

The role of physio in pregnancy and post natal care

Tory Toogood

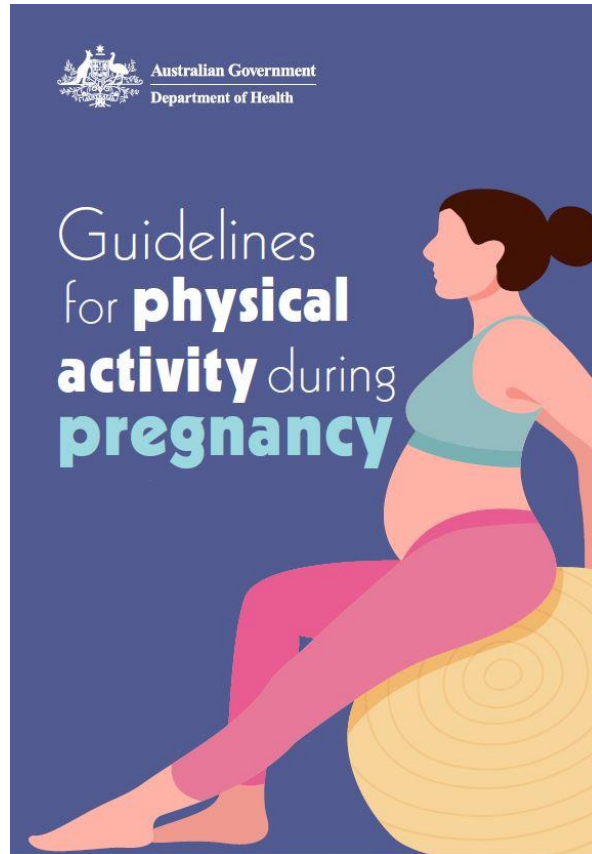
Women's Men's and Pelvic Health Physiotherapist

Learning outcomes

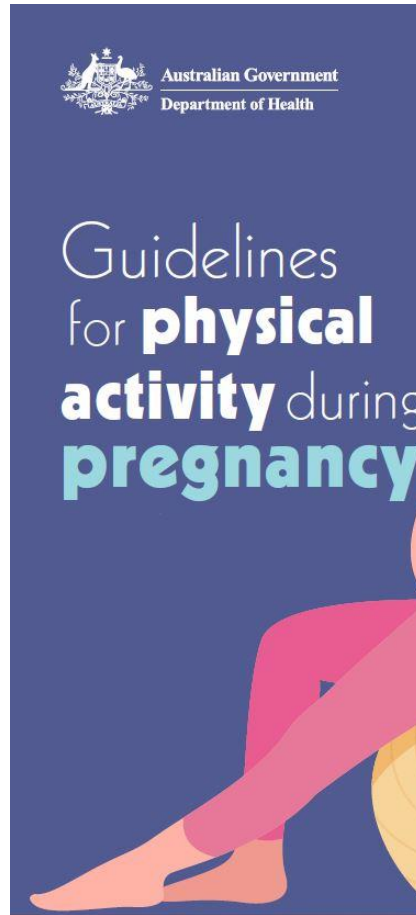
- Participants will be aware of current guidelines around physical activity in pregnancy, and the role of physios in helping patients achieve this
- Participants will be aware of the importance of pelvic floor rehab after pregnancy and delivery, and its lifelong pelvic health consequences

Exercise in Pregnancy

2022



Exercise



Physical activity for pregnant women

- Helps to control weight gain
- Helps reduce high blood pressure problems
- Helps to prevent diabetes of pregnancy
- Improves fitness
- Improves sleep
- Improves mood

Not active?
Start gradually

Already active?
Keep going

Home

Out and about

Leisure

Throughout pregnancy aim for at least **150 minutes** of moderate intensity activity every week

