pelvic floor first

The Pregnancy Centre

Returning to sport or exercise after the birth

Participating in sport, running or other high-impact activities early after childbirth may actually reduce pelvic floor muscle strength and cause long-term bladder and bowel problems or pelvic organ prolapse. You can minimise the risk of these developing with some careful precautions.

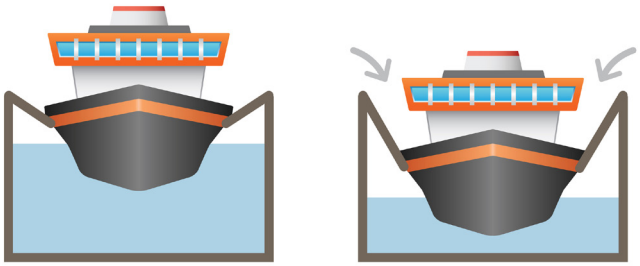
How does returning to sport or exercise too soon after the birth affect my pelvic floor muscles?

Have you heard of the boat theory? This is one way to help you think about the role that your pelvic floor muscles play in supporting your pelvic organs.

Imagine that your pelvic floor is the water level, while your pelvic organs (your uterus, bladder and bowel) are the boat sitting on top of the water. The boat is attached by ropes (your supportive ligaments) to the jetty. Now, if the water level (i.e. your pelvic floor muscles) is normal, there is no tension on the ropes.

However, after pregnancy and the birth of your baby, your pelvic floor muscles can be stretched, so the water level is lower and the ropes are under tension. Imagine if the water level stayed low for years. If your pelvic floor muscles do not strengthen again, your ropes (or supportive ligaments) can overstretch and weaken, increasing the risk of you developing a prolapse. This may occur soon after the birth, or in the years to come.

THE BOAT THEORY



If your pelvic floor muscles are strengthened after the birth, there will be less risk of ongoing tension on the ligaments supporting your pelvic organs, and therefore less risk of developing a prolapse in the future.

Imagine, however, what would happen if you added jumping, running or bouncing type of activities to a pelvic floor that was still stretched.

This could further weaken your muscles and place extra tension on the supporting ligaments, increasing the likelihood of them becoming overstretched and weakened. This can result in your pelvic organs dropping down and a prolapse occurring.

You may feel fine on the outside, but you are unable to see what is occurring on the inside. This is why some women may not notice a prolapse occurring until they return to exercise, unaware that there is the risk of this happening. This is what happened to Janelle (not her real name). Read her story, and compare the difference with her experiences after the birth of her first and second child.

Janelle's story (used with permission)

Janelle returned to A-grade sport just five weeks after the birth of her first baby. She had no problems with her pelvic floor muscles or bladder control. Although she always went to the toilet before a game, Janelle wore pads while she played because she leaked a small amount of urine and felt damp in her underwear after a game. She later noticed a bulge developing down below and discovered that the front wall of her vagina (which supports the bladder) had dropped down. This is called a bladder prolapse.

When her baby was eight months old, Janelle went to see a physiotherapist who advised her to stop playing sport until she increased the strength of her pelvic floor muscles, which were weakened during her pregnancy and the birth.

Her physiotherapist noticed Janelle's pelvic floor dropped considerably and her bladder prolapse worsened when she coughed. This indicated that any time any downward pressure was placed on Janelle's pelvic floor muscles, her prolapse could have been getting worse. This may have occurred while coughing, sneezing, lifting her baby, pushing a heavy shopping trolley, and certainly with any bouncing or running type of activities.

Janelle's pelvic floor exercise program included doing a pelvic floor muscle exercise while performing a cough, with the aim to reducing the amount of pressure on her pelvic floor muscles; otherwise the prolapse would continue to worsen over time. This took a lot of concentration, and she needed to work with her physiotherapist to learn to do this correctly.

Janelle also needed to do specific pelvic floor muscle exercises to strengthen and retrain her pelvic floor muscles. She had not done these exercises regularly during her pregnancy, unaware weak pelvic floor muscles would affect her this way after the birth. Even when she returned to sport, when her baby was 15 months old, she still experienced some leakage and felt heavy in her pelvic floor area after a game.

