and post-partum, the Federations, leagues and/or clubs shall make available, free of charge, mental health support to players
- » The mental health support will be provided in the form of a professional who will be available to the player at least once per week, as well as during emergencies. If the player prefers this professional to be a woman, the club will make the relevant arrangements to this extent. When possible, the club shall have a list of at least five professionals in mental health, who are diverse, that could be accessed by players, so that there is a possibility to choose
- » If the player is abroad, she may choose to:
 - » use the services of the mental health specialists provided by the club, online
 - » look for a mental health specialist in the country where she is, so that she can have physical meetings. In this case, the club shall reimburse her or directly pay for these services, up to the amount that the services would have cost in the country of the club unless there is a health insurance coverage in place that covers said costs under better financial conditions

LIAISON OFFICER

- » The Club, league, Federation shall appoint a Maternity liaison officer to be the connecting person between all the club staff and the player, so that there is one designated point of contact for the player through her pregnancy and post-partum
- » The player shall have the right to consent or not to the person appointed as Liaison Officer, as this person shall be a trusted individual to the player. The Federation, league, club shall provide further options for a designated contact point if the player does not consent to the suggested Liaison Officer
- » The task of the liaison officer shall be to gather all the information regarding the player, make sure everyone is informed of the relevant matters, so that any action is coordinated, and centralise any matters where the decision of the player is needed, so that the player can focus on the return to competition. The Liaison Officer shall be in charge of the communication, logistics and advocacy of the player towards the club

NUTRITIONIST

- » If the Club, league, Federation does not have an inhouse nutritionist, they shall make available a nutritionist with certified sports specialisation, free of charge, from the moment the player informs that she is pregnant and until the player returns to competition, as a minimum
- » The nutritionist shall have regular meetings with the player. These meetings shall be as a minimum every 2 weeks, unless otherwise agreed with the player



- » If the player is abroad, she shall be responsible for looking for a nutritionist with sports specialisation, and the club shall reimburse her or directly pay for these services, up to the amount that the services would have cost in the country of the club unless there is a health insurance coverage in place that covers said costs under better financial conditions

PLAYER'S HEALTH ASSESSMENT

- » The Physiotherapist with certified pelvic floor specialisation together with the player's doctor shall provide with an expert assessment on the changes in the body of the player with specific focus on the pelvic floor and core stability between week 6 and 7 post-partum. This shall be done in the form of a Standardised Protocol.
- » The Player's health assessment shall be used as the basis for the planning of exercises and return to competition, and also as a basis for review of the post-partum plan, drafted during pregnancy between the player and the club (Pregnancy and post-partum plan - page 43)



KEY TERMS

CENTRAL COMMUNICATOR

A person within a player's support network that can collaborate with the rest of the team or 'entourage' to ensure that everyone is up to date on a player's journey, taking this responsibility off the shoulders of the player themselves.

ENTOURAGE

This includes anyone who plays a supporting role in a player's pregnancy, including family members, friends, and technical staff.

FOCUS GROUPS

There were multiple focus groups which invited players to share their own pregnancy and postpartum experiences. These conversations were collated and used to form the foundation of the PPRTP guide.

PERFORMANCE LIFESTYLE ADVISER

An adviser that works on a one-to-one basis with players, analysing and adapting aspects of both their personal and professional lives in order to produce the optimum environment for athletic success.

PPRTP

The Pregnancy and Postpartum Return to Play guide.

RSTP

FIFA Regulations on the Status and Transfer of Players (RSTPs).