Do muscle strengthening activities twice a week

Every activity counts, in bouts of at least 10 minutes

No evidence of harm

Listen to your body and adapt

Don't bump the bump

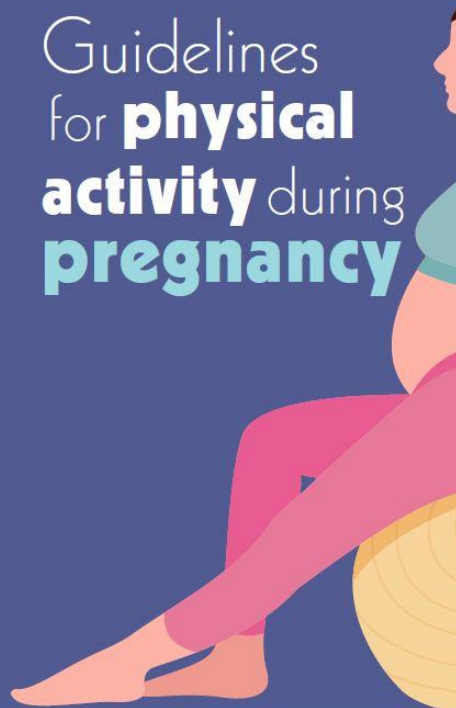
UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy.
bit.ly/startactiveinfo

2017

Exercise i

Australian Government
Department of Health

Guidelines
for **physical activity** during pregnancy



Pregnancy Physical Activity

AMERICAN COLLEGE of SPORTS MEDICINE
LEADING THE WAY

Recommendations:

Physical activity recommendations for pregnant women follow those for the general non-pregnant population, with minor modifications.

Women should accumulate **150 minutes** of moderate Physical Activity each week.

Physical Activity is encouraged everyday, but should occur over a minimum of **3 days per week**.

A variety of physical activities should be incorporated, both aerobic and resistance in nature, along with yoga and gentle stretching.

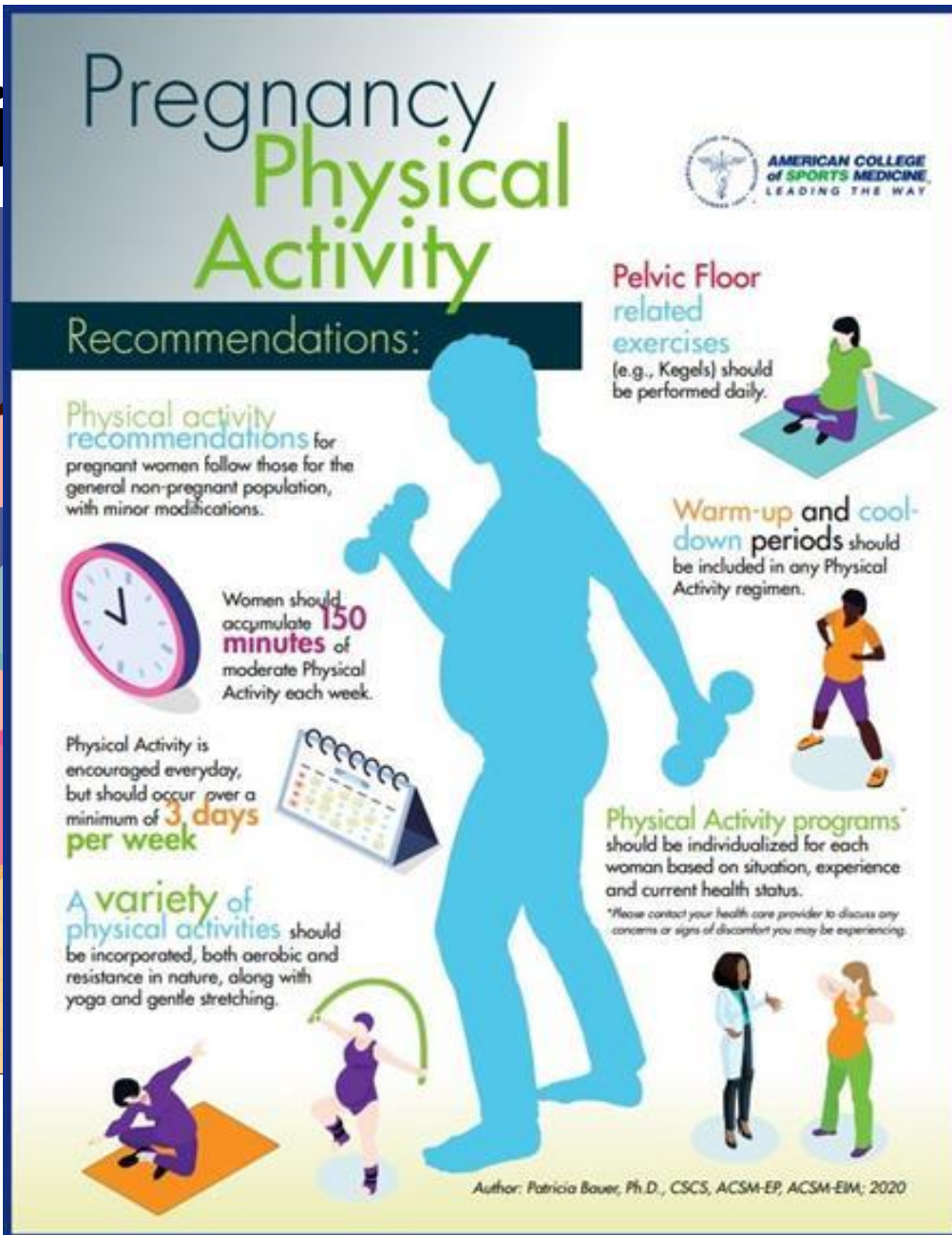
Pelvic Floor related exercises (e.g., Kegels) should be performed daily.

