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THE FOURTH TRIMESTER

YOUR GUIDE TO POSTPARTUM PHYSICAL
RECOVERY AND EXERCISE

The "fourth" trimester, is a newly identified important stage of healing for women. The American College of Obstetricians and Gynecologists now recommends comprehensive care followup and care for women during these first 12 weeks to ensure long-term maternal wellness.

This guide serves to educate and equip women during this season to heal and return to activity in a safe and sustainable way.

Remember that during this season, hormone levels are such that the muscles and tissues throughout the body have not regained their tone or innate support. The muscles, ligaments and connective tissue of the pelvic floor will also have been injured. Even though sometimes we FEEL like we're ready to jump back into activity, from a tissue and hormone level, the support is just not yet adequate.

0-2 weeks - GOAL: REST and HEAL

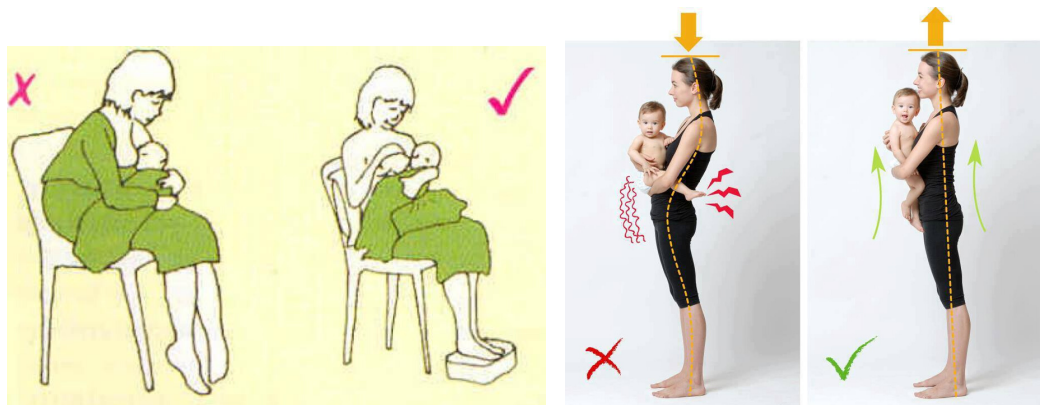
During the first couple weeks, care must be taken to ensure initial tissue healing. Your body must REST! It's just gone through the biggest and fastest change it will ever experience. This is your time to heal, connect with your baby, and figure out feeding. That's ALL!

- Perineal tissue and vulvar care. Use a peri-bottle after every void. Blot with toilet paper instead of wiping. Make some padsicles with an alcohol free witch hazel or herbal tonic and menstrual pads in the freezer.
- Consider a Sitz Bath on your toilet if you're had perineal injury or hemorrhoids.
- Avoid deep squat positions for that first week to decrease undue strain on any perineal healing.
 - Heavy lifting should be left for your support team.
- Gentle abdominal bracing or wrapping can be used for those with significant Diastasis Rectus Abdominis (DRA) greater than 3 finger widths. Ensure that the wrap feels supportive, but not restrictive. Belly breathing and mobility are mandatory. If the wrapping restricts either of these things, it's not indicated.
- If you've birthed via a Caesarean section, pay particular attention to support the incision area. Bridging your hips (instead of jack-knifing) is a great strategy to get out of bed. When rising from a chair, press heels into the ground, put hands on knees, and push off from there. Remember you've just had surgery, take it slow, allow your muscles to heal. Begin to gently touch the scar or around the scar.
- Resuming normal bowel and bladder habits. I'll keep it real. Pooping after babies feels scary. Here are some tips to give you the best chance at having healthy and happy bladder and bowel function:
 - keep stool soft by including ground flax or other fibre into your diet
 - when you rise in the morning, try and catch the poop window. This is a natural reflex to empty that happens after breakfast. Eat, drink something hot, then go to the bathroom and RELAX.
 - use a squatty potty. ALL the time! You'll thank us later ;)
 - try not to bear down or valsava to empty. Breathe out as you bear down to reduce that intra-abdominal pressure.
 - some women find it helpful to add perineal support with your hand with voiding.

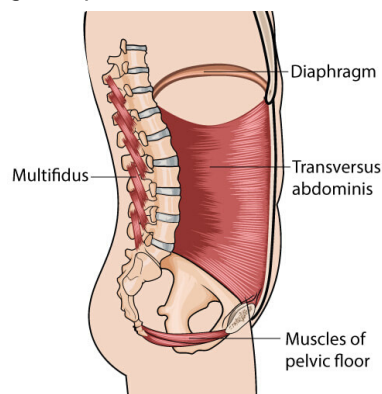
2-4 weeks - GOAL: ALIGN AND BREATHE

This time frame is really about setting the foundation for optimal core strengthening and rehabilitation. The two most important aspects of retraining the core postpartum are alignment and breathing. After the adrenaline of the first couple weeks settles down, we can begin to think about our own bodies.

- Resist the urge to protect and guard. Once tissues begin to heal, and postpartum pain declines, we can begin move OUT OF pain guarding postures INTO a more open, relaxed body position. This is SO important for the core canister to begin to move and function.
- When nursing or feeding, try to sit on your sit bones (instead of your tailbone) and rest your upper back on the back of your couch/chair. Think about keep yourself open and snuggling your little one to you, instead of bringing yourself to the baby. This is also a beautiful time to practice breathing.
- When standing or wearing your baby, remember - ribs over pelvis, open and relaxed, untuck your bum. We don't need to be rigid, or perfect, just begin to work towards a body position that's optimal for overall strength.