The effects of early return to sport can sometimes be long lasting. Janelle needed to put a lot of work into getting her pelvic floor muscles strong and working well again. Her prolapse reduced as she did her pelvic floor muscle exercises and took more care with her daily and sporting activities.

Janelle did her pelvic floor muscle exercises diligently during her second pregnancy. She went back to the gym after six weeks, but did not return to sport or running. She focused on using her pelvic floor muscles during the day, and on her postnatal abdominal bracing exercises. This time she experienced no urine leakage and did not experience any bulges in the vaginal area.

When her second baby was seven months old, Janelle saw her physiotherapist for another check. Her pelvic floor muscles were still continuing to improve, and there was only a small drop of her vaginal wall when she coughed. This was much less severe than after her first pregnancy.

Taking more care of her pelvic floor muscles during pregnancy and after the birth meant Janelle did not experience the urine leakage and prolapse she endured after her first pregnancy. Although she needed to find an alternative form of exercise initially (i.e. working out at the gym instead of playing sport), she was glad she made this decision. Janelle will now have a stronger and better performing pelvic floor for years to come because she took the time to work her pelvic floor before and after the birth.

Can exercising too soon after the birth cause back pain?

After the birth of your baby, no matter how fit or toned you are, it takes a minimum of eight weeks before your abdominal muscles are toned enough to support your lower back and pelvis. This means that if you return to running, sport or high-impact exercise too soon, there is a lot more movement in your lower back than there should be. There is no way that your abdominal muscles can go from being overstretched during pregnancy to being shortened and firm enough to provide good support for your back and pelvis without time and postnatal abdominal exercises.

If you watch people walking or running, you will notice that some people's backs don't move a lot, whereas in others their back and pelvis wobbles from side to side. This can be the case in those first few months after the birth, when your spine is not as stable as it usually is.

If you add impact or running-based activities to this, the strain placed on your spine and pelvis may be more than you are ready for. Combine this with the softening effects of pregnancy hormones, including relaxin (affecting the ligaments in your body for 3–4 months after the birth), and there is an increased risk that you could injure your back.

Steady progression of postnatal abdominal bracing and pelvic floor exercises are important to improve the strength and tone in these muscles. This will then give support to your lower back and pelvis while you exercise. Protect your pelvic floor first as you rebuild your deep and lower abdominal muscles with safe postnatal exercise choices.

When you return to sport, even after waiting for 3–4 months, if you have a backache or pain in the pelvic area, you may need to decrease your level of intensity and focus further on your postnatal abdominal and pelvic floor muscle exercises.

Remember, when you have a new baby to look after, your back needs to be strong, particularly as you are likely to be doing more activities that can potentially place strain on your back. It is therefore important that you continue to work on your postnatal abdominal muscle exercises, even if you do not plan to go back to higher impact exercise.

When you consider that waiting a few more weeks or months could save you from having problems in the future, it is worth the wait. It is important to get the correct advice from a health or fitness professional that has an interest and experience in postnatal exercise.

Returning to sport – how to do it right

It is important to remember that no matter how fit you are on the outside, it is your pelvic floor, back and pelvis that you are trying to protect. Returning to sport or exercise before these areas have recovered after the birth can cause immediate or future problems, including prolapse, incontinence or back pain.

It is normal for women who really enjoy exercise to want to get back into it soon after the birth. This is a good thing as exercise has many benefits and can also provide a welcome break from looking after your baby.

Women also want to exercise as they may feel flabby and untoned. However, it is important to consider what type of exercise you do initially and how quickly you return to high impact exercise, sport and running. Seek professional advice to help you make the right decisions about your exercise choices.

It is also worth considering alternative forms of exercise. Instead of running you can try water running with a buoyancy belt. Pushing against the water is a great workout and will place less strain on your pelvic floor and lower back than running on hard ground. Avoid holding your breath to protect your recovering pelvic floor.

