

Returning to running after having a baby A guide for postnatal runners



YOUR WELLBEING....SAFE IN OUR HANDS

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Introduction



This guide is aimed at women who regularly ran before pregnancy, and continued to run or cross-train during pregnancy. If this is you then you might be pretty keen to start exercising again after you have had your baby.

But how do you know when is the right time to lace up and get back out there?

Running is a high impact sport which places a great demand on the body. It is perfectly natural to lose some fitness and strength after pregnancy and delivery, and so it goes without saying that you will need to restart exercise in a gradual way.

You could think of the return-to-running process as a continuum. Firstly, you engage in rehabilitation and training, secondly you return to running but at a lower level than pre-pregnancy (which you may be satisfied with), and thirdly you 'return to performance' where you are running at or above your pre-pregnancy level.

How quickly this happens will vary from one individual to another for a number of reasons, including needing adequate time to heal and regain strength.

Before you run

After pregnancy and delivery, the pelvic floor is weak and injured in most women. Following the birth of your baby it is really important to strengthen your pelvic floor and abdominal muscles, especially before resuming strenuous exercise.

Rehabilitation of these muscles help to reduce the risk of injury, urinary incontinence, abdominal separation, pelvic organ prolapse and musculoskeletal pain, which are all conditions that can affect postnatal runners.

Pelvic floor exercises can be started straight away after a vaginal birth or after the catheter has been removed following a caesarean section

It is advisable to begin contracting the pelvic floor for short durations, with progression to holding periods of eight seconds and continue to contract as close to maximum as possible with three sets of ten contractions per day.



When can you start running?

Uncomplicated vaginal delivery

If you had a healthy pregnancy and a normal vaginal delivery, you should be able to start exercising again a few days after your baby is born, or as soon as you feel ready.

You could start with a walk-jog program as early as one-week post-pregnancy. At this stage, you will be walking more than jogging, and will gradually increase your time spent jogging whilst reducing your time spent walking (discussed later in 'How to start').

Uncomplicated caesarean birth

If you had an uncomplicated caesarean birth, it is recommended that you wait until your six-week check-up before you consider starting a return-to-running programme. Most, but not all women will be physically recovered to begin exercise by this stage.

The decision when to begin exercise after caesarean section will be dependent on issues such as blood pressure, anaemia (low amounts of iron in the blood), tiredness, pain and wound healing. Whilst the wound itself will have healed by around six-weeks,

the abdominal fascia takes considerably more time to repair (up to nine-months). This is another reason why abdominal exercises are so important for recovery.

It is recommended that you start walking at a brisk pace for two-three weeks before starting an intermittent jogging program.

It is normal to experience some abdominal pain post caesarean-section but you should reduce your level of exercise if you experience pain or other negative symptoms related to your surgery site.

Complicated vaginal or caesarean birth

If you experienced a complicated vaginal or caesarean birth with factors such as an episiotomy, a large perineal tear, forceps delivery, long second stage, or a large baby then it is best to avoid high impact activities for several months after pregnancy.

In this situation, you will need to be given the 'all-clear' by a health professional before commencing a running programme. You will need to start with low-impact activities such as walking or cycling, and you may have to wait for at least three-months before you can start any high-impact exercise training.



Pelvic floor and/or abdominal dysfunction

Regardless as to what type of birth you have had, it is important to recognise the signs of pelvic floor and/or abdominal dysfunction as this will help guide you as to whether it is safe and appropriate to start high impact exercise.

Signs of pelvic floor and/or abdominal dysfunction:

- Leaking urine or inability to control bowel movement
- Heaviness/pressure/bulge/dragging in the pelvic area (can be associated with a prolapse)
- Pain with intercourse
- Inability to pass stools/open your bowels (known as obstructive defecation)
- Separated abdominal muscles. This may indicate Diastasis Rectus Abdominis and/or decreased abdominal strength and function.
- Musculoskeletal pelvic or lower back pain

If you have any signs of pelvic floor and/or abdominal dysfunction it is recommended that you avoid high impact exercise within the first three months after pregnancy, and you may need to see your GP, health visitor/midwife or physiotherapist if your symptoms are not resolving or are getting worse.

This does not mean that you cannot exercise, but that running is not the right type of exercise for you at this point in time until those issues are resolved. It is best to engage in low impact exercises followed by a gradual return to running between three-six months postnatal.

Where to start?



Many governing bodies including the World Health Organisation recommend that after having a baby, you should get at least 150 minutes of moderate-intensity aerobic activity every week.

Moderate intensity means you are moving enough to raise your heart rate and start sweating, and you can still talk normally but you would struggle to sing.

You also need to include muscle-strengthening activities on at least two-days a week, such as Pilates, Yoga, resistance exercises or weights.