Warm-up and cool-down periods should be included in any Physical Activity regimen.

Physical Activity programs should be individualized for each woman based on situation, experience and current health status.

*Please contact your health care provider to discuss any concerns or signs of discomfort you may be experiencing.

Author: Patricia Bauer, Ph.D., CSCS, ACSM-EP, ACSM-EIM; 2020



2020

Exe

CATEGORY: USEFUL GUIDANCE



The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists
Excellence in Women's Health

Exercise during pregnancy

This statement has been developed and reviewed by the Women's Health Committee and approved by the RANZCOG Board and Council.

A list of Women's Health Committee Members can be found in [Appendix A](#).

The committee acknowledges the contribution of Dr Kym Guelfi to this document.

Disclosure statements have been received from all members of this committee.

Objectives: To provide guidelines for the prescription of exercise during pregnancy.

Target audience: Health professionals providing antenatal care, accredited exercise physiologists and pregnant women.

Values: The evidence was reviewed by the Women's Health Committee (RANZCOG), and applied to local factors relating to Australia and New Zealand.

Background: This statement was first developed in July 2016 and most recently reviewed in March 2020.

Exercise in Pregnancy

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Journal of Science and Medicine in Sport

Review

Australian guidelines for physical activity in pregnancy and postpartum



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vitalcore
physiotherapy
pelvic health

Exercise in Pregnancy

Canadian Guidelines 2019²⁰

American College of Obstetricians and Gynecologists 2015¹⁵

USA Physical Activity Guidelines 2018²²

Royal Australian and NZ College of Obstetrics and Gynaecologists 2016¹⁶

Swiss Guidelines 2018¹⁹

Sports Medicine Australia Position Statement 2016¹⁸

Wolters Kluwer UpToDate® 2019²¹

A. General recommendation

All women without contraindication should be physically active throughout pregnancy.

Physical activity in pregnancy has minimal risks and has been shown to benefit most women, although some modification to exercise routines may be necessary because of normal anatomic and physiologic changes and foetal requirements.

Women without contraindications should participate in regular aerobic and strength conditioning exercise during pregnancy. Women should be advised that there is no evidence that regular exercise during an uncomplicated pregnancy is detrimental to the woman or fetus.

