

Postnatal running Baby steps

There's a lot of conflicting and confusing advice for new mothers who are desperate to start running again. Jo Perkins sorts through the noise and brings you the lowdown on postnatal running

Returning to running can be such a significant milestone after having a baby, especially if it was a major part of your life before and running feels like it's simply in your blood. Once upon a time, you'd be out the door before you could say "5K", but now, post-baby, life is different in so many ways. You could be feeling nervous or demotivated (or equally you might even be wondering what all the fuss is about).

Unsurprisingly the number of women running after having a baby is on the up, with the low cost and convenience of throwing on your trainers and heading out for a run being appealing to new mums. Whether you want to gain some headspace or have some 'me time', getting back into your running, or getting into running, is an investment you're unlikely to ever regret. You'll feel invigorated, energised, healthier and happier.

When you think about what your body copes with, from pregnancy to birth, it's pretty incredible, and proof positive you are physically capable of way more than most of us think.

But it's important to fully appreciate the demands those nine months, plus delivery, can have on the body. While running is absolutely achievable post-baby, there are still misconceptions, such as the idea that symptoms such as incontinence are something women should just accept. For some, these pelvic health issues are so mortifying they can become a permanent barrier to exercise, which can have huge knock on effects, both physically and mentally.

The good news

Fortunately the gap between sports medicine and pelvic health is decreasing, as evident in the Returning to Running Postnatal Guidelines, published this year. Author of the guide and pelvic health physiotherapist Grainne Donnelly explains that, "while not a protocol, they are a guide to explain what type of exercise and load intensity they are best to carry out at specific

time frames". She is passionate that the focus changes from being reactive to women's symptoms to "empowering and safeguarding women to look after their pelvic health and prevent issues occurring in the first place".

There is still some suggestion women should just rest until they see their GP at around six weeks postpartum. After this, historically the advice has been to "just see how it goes".

Looked at objectively, this advice seems peculiarly hazy. Consider the advice you'd be given if you'd torn your hamstring, for instance. You might be referred for physiotherapy, you could be given an appropriate rest time, and then you would complete a progressive strength programme in functional positions before gradually increasing running volume and speed.

Women need to apply these same rehabilitation concepts to their pelvic floor. Because the muscles in the pelvic

// When you think about what your body copes with in pregnancy, it's proof we are physically capable of way more than we think //

floor are unseen, these progressive rehab steps are often missed postnatally, instead of jumping from complete rest to a 10K.

If you're keen to get back on track, you need to 'prepare' your body (while simultaneously dealing with the sleep deprivation, feeding and hormonal changes that accompany being a new parent). This preparation will be different for everyone, depending on your pre-baby fitness and your delivery.

Mindset shift

Women's health personal trainer, Betsan de Renesse, promotes a mindset shift from "running to get fit, to getting fit to run; preparing the pelvic floor for impact with progressive strength and plyometric training".

It's not about putting fear into women: quite the opposite. It's about empowering them so when they return to running it's fun, productive and healthy. While the current guidelines advocate returning to running three to six months post-birth,

there are still plenty of motivating preparatory and fitness exercises that can be done.

You literally need to walk before you can run. Slowly progressing distance helps manage the amount of pressure put on the pelvic floor, muscles and joints. Start with power walking, then a jog/walk progression such as two to three minutes' walking followed by a

minute of running and then gradually increase the time spent jogging. Everyone will progress at different rates but it's much better to feel a run was achievable, and feel motivated afterwards, rather than rush, experience symptoms and feel deflated. Even if you continued running through pregnancy, initial rest days between runs allow the body to adapt to the load. //



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STAGE 1 Recovery phase (0-6 weeks)

Of course women need a period to recover from birth. This important six week period is where your tissues heal themselves as well as providing important bonding time with baby too. This is also the time to start low-level core rehabilitation, yet pelvic floor exercises are still quite often overlooked. Granted they don't give that same endorphin release as an interval session, but the pelvic floor muscles form an important part of every woman's core stability, assisting with injury prevention and making for a more efficient runner. It's important to work on the strength and endurance of the pelvic floor and deep core muscles, progressing to more weight bearing positions. Don't discount the benefit of walking, building distance and speed, which is easily achieved with baby in tow. After 4-6 weeks try non-impact exercises like the cross trainer or static bike as comfort allows.

STAGE 2 Building strength and endurance (from 6 weeks)

This is the phase that starts to feel more like exercise, and a step closer to getting out on the road. Betsan de Renesse explains:

"The same muscle groups need strength and endurance training to support women for running, just as they did pre pregnancy."

Pregnancy hormones can affect joint laxity, which can be prolonged if you're breastfeeding, so adequate muscular support is vital in minimising running injuries as well as helping you run better. Power walking and swimming are both good low-impact options when your wounds have healed.

STAGE 3 Retuning to impact (from 12 weeks)

It's hard not to get overexcited and rush too soon when you feel strong and symptom-free, but this final plyometric, functional phase of rehab is vital to get you back on the run.

The same applies to all muscle groups that have been de-conditioned throughout pregnancy. A graded programme progressing from squats to jumping to hopping makes for a sweaty aerobic workout and reintroduction to the ground reaction forces of running (which can be up to two times a runner's body weight). The guidelines give a checklist of markers, which can be really helpful to guide women on their readiness to run. Other tips include:

Cross train

Mixing up training with non-impact exercise minimises injury risk while continuing to work on your fitness. Also consider different terrains to help manage the stress on the recovering pelvic floor, such as grass running.