Endurance training needs to start gradually. Begin with low impact activities such as brisk walking, cycling, elliptical machine, or low impact aerobics training which put little pressure on the pelvic floor. These can be started soon after birth unless you have had a caesarean-section in which case you will need to wait for around six-weeks after your check-up.

It is perfectly acceptable to start with 15-20 minutes of lower intensity exercise and gradually build from here. Walking is excellent as this is something you can do with your baby in their pram.

You may also wish to engage in a stretching programme for the spine, pelvis, and hips.



Start slowly and listen to your body and any “complaints” it may have. It is not unusual to experience muscle soreness, however you are not expected to experience joint pain, bone-related pain and/or prolonged swelling. If your pain or swelling lasts for more than 24-hour it is most likely causing inflammation. This is an indication that you are doing too much and should reduce your activity.

How to start?

At home, you could start by jogging on the spot for one-minute intervals, and then a walk-run programme is a sensible way to return to running either outdoors on a treadmill.

Begin with one-two minutes of running at an easy pace, and include regular walk breaks that can be gradually reduced and removed. You may find the NHS 'couch to 5k' programme useful which begins with a brisk five-minute walk then alternates one minute of running with 90 seconds of walking for a total of 20 minutes. Strength exercises will need to be done in addition to run training (discussed in the next section).

On your 'return-to-running' continuum, it can be helpful to set short-term goals such as running a particular distance, alongside long-term goals such as completing the Park Run on a weekly basis or competing in a race.

For more challenging performance goals, for example completing a key race in a certain time, you may find it helpful to work with a physiotherapist or running coach.



Strengthening exercises



You should make sure you continue to work on your strengthening exercises alongside your aerobic training.

Strength training after you have had a baby should begin slowly with a 'pelvic floor muscle first' focus, concentrating initially on the abdominal and back muscles. This can be done with a pre-contraction of the pelvic floor muscle and holding the contraction during your chosen exercises, especially during those exercise that increase intra-abdominal pressure, such as squats, sit-ups, bench press, heavy abdominal exercise, leg press and squat.

Strength exercises must be completed without any signs of incontinence and/or a feeling of a bulge in the vagina and/or doming/increased separation of the stomach muscles.

These exercises are important for all women returning to high-impact activities but especially those who have had a caesarean section and those who demonstrated signs of pelvic floor and/or abdominal dysfunction. A physiotherapist can help tailor a program of exercises to your individual needs.

Here are some running-related exercises you could try, making sure you focus on good control and alignment of the lower back, hips and pelvic region.

- Single leg balance, hold for 5-10 seconds
- Single leg calf raises
- Single leg sit-to-stand (watch your knee doesn't buckle inwards)
- Shoulder bridge, progressing to single-leg bridge
- Side lying hip abduction (lift and lower top leg keeping core muscles pulled in)
- 'Superman' exercise in 4-point kneeling: opposite arm and leg extension keeping a stable spine and pelvis
- Single leg 'running man' in standing: opposite arm and hip flexion/extension with a bent knee
- Single leg mini squat (ensure your knee does not twist inwards)

Aim to build up to 10-20 repetitions of each exercise, which can be done in multiple sets (e.g. 2-4 sets of 5 repetitions; 2 sets of 8-10 repetitions). If you are beginning to get tired then it is better to perform the exercises more frequently but with a lesser number of repetitions to order to maintain good form, technique and alignment.



Signs to slow down



If you return to running and experience any of the following signs then it is best to stick with low impact activities for the time-being.

You should stop exercise if your symptoms do not improve or get worse, and you may need to see a health professional at this stage.

- Urinary and/or faecal incontinence before or during running
- Pressure/bulge/dragging in the vagina before or during running
- Ongoing or onset of vaginal bleeding, not related to menstrual cycle, during or after attempted low-impact or high-impact exercise
- Pain at the caesarean-section scar site before, during or after running

- Musculoskeletal pain e.g. pelvic pain before or during running; hip, knee, back pain during or after running.

It is worth noting that in most cases, women with lower back and pelvic girdle pain during pregnancy recover spontaneously soon after delivery. If your symptoms persist at six weeks post-pregnancy then it is advisable to seek help from a physiotherapist.

Things to consider

Running and breastfeeding



The World Health Organisation advises women to breastfeed for at least the first six months post-pregnancy and up to two-years.

Ultimately, what you decide to do is your individual choice however it is worth knowing that energetic exercise during lactation does not affect the quality or quantity of breast milk.

Moderate weight loss when breast-feeding is safe and will not compromise your baby's ability to gain weight but weight-loss should not be more than 0.75-1 lb/0.34-0.45kg per week.