For women who have been previously active prior to their pregnancy: usual activities can be maintained to the same extent as long as comfortable. If necessary, style/mode and technique can be adjusted and duration and intensity can be reduced.

For healthy women, physical activity/exercise during pregnancy is safe and is associated with numerous benefits to the mother and unborn child/fetus.

Women with uncomplicated pregnancies should be encouraged to exercise as part of a healthy lifestyle before, during and after pregnancy.

B. Dose

At least 150 min/week.

≥20–30 min/day.

≥150 min/week.

At least 2.5 h/week.

30 min daily.

A minimum of 2

Most or all days of the

Spread throughout the

Ideally, the physical

5–7 days/week

UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy. bit.ly/startactvelinfo

Author: Patricia Bauer, Ph.D., CSCS, ACSM-EP, ACSM-EIM; 2020

Exercise in Pregnancy

Australian Government
Department of Health

Guidelines for **physical activity** during pregnancy

Physical activity for pregnant women

- Helps to control weight gain
- Helps reduce high blood pressure problems
- Helps to prevent diabetes of pregnancy
- Improves fitness
- Improves sleep
- Improves mood

Not active? Start gradually

Already active? Keep going

Throughout pregnancy aim for at least **150 minutes** of moderate intensity activity every week

Home: Walking, Gardening, Household chores

Out and about: Walking, Cycling, Shopping

Leisure: Swimming, Jogging, Dancing, Playing sports

Do muscle strengthening activities twice a week

Every activity counts, in bouts of at least 10 minutes

No evidence of harm

Listen to your body and adapt

Don't bump the bump

UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy. bit.ly/startactvelinfo

Pregnancy Physical Activity

AMERICAN COLLEGE of SPORTS MEDICINE
LEADING THE WAY

Recommendations:

Physical activity recommendations for pregnant women follow those for the general non-pregnant population, with minor modifications.

Women should accumulate **150 minutes** of moderate Physical Activity each week.

Physical Activity is encouraged everyday, but should occur over a minimum of **3 days per week**.

A variety of physical activities should be incorporated, both aerobic and resistance in nature, along with yoga and gentle stretching.

Pelvic Floor related exercises (e.g., Kegels) should be performed daily.

Warm-up and cool-down periods should be included in any Physical Activity regimen.

Physical Activity programs should be individualized for each woman based on situation, experience and current health status.

*Please contact your health care provider to discuss any concerns or signs of discomfort you may be experiencing.

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Exercise in Pregnancy

How **active** should I be?

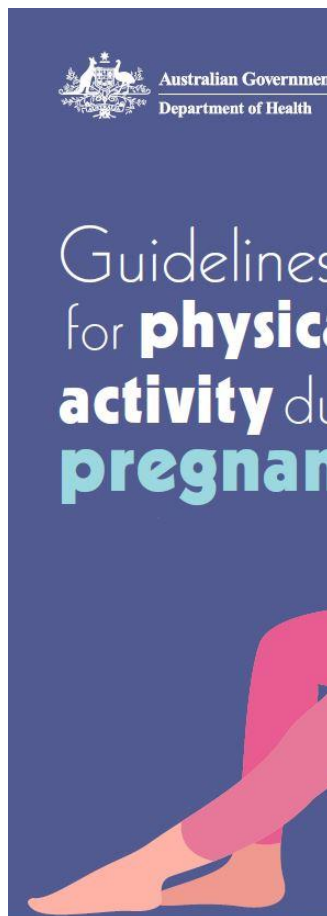
During your pregnancy aim to:

- be active on most, if not all, days of the week
- do moderate intensity activities for 2½ to 5 hours each week;
or vigorous intensity activities for 1¼ to 2½ hours each week
 - this means do 30 to 60 minutes of moderate intensity activity
or do 15 to 30 minutes of vigorous intensity activity most days
- do muscle strengthening activities at least 2 days each week
- break up long periods of sitting and standing still
- do pelvic floor exercises.