Technique

Holding the core rigid, with minimal trunk rotation and stiff arms can increase the load on the pelvic floor, resulting in leaking. Think about leaning forward from your ankles as you run, keeping ribs over pelvis. Allow the trunk to rotate and arms to relax, breathing into the bottom of the ribs rather than short shallow breaths that stops your core system working properly. Don't contract your pelvic floor, trust in the preparation and strength work you've done and simply enjoy the run.

Hydration

Adequate hydration and nutrition is vital to support our healing, even more so if you are breast feeding, to not only limit the risk of injury but also ensure your milk supply is maintained. Sleep is also key for recovery (a little more out of our control with a newborn), so be kind to yourself and acknowledge there may be some days where the running plan needs to change for your wellbeing.

Pelvic floor exercises for runners

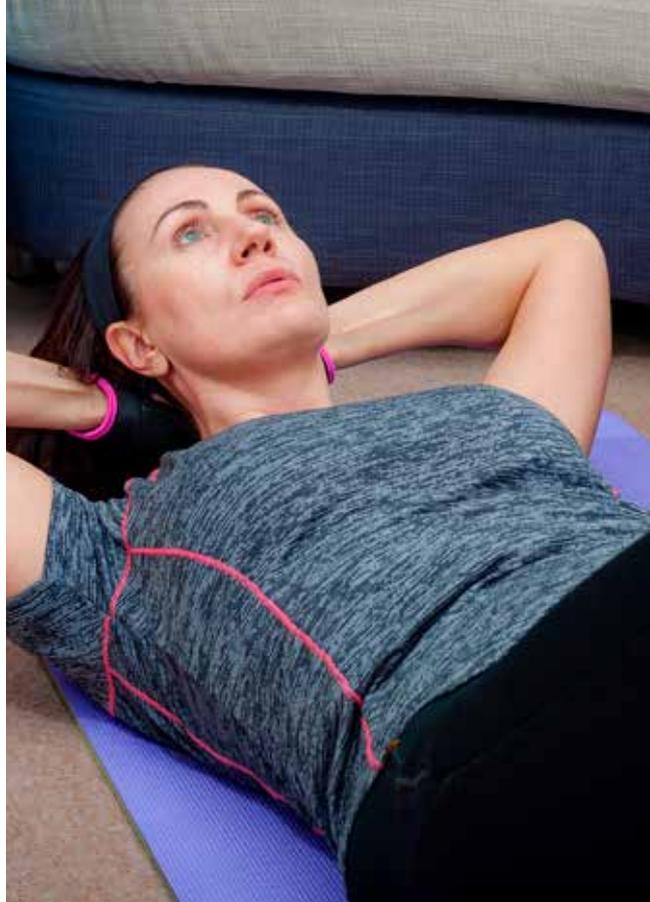
A few quick exercises to help get your strength back

1 Pelvic floor and transversus abdominis (deep abdominal) activation

• Lie on your back, with a neutral spine. Contract your pelvic floor by imagining tightening a zip from your tail bone to your pubic bone. Hold 10 seconds x10 repetitions, followed by 10 quick contractions on/off. Do this three times daily, and progress

from lying to sitting to standing.

• Lie on your back, with your knees bent. Recruit your pelvic floor and imagine a zip coming all the way up to your belly button, trying to draw both sides of your pelvis together. Hold for 10-20 seconds. Progress by taking arms over head as you contract, sliding a leg away, rotating or lifting the leg with the pelvis staying still. X10 each leg and three sets.



2 Integrate pelvic floor activation into strength training

► Squat

Stand with your feet shoulder-width apart. Inhale and lower into squat, keeping knees in line with toes. Exhale as you return to standing and contract pelvic floor. X10, three sets

► Lunge

Stand in a split stance, with feet facing forward. Inhale as you lower down, exhale as you return to

standing and contact pelvic floor. Do x10 reps and three sets

► Deadlift

Stand with feet shoulder-width apart and soft knees. Hinge from your hips as you slide the weight down your shin keeping a flat back. Exhale as you return to standing and contract pelvic floor. X10 reps, three sets.

► Calf raise

Stand with your feet shoulder-width apart, and make small pelvic floor lifts as you come up onto your toes. X10 and three sets.

3 Preparing the pelvic floor for impact

► Side steps

With a mini band around your ankles, inhale, step out, exhale, contract and bring feet together. Progress it with speed and depth.

► Squats to heel raises

With increasing speed and bounce, squat down and exhale as you lift quickly up to toes and contract pelvic floor. Do x10 reps, three sets.

► Reverse lunge to heel raise

Step back into a reverse lunge then bring the back leg through and come up onto a single-leg heel raise. As you get stronger, progress

this to a hop. Do x10 reps and three sets on each leg.

► Incline jack

Holding onto a chair in a plank position, take your legs out and inhale, bring legs together and contract pelvic floor. X10, three sets. Progress it with jumping jacks.

► Skaters

Bound side to side, with progressing speed and distance. Do x30 seconds and three sets.

► Double leg bound

Jump forward with both feet. Exhale and contract pelvic floor as you take off, and keep it on until you land. Five reps, three sets. Progress it with single-leg hops. 🌀