Other low impact activities that are safer choices include swimming (after your bleeding stops), walking, seated cycling and low impact aerobic or postnatal exercise classes. You can return to your previous activity levels after 4 to 6 months, if your pelvic floor muscles are back to normal.

If you are pregnant and reading this, now is the time to test and record your 'normal' pelvic floor fitness so you have a level to aim for after the birth.

If you feel any vaginal heaviness, urine loss or back pain during or after exercise, you should slow down or reduce your intensity level, continue your postnatal abdominal and pelvic floor muscle exercises and wait a bit longer. Seek further advice or treatment from a continence and women's health physiotherapist if problems persist.

Postnatal exercise guidelines

It is important to check with your doctor, midwife, physiotherapist or continence professional before returning to sport or exercise after the birth. These general guidelines give you a starting point to plan your return to postnatal fitness:

0-3 weeks postnatal

- Walking
- Postnatal abdominal muscle bracing
- Pelvic floor exercises

3-8 weeks postnatal

- It is recommended you wait until your six week postnatal check before starting a group exercise program or going back to the gym
- Walking
- Low impact aerobics or postnatal class
- Low intensity water aerobics class and swimming (once bleeding has stopped)
- Gym program (maintain posture, light weights, no breath holding)
- Postnatal abdominal muscle bracing
- Pelvic floor exercises

8-12 weeks postnatal

- Follow the guidelines for 3-8 weeks, gradually increasing your intensity and weights
- Progress your postnatal abdominal muscle bracing

12-16 weeks postnatal

- Consider visiting a physiotherapist for a postnatal abdominal muscle check and pelvic floor muscle testing before returning to high-impact exercise, running, sport or abdominal exercise programs.

After 16 weeks postnatal

- You can return to previous activity levels provided your pelvic floor muscles have returned to normal and you are not experiencing any back pain, vaginal heaviness, or urine loss during or after exercise.
- Seek further advice from a health professional if your symptoms persist.

Please note: Sit ups, curl ups, planks, hovers and mountain climbers are not recommended exercises for postnatal mums, as they can place pressure on the lower abdominal wall and recovering pelvic floor. A pelvic floor and postnatal abdominal check is recommended before undertaking these exercises.

Other factors to consider

You may feel more tired in the first few months after having a baby due to interrupted sleep, the extra demands of motherhood and breastfeeding. Fatigue and over exertion during exercise can increase the risk of injury. It is important to listen to your body and how you are feeling. Be aware of any warning signs of pain or discomfort and slow down if necessary to allow this to subside, rather than pushing through the pain.

While you are learning to breastfeed (if you are breastfeeding) and looking after your baby, you may not have the desire to exercise in the first few weeks or months. During this time you can still be strengthening your abdominal and pelvic floor muscles in preparation for when you do feel ready to return to exercise. You may find that walking is an exercise that will get you out of the house and one that you can do with your baby, and maybe your partner or a friend.

Where to get help

For more information about pelvic floor exercises, pelvic floor safe exercise options, postnatal abdominal muscle bracing and where to get help for pelvic floor problems, go to:

- **pelvicfloorfirst.org.au**
- **thepregnancycentre.com.au**

The **National Continence Helpline (1800 33 00 66)** is staffed by continence nurse advisors who provide advice, referrals and resources about incontinence. The Helpline is a free and confidential service managed by the Continence Foundation of Australia on behalf of the Australian Government. It is staffed 8am-8pm AEST Monday to Friday.

Pelvic Floor First app

The Continence Foundation of Australia has developed a free safe-exercise app with three customised workouts for people of all fitness levels and pelvic floor strength.

App features include:

- Instructional videos and audio for all workouts
- Detailed pictures and instructions for each exercise
- Pelvic floor muscle exercise guide
- Ability to save favourite exercises for personalised workouts
- Links to useful websites to learn more about your pelvic floor

Download on the App Store

ANDROID APP ON Google play

Pelvic Floor First is an initiative of the Continence Foundation of Australia. Supported by funding from the Australian Government under the National Continence Program.