

Development of National Physical Activity and Sedentary Behaviour Guidelines for Specific Populations in Ireland – Pregnant and Postpartum Women and People Living With Chronic Conditions

Aisling McGrath¹, Evan Matthews¹, Bróna Kehoe¹, Mairead Cantwell², Barry Lambe¹, Ciara McCormack³, Clare McDermott², Niall Moyna⁴, Niamh Ní Chéilleachair², Ciara O'Hagan¹, Rita Santos Rocha⁵, Patricia Sheehan¹, Fiona Skelly², Anna Szumilewicz⁶, Michael Harrison¹

¹ South East Technological University, Waterford, Ireland

² Technological University of the Shannon, Athlone, Ireland

³ Maynooth University, Maynooth, Ireland

⁴ Dublin City University, Dublin, Ireland

⁵ Polytechnic Institute of Santarém, Santarém, Portugal

⁶ Gdansk University of Physical Education and Sport, Gdansk, Poland

Purpose: Reflective of a need for inclusive public health guidance that acknowledges capability, complexity, and the need for equity in physical activity promotion, the aim of this work was to address gaps in national guidance and develop tailored national physical activity and sedentary behaviour guidelines for specific populations in Ireland (pregnant and postpartum women, and people living with chronic conditions). These guidelines accompany the updated National Physical Activity and Sedentary Behaviour Guidelines for Ireland (“Every Move Counts”) which were launched in 2024. The first of their kind in Ireland, they represent an innovative step towards delivering inclusive, evidence-informed recommendations that recognise the unique needs, risks, and opportunities of these populations, supporting a more equitable approach to physical activity promotion across the life course.

Policy Description: The guidelines were developed using a structured evidence-informed approach, incorporating international best practice, a review of the evidence following the WHO’s 2020 guidelines expansion, stakeholder consultation, and iterative expert input. The same methodology was applied to both guideline sets through separate but parallel development processes to ensure population-specific relevance while maintaining consistency in tone, structure, and messaging.

Stakeholder engagement was central, with consultation involving healthcare professionals, public health stakeholders, academics, advocacy groups, and individuals with lived experience. Development included the drafting of guidelines and accompanying health messaging, followed by surveys to assess perceived clarity, relevance, inclusivity, and feasibility with healthcare professionals and target populations. Feedback was synthesised through stakeholder consultation meetings and expert panels, enabling refinement while preserving public health scope and safety considerations.

Ireland’s Health Service Executive (HSE) commissioned this work, and dissemination will be led by the HSE through healthcare, community, and policy channels, with messaging tailored for healthcare and exercise professionals, policy makers, and the public.

Conclusion: These guidelines provide a critical addition to national policy infrastructure by promoting the benefits of physical activity in a safe, inclusive, and empowering way for groups historically underrepresented in physical activity policy. The process demonstrates a model for inclusive, evidence-informed guideline development and contributes to global efforts to enhance physical activity guidance for diverse populations through practical, stakeholder-informed approaches.