To avoid excess weight loss when breastfeeding whilst exercising, you should make sure you are eating a healthy, well-balanced diet that gives you enough energy and good nutrition.

Staying hydrated is important. Have a drink before you exercise and you may wish to take a bottle of water with you. If you think this might make you want to have a wee whilst out for a run then plan a route that will take you by a potential loo stop, or do laps around your local neighbourhood so you're not far from home.

You may also prefer to feed your baby or express your milk before a run or workout to avoid any discomfort that may come from engorged breasts.

The hormonal environment during breastfeeding and up to three-months following weaning can influence the laxity of your joints. This might make running on uneven ground hard work, so stick to smoother, flatter surfaces, and be extra careful if you have any pre-existing joint mobility issues.

Running apparel

In order to increase breast and bra comfort, you may find it preferable to wear a sports bra that offers support rather than just compression. It may be worth your while wearing a personally fitted sports bra if you struggle to find something off-the-peg.

It is also really important to wear supportive footwear, and be aware that shoe size and width can change permanently with pregnancy so do not assume that your previously worn footwear is the correct fit.



Some women may also benefit from wearing underwear, shorts or leggings that provide compression and support to the pelvis and lower back.

Sleep



Sleep is fundamental when recovering from both physical and psychological stress and is often limited after having a baby.

Research has shown that lack of sleep is not good for our health, and can lead to increased pain, reduced performance, an increased risk of accidents and a greater risk of injury in sport.

Do not skimp on your sleep and a good 'bedtime routine' can be just as helpful for you as well as your baby. You may need to take day-time naps to boost your sleep and limit the effects of sleep deprivation.

Mental well-being

Running can be great for our mental well-being and it has been linked to reducing the risk of postnatal depressive symptoms. This is great but only if running is stress-relieving rather than stress-provoking.

Caring for your child (or children) alongside the numerous other responsibilities you have can be time-consuming and challenging. If you start to feel over-whelmed by the idea of training and/or competing then it is important to maintain perspective and consider re-evaluating your short-term goals.

Low and moderate intensity exercise has excellent short and long-term health benefits, and these activities can act as stepping stones that will help to facilitate an easier transition back to running when you are ready.

Also consider supervised exercise opportunities such as working with your physiotherapist; participating in the local Park Run; or getting involved via your local health authorities 'Exercise Referral Scheme'.

If you are worried about your mental well-being then you should talk to your GP or health visitor.



Running with your baby

If you are thinking of running with your baby then you will need a buggy that is specifically designed for this. Usually it will have a five-point harness for the baby, fixed front wheels, hand-operated brakes, rear wheel suspension, pneumatic tyres, three wheels and a wrist strap.

You should not run with a new born baby.

Most buggy companies recommend your baby is at least eight months old in order to protect their spine and head.



Set the handlebars to the correct height, which is usually about level with your waist. Start by trialling the buggy on a walk, initially sticking to smooth surfaces and a reasonably flat route. Begin slowly using both hands on the handlebars, and don't be tempted to dangle a change bag from them.

When you do start running consider a walk-run approach (even if you have already returned to running on your own) so that your body has the opportunity to adjust to this new style of running. Run reasonably close to the buggy so that you are not over-reaching

Dress your baby appropriately as you may get warm when running but your baby can get cold just sitting in the buggy, and take a bottle of water with you to stay hydrated.

Summing Up

Factors such as the type of birth you have had, and whether or not there were complications are all determinants of when it may be safe and appropriate to return to running. What overrules all of this is the presence of pelvic floor and/or abdominal dysfunction, which needs to be addressed first. Effective rehabilitation of these issues will provide a platform from which you can recommence your run training.

When you do start, do so slowly and listen to your body. It is vital to work on exercises to strengthen your pelvic floor and establish a stable core, before and then alongside your run training. You may find the World Health Organisation guidelines for exercise a useful template to follow.

Ensure you eat a healthy, balanced diet and get adequate sleep. Consider setting realistic short-term and long-term goals that you can fit in to your current lifestyle but remember that they are not set in stone and can be adjusted as needed.

Running should be a source of enjoyment, not something that causes you stress, and when old enough your baby can join you on your runs.

If you are in any doubts then it is worth consulting a healthcare practitioner such as your GP, health visitor or physiotherapist for further advice and guidance.



This booklet is evidence-based and has been produced by Chartered Physiotherapist Renu Khosla as part of the MSc Sport and Exercise Physiotherapy Programme at Cardiff University. April 2019.



This guide is aimed at women who regularly ran before pregnancy and continued to run or cross-train during pregnancy. If you are a postnatal woman who is new to running then please bear in mind that some of the timescales and considerations discussed in this guide will be different for you. This is important in order to reduce the risk of injury. If you have any concerns please feel free to get in touch.



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