



An tOspidéal Náisiúnta Máithreachais
The National Maternity Hospital

Physiotherapy Department

A Guide to Postnatal Return to Running, Sport and High Impact Exercise



Your body undergoes major, sudden change during the birth of your baby. There is still healing happening up to a year after having your baby.

For this reason, it is important to follow postnatal return to exercise guidelines to gradually, safely expose your body to increased exercise intensities and to prevent injury or pelvic floor issues.



Visit our website: www.nmh.ie

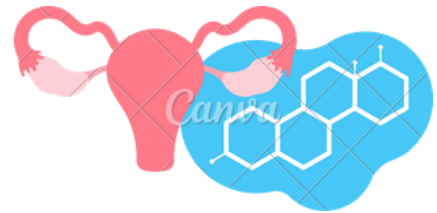
Exercise Considerations

The Postnatal Body

Hormones

After pregnancy the hormone relaxin can stay in your body up to 4-6 months postnatally, leaving your ligaments and pelvic floor muscles more vulnerable to injury in the postnatal period.

In addition, your oestrogen and testosterone hormones are also lower. This can impact pelvic floor symptoms and your ability to build muscle mass as you increase exercise. The depletion of these hormones is prolonged with breastfeeding.

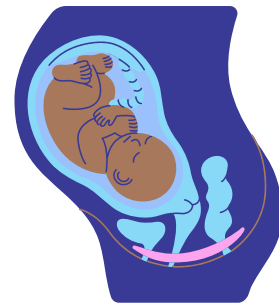


Pelvic Floor and Core Weakness

During a vaginal birth your pelvic floor muscles stretch up to 300% or their original size. The muscles, tissues and nerves in the pelvic floor maximise their healing by 4-6 months however changes can still be seen up to 12 months after birth.

During a caesarean section the tissue strength across your scar at 6-7 months postnatal is still only at 70%-90% of its original strength.

These factors can effect your core stability and mechanical control when returning to exercise.



Sleep

Sleep deprivation in high level exercisers is associated with increased injury risk. Current research recommends 7 to 9 hours of sleep per night . Consider this as you exercise more, day-time naps can be used to extend sleep and reduce the effects of sleep deprivation.



Low Energy Reserve

RED-S (Relative Energy Deficiency in Sport) refers to insufficient energy intake to meet physical demands, which can be a risk factor postpartum due to sleep deprivation, altered nutrition, and breastfeeding demands. This needs to be considered when you are returning to a higher level of exercise. Make sure your diet is nutritious and rich in protein for optimal muscle recovery.



Returning to Exercise

Phase 1: Healing and Recovery time

The body has undergone significant changes for the last 9-10 months and is healing from the delivery of your baby. No two pregnancies and no two births are the same and it is important in this phase to understand that. **'Week 0' of starting to exercise is different for everyone.**

Physically, the focus should be on: getting as much sleep and rest as possible, balancing gentle movement with pain management and ensuring you have a well-balanced diet.

You can stay in this Phase for as long as you need to.

Weeks 0-2

-  Pelvic floor muscle strength and endurance
-  Basic core exercises e.g. pelvic tilt
-  Short Walks for cardiovascular exercise


Phase 2: Return to movement

Once you feel comfortable carrying out your daily activities you can start phase 2. You will need to start specific core exercises strengthening the core and pelvic floor muscles to prepare your body for the impact of running/high impact exercise in later phases. We recommend low impact exercises for the first 3 months. This is a rough timeline, everyone is different and healing is never linear.

Weeks 2-4

-  Progress walking, pelvic floor muscle/core rehab
-  Introduce squats, lunges and bridges in line with day-day requirements
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Weeks 4-6

-  Continue low impact exercises
-  Low impact-Static cycling/crosstrainer could be introduced depending on perineal trauma and saddle discomfort

Weeks 6-8

-  Scar mobilisation
-  Power walking
-  Increase low impact exercises
-  Add dead lift
-  Add resistance to lower limb and core

Weeks 8-12

-  Introduce swimming*
-  *Dependent if lochia stopped & wound has healed
-  Spinning if comfortable sitting on a spinning saddle bike

Returning to Exercise

Phase 2 Exercise Resources

Click on the symbol to access the resources



NMH Diastasis Rehab Series



Keep Well Video Series for New Mums

Phase 3: The Walk /Run phase

When you have completed Phase 2, you may start a walk to run program. **You must be at least 12 weeks postpartum.** It is important to continue core and pelvic floor exercises during and after this phase.

Firstly, you should test your body and your pelvic floor with the following checklist.

You should be able to complete these exercises without any pelvic floor symptoms of vaginal heaviness, incontinence of your bladder or bowel, vaginal bleeding, pelvic or low back pain.

You can also incorporate some of these exercises into your rehabilitation programme.

Return to Running Checklist

Pelvic Floor

In standing:

- ✓ 10x fast reps
- ✓ 8-12 reps of 6-8 second maximum voluntary contraction
- ✓ 60 seconds submaximal 30-50% contraction

Strength tests

20 repetitions of each test:

- ✓ Single leg calf raise
- ✓ Single leg bridge
- ✓ Single leg sit to stand
- ✓ Side lying hip abduction

Agility tests

- ✓ Walking 30 minutes
- ✓ Single leg balance 10 seconds
- ✓ Single leg squat 10 repetitions each side
- ✓ Jog on the spot 1 minute
- ✓ Forward bounds 10 repetitions
- ✓ Hop in place 10 repetitions each leg
- ✓ Single leg 'running man'

Click on the icon to access our return to running playlist:



Returning to Exercise

Phase 3: The Walk /Run phase

If you have completed the Return to Running Checklist, you can start intervals of walking and light jogging. If you experience any pelvic floor symptoms, this is a sign that you should return back to phase 2 exercises and seek advice from a pelvic health physiotherapist.

If you have no symptoms, build up your exercise intensity slowly and take days in between as needed to allow for recovery.

A “couch to 5K” running programme can be helpful as an introduction back into running



[Click on the icons to access the app](#)

Phase 4: Returning to Running

This final phase describes the return to consistent, painfree and regular running up to 5km. You should continue dynamic core exercises and may commence light plyometrics such as running drills or light jumping to continue to challenge the pelvic floor.

For run-training progression, building training volume (e.g. running distance/time) prior to increasing training intensity is recommended

Additional Return to Running Tips

- Good supportive footwear can help to support you as you run
- Running on an incline or with a slightly forward lean can reduce the impact on your pelvic floor
- Remember to breathe and ensure you are not tensing your tummy muscles
- Regular calf stretches
- Reduce stiffness in your upperback with regular upper back mobility exercises eg. thread the needle
- Having strong hamstrings reduces the impact on your body as your run eg. deadlift, single leg RDL's



Competitive Training and Sport

Phase 5: Return to sport

At this point your core and pelvic floor must be well strengthened and you can consider the return to your usual running distance and sports regime.

Everyone is individual, your training should be specific to you, to prepare your body adequately for the return to your specific sport.

You should consider waiting a week or two each time you increase your exercise intensity to let body adapt to new levels of exercise or longer distances. Be aware that reaching this stage can take several months.

Running with a buggy

The general advice given to women regarding buggy-running focuses on the baby's health. It is advised that if considering running with a buggy that the buggy is one that is designed for this function.

Buggy companies advise that buggy-running should not commence until baby is between 6-9 months old to protect the baby's neck and spine.

When to seek support from a Health Professional

Listening to your body is important. If you begin to experience the following symptoms it is important to reduce your exercise intensity and seek support from a health professional eg. a Pelvic Health Physiotherapist.

6 P's

- Peeing / bladder symptoms
- Pooing / bowel symptoms
- PV bleeding (per vaginal bleeding)
- Pressure through tummy
- Prolapse / heaviness in vagina
- Pain



Physiotherapy support at NMH

Up to 6 months after having your baby you can self-refer to Physiotherapy at Holles St for Pelvic floor symptoms. You do not need a doctor to refer you.

You can access our contact details via physiotherapy page on the NMH website.

This handout is based on the 'Postnatal Return to Running Guidelines' 2019. Please click on the image to access the full guidelines.