TIP

10
MIN

TIP



Exerc

Type of activities

Do a combination of both aerobic and strengthening activities.



Aerobic activities help improve your cardiorespiratory fitness and help avoid excess weight gain.

Aim to do aerobic activities that use large muscle groups – such as brisk walking, cycling, swimming, dancing, and exercise classes.



Muscle strengthening activities help maintain and/or improve your strength and can help reduce low back and pelvic pain.

Aim to do strengthening activities such as light resistance training or bodyweight exercises.



Pelvic floor exercises help strengthen and tone your pelvic floor muscles and other tissues.

A strong pelvic floor can reduce your chance of having problems (such as incontinence) after giving birth and later in life, so it is important to learn how to do these correctly.



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Australian Government
Department of Health

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TIP

Try to do pelvic floor exercises every day before and during your pregnancy, and then start again as soon as possible after birth.




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Floor
ercises
should
be done daily.




Warm-up and cool-down periods should be included in any Physical Activity regimen.




Activity programs should be individualized for each person based on situation, experience and health status.

Consult your health care provider to discuss any concerns or discomfort you may be experiencing.




ACSM-EP, ACSM-EIM, 2020

Exercise



Australian Government
Department of Health

Guidelines for physical activity during pregnancy



TIP

For a simple way to measure intensity – try the 'Talk Test'. You should be able to carry on a conversation during moderate intensity activities, but in vigorous intensity activities you'd find this difficult.



UK Chief Medical Officers Recommendations 2017: Physical Activity in Pregnancy.
bit.ly/startactiveinfo



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LEADING THE WAY

Pelvic Floor
Strengthened
exercises
(e.g., Kegels) should
be performed daily.



Warm-up and cool-down
periods should
be included in any Physical
Activity regimen.



Physical Activity programs
should be individualized for each
person based on situation, experience
and current health status.
*contact your health care provider to discuss any
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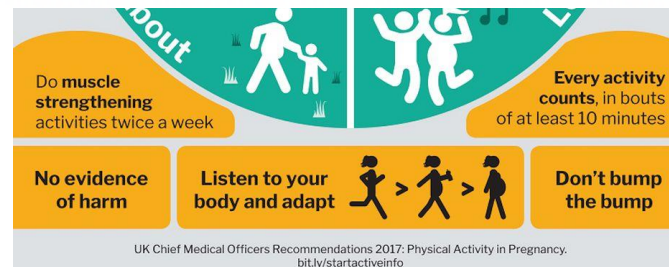


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Exercise in Pregnancy

Avoid **activities that involve**

- risk of contact/collision
- risk of falling (i.e. activities that require high levels of balance, coordination and agility)
- significant changes in pressure (e.g. sky diving, scuba diving)
- heavy lifting.



Ex

Pregnancy complications

If you have any of the following you are advised not to exercise until you get individual advice from your health professional:

- incompetent cervix
- ruptured membranes, preterm labour
- persistent bleeding in the second or third trimester
- placenta previa
- pre-eclampsia
- evidence of intrauterine growth restriction
- multiple gestation (triplets or higher)
- poorly controlled type 1 diabetes, hypertension or thyroid disease
- other serious cardiovascular, respiratory or systemic disorders.



Get expert advice from a health professional before starting or continuing physical activity if you have a history of, or develop, any of the following:

- spontaneous miscarriage, preterm labour or fetal growth restriction
- mild/moderate cardiovascular or chronic respiratory disease
- pregnancy induced hypertension
- poorly controlled seizure disorder
- type 1 diabetes
- symptomatic anaemia
- malnutrition, significantly underweight or eating disorder
- twin pregnancy after the 28th week
- other significant medical conditions.