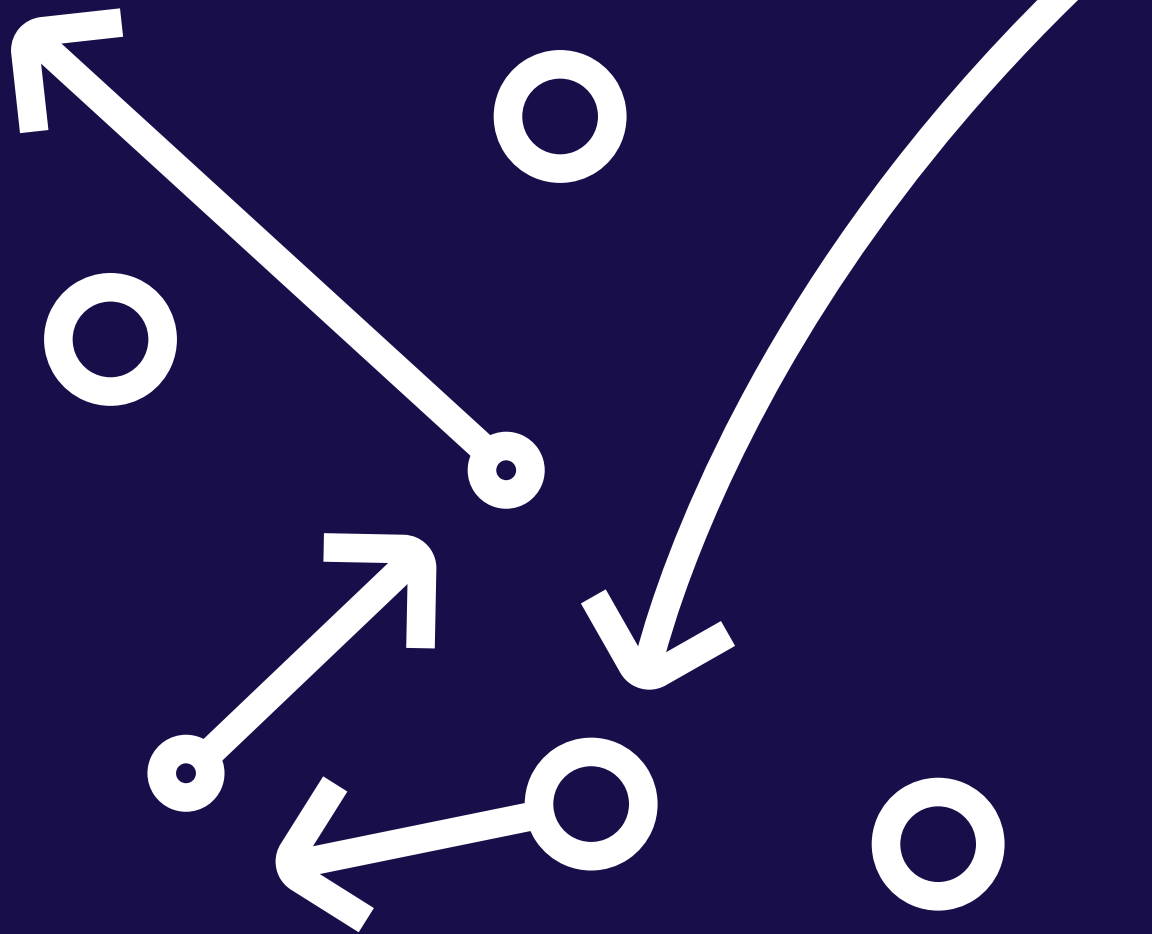
TASK FORCE

The content and production of these guide has been led by a task force of four players who have become mothers during their careers, Sara Björk Gunnarsdóttir, Crystal Dunn, Cheyna Matthews and Almuth Schult.



TRAVEL

- » All clubs / leagues should aim to comply with the criteria below.
- » A supportive environment should be provided to any player who has a responsibility for the care of an infant, meaning:
 - » child who is less than 12 months old at the commencement of the relevant season; or
 - » any older child who is being breastfed by the player
- » Subject to availability and an individual request from the player, the FA/club shall use its best endeavours to:
 - » arrange for the support person and the infant to travel on the same flight as the player; and
 - » arrange for the support person and the infant to be accommodated in the same hotel as the player
- » The players may elect to be accommodated in the same hotel room as their support person and the infant or to sleep in the standard team accommodation
- » The players are required to travel with the team at all times, unless approved by FA/club management
- » The players' support person and infant may attend team activities or commitments, including meals, training and meetings provided this is agreed in advance with FA/club management
- » While travelling, the players shall ensure that they are able to attend all team commitments and activities in the lead up to a game and otherwise perform their obligations in accordance with their player contract and the applicable CBA
- » The players shall notify the FA/club between one (1) and four (4) weeks in advance if travel is required for an infant and a support person
- » Any player who has a responsibility for the care of an infant who is required to travel for games, may travel with that infant, provided that a support person (e.g. partner, parent, nanny etc.) travels with the athlete and infant to assist in the care and supervision of the infant
- » FA/club shall cover reasonable flights, accommodation and associated costs for a player's support person and infant to travel with them
- » Transport to and from the airport for the support person and the infant and to and from games should be arranged by the FA/club
- » The FA/club shall apply this policy in a flexible manner, to take account of individual circumstances



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