

Exercise for Postnatal Rehabilitation

Why rehabilitate the body after having a baby?

Targeted postnatal rehabilitation programs present the opportunity to reverse the deconditioning caused by pregnancy (1). Appropriate exercise prescription can restore stability and strength, as well as prevent weakness in the pelvic floor, abdominal wall and pelvis later in life (2). The primary focus should be on recovery and rehabilitation rather than weight loss. Exercise will reward the body with energy, assisting with the demands of a newborn baby.

Benefits of appropriate postnatal exercise are (1,3,4):

- Improved core and lumbopelvic strength and stability
- Improved trunk mobility and flexibility
- Reduction in upper-back, lower-back and pelvic pain
- Improved posture
- Reduction in diastasis recti (abdominal separation)
- Reduction in maternal physical discomforts
- Increased cardiovascular fitness
- Increased energy
- Reduction in tiredness and fatigue
- Improved pelvic floor strength and function
- Reduction in urinary incontinence
- Improved wellbeing, self-esteem and body image
- Reduction in depression symptoms

Postnatal exercise considerations

It is important to exercise safely and correctly following pregnancy and birth. The body has undergone nine months of physical and physiological changes and these do not reverse overnight. Typically, these changes persist for four to six weeks following delivery; however some adaptations can last for up to six months (3). Incorrect exercises can aggravate and exasperate postpartum symptoms and discomforts, potentially leaving new mothers with unnecessary pain and dysfunction (2).

New mothers should avoid exercises that cause a bearing down on their pelvic floor, traditional abdominal exercises and high impact exercises until core control, pelvic floor strength, and bladder control has been regained. Omit or modify exercises that require fast or lateral movements, changes of direction, jumps and extremes of joint positions until joint strength and stability has been restored. Avoid all activities that cause discomfort (particularly prone exercises when breastfeeding) or heavy lochia bleeding (3). It is best to listen to the postnatal body in response to each exercise.

Self-monitoring of the exercise intensity is recommended. Monitor fatigue levels, as regular bouts of tiredness and fatigue may indicate a need to reduce exercise intensity, duration or frequency. Adequate hydration and calorie consumption is important, particularly if breastfeeding and nurse or express milk prior to exercise to avoid engorgement discomfort. A supportive bra to stabilize the breasts is recommended during exercise.

Exercise prescription

Medical clearance should precede initiation of exercise and it may range from 24 hours to 8 weeks after delivery. Readiness to return to exercise is dependent upon a number of factors including health status, fitness, age, and the pregnancy, labour and delivery experience (3). Exercise resumption needs to be slow



with gradual progression. It should be tailored to the individual and their physical and emotional requirements. Aim for relaxation and invigoration, rather than exercise that causes stress and fatigue.

Specific rehabilitative exercises can be performed from 24 hours following a natural vaginal birth with no complications, such as transverse abdominal activation (TVA) and pelvic tilts. Mild exercise, such as walking and leg slides can be resumed within 1-2 weeks following a natural vaginal delivery and 6-8 weeks after a Caesarean section (3). Rebuild and restore core and pelvic stability for a solid foundation to prevent future injury or discomfort. Include both aerobic and anaerobic exercises and incorporate strength training to increase overall strength (2). Target all muscle groups and body parts. Be patient with fitness progress, as many women (including athletes) do not return to pre-pregnancy fitness levels for 1-2 years (1).

Program objectives should include (3):

- TVA activation and pelvic floor exercises
- Muscles of the trunk need to be retrained to effectively stabilize the spine
- Restore hip stability, strength and flexibility
- Postural strengthening, particularly upper and lower back
- Slowly resume aerobic exercise and exercise for all major muscle groups

Abdominal exercises (2):

- Initial focus should be on TVA re-engagement, activation and strengthening
- Abdominal muscles need to be strengthened to resume maximum functionality and provide optimal stability and mobility to the core
- Abdominal exercises are most effective when performed several times throughout the day, rather than at one time per day or once per week
- The more consistently they are performed, the more body awareness is regained, which promotes faster, more effective abdominal healing and strengthening
- Traditional abdominal exercises are not appropriate if abdominal separation or diastasis recti has occurred – avoid crunches and plank type exercises
- Exercise selection is crucial because certain exercises can cause and/or exaggerate abdominal separation

Practical advice:

- Incorporating baby may make exercise more convenient and enjoyable, however when using baby as a weight technique is often compromised, reducing the benefit of the exercise and increasing the risk to mum and baby
- Aim for stress relieving not stress provoking
- Use correct technique during daily tasks such as carrying baby, feeding, wearing a baby carrier and pushing a pram
- The focus should be on the varied benefits of exercise, as weight loss may not be rapid.

References and further information

Exercise is Medicine Australia www.exerciseismedicine.org.au

Find an Accredited Exercise Physiologist www.essa.org.au

Exercise Right www.exerciseright.com.au

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4. Dinc, A., Beji, N.K, Yalcin, O. (2009). *Effect of pelvic floor muscle exercises in the treatment of urinary incontinence during pregnancy and the postpartum period*. *International Urogynecology Journal*, 20, 1223-1231.