- Practice breathing. This may sound simple, but proper breathing is the cornerstone of core rehabilitation. Diaphragmatic movement, breathing into the lower ribs and belly, begins to also move the pelvic floor. As you inhale deeply, the diaphragm moves down. This, in turn, causes the pelvic floor to also lengthen. As you exhale, the diaphragm and pelvic floor both lift and this cues the deep abdominals muscles, transverses abdominis, to also connect which gives you CORE STABILITY.



- Although you may start to feel like you're ready to exercise and move, remember that your tissues are still not yet healed. As with any sprain or strain, the body requires 6-8 weeks to complete the INITIAL healing. Continue to lay low and give yourself this time.
- Eat and Drink. Again, this may sound obvious but it's so important. In order to heal well, your body needs nutrition and hydration. When others say "how can I help", you say "make me food".

4-6 weeks GOAL: MOBILITY AND STABILITY

Once you hit the 4 week mark, you can begin moving in a gentle, healthy way.

"Intuitive movement" is a good way to think about it. Not movement for the purpose of weight loss or fitness, but movement to feel good.

- Walk. This is a great way to start. Remember to walk relaxed and proud (to help cue that deep system) and to think tall.
- Begin pelvic floor exercises. This really is about moving and gaining control over your pelvic floor. No one needs to be a "Kegel champ" here. We're waking things up and restoring normal. That's the goal.
- Remember your breathing. Diaphragmatic movement is the driver to a healthy pelvic floor and core system.
- Try this: As your inhale, think about "blooming" your pelvic floor. As you exhale, wink your anal opening and close your labia. Repeat 3-5 times every time you sit to feed or lay down to rest.
- Begin symmetrical, functional body weight strengthening exercises. Squats, bridging, hands and knees "core breathing" are great options.



- Mobility: encourage your body to vary positions, and move out of dominant movement patterns. Try sitting on the floor with your feet together and knees resting open. Lay on your stomach propped up on your elbows while baby is doing tummy time. Try nursing laying on your side instead of sitting. Every time you go through a doorway, put your outstretched hands on the outside and give yourself a little chest stretch. Remember your body LOVES movement.

Nourish it with varied positions throughout your day.

- At 6 weeks postpartum, it is also wise to have a pelvic floor assessment. All women who carry and deliver a baby will have changes to the pelvic floor and abdomen. Having a profession with this specific set of skills check things out will give you individual instruction in how to recover and rebuild your body.
- if you've had a c-section, once the incision has healed, it's time to begin gently moving the scar. This ensures that adhesion does not develop under the incision to adjacent tissues and organs. Again, let pain be your guide.

6-12 weeks- GOAL: PROGRESSIVE STRENGTHENING AND MOBILITY

At the 6 week mark is when we take inventory. At this point in time, your body's initial healing should be well established. Understand that there is still much change that occurs in the tissue after this point. 6 weeks DOES NOT mean that you're ready to jump back into all of your pre-pregnancy activities. Be wise.























If you experience ANY of the following, your body will still require care and further treatment:

- Separation of midline abdominal muscles causing a "doming" appearance any time you try a sit-up
- urinary leaking with any activity, coughing, sneezing OR when you have a strong sense of urgency
 - pain with intercourse
 - continued bleeding
- sensations of heaviness or pressure into the perineum
- persistent back, abdominal or pubic symphysis pain
- if any of the above symptoms are present, it is imperative that you seek out the care of a pelvic floor physiotherapist.
- After getting medical clearance, women can begin resuming normal non-impact fitness and strengthening routine.
- When asked "Can I do 'xyz' exercise", my answer is always "it depends". Once you have a good handle on understanding how to connect the central core canister, you can pretty much do anything... even with a minor prolapse, or DRA. If you can't recruit that deep core, then it's not wise to jump into any activity yet.

14-16 weeks - RESUMING IMPACT ACTIVITY

- new guidelines from the American College of Obstetricians and Gynecologists now recommend that women wait until 14-16 weeks to resume any impact activities. This is to ensure that the supportive structures of the pelvic floor and urethra have time to regain adequate tone to support the pelvic organs.
- prior to returning to impact activity you should be able to: perform 10 "quick kegels", 10 reps of 8 second max pelvic floor contraction, 1 minute hold of 50% pelvic floor contraction, 10 single leg squats, 10 forward jumps as big as you can, 30 minute walk, and one minute jog with no pelvic floor symptoms.
- It takes 2 years after nursing for your body's hormones to return to pre-pregnancy levels. Between 16 weeks and that time, remember that your tissues continue to build back strength and tone. Listen to your body, and if at any time, something doesn't feel right. Get it checked out.
- remember to exercise from a strong and connected base. This means remembering your ABCs. Alignment (open, relaxed, untucked bum), Breathing (blow as your go; breathe in to bloom, exhale to exert), and core coordination.

EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER

Weeks Postnatal	Examples of Exercise Progression				
Weeks 0-2	 Pelvic floor muscle strength & endurance	 Basic core exercises e.g. pelvic tilt	 Walking for Cardiovascular exercise		
Weeks 2-4	 Progress walking, pelvic floor muscle/core rehab				Introduce squats, lunges & bridging in line with day-to-day requirements
Weeks 4-6	 Low impact exercise - static cycling		Low impact - cross trainer Individualise according to postnatal recovery, mode of delivery, perineal trauma & saddle comfort		
Weeks 6-8	 Scar mobilisation	 Power walking	 Increase low impact exercise	 Add dead lift	 Add resistance to lower limb & core
Weeks 8-12	 Introduce swimming			Spinning if comfortable sitting on a spinning saddle	
Week 12 & Beyond	 Graded return to running	 Goal specific	 Consider running coach	 Consider risk factors e.g. obesity	 Modify according to signs & symptoms

Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019

CONSIDERATIONS TO GUIDE RETURN TO POSTNATAL RUNNING