Exercise in Pregnancy

Australian Government
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Guidelines for **physical activity** during pregnancy

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Already active? Keep going

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Home: walking, stairs, housework

Out and about: walking, cycling

Leisure: swimming, gym, dancing

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No evidence of harm

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Exercise for GDM, GHT, Pre-eclampsia

- Moderate intensity exercise, 25', 3x pw
 - GDM ↓38%
 - GHT ↓39%
 - PE ↓41%
 - Davenport et al 2018
- No exercise from 1st trimester is associated with increased risk, so there must be very good medical reasons to not encourage PA - equivalent to smoking for CVD
 - SOGC (Canada) Mottola et al 2018

Exercise classes - what to recommend



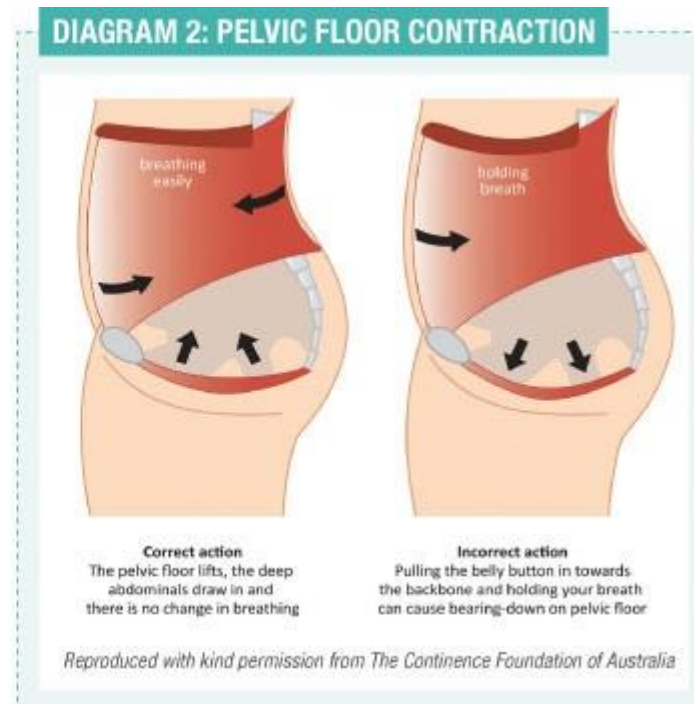
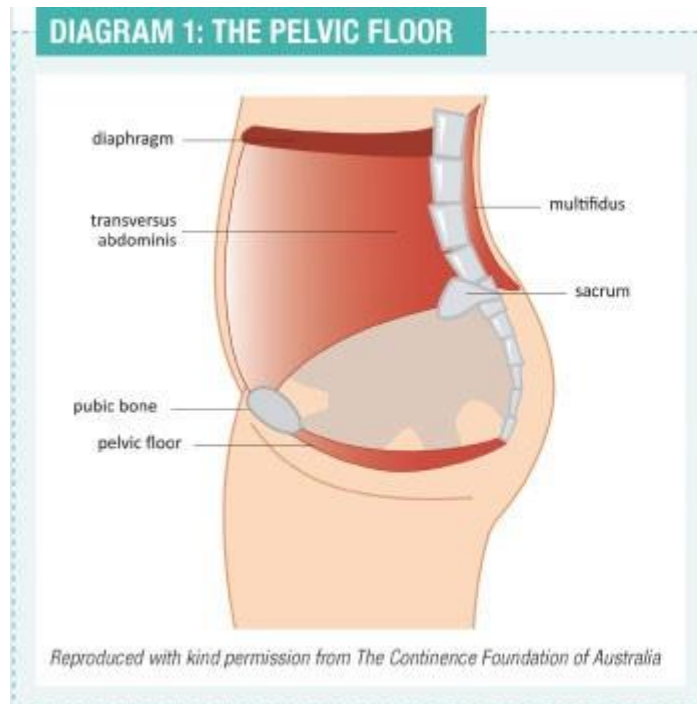
- Structured classes
 - PFMT
 - Strength
 - Coordination
 - Relaxation
 - Aerobic
 - Ability to modify easier or harder

Pelvic Floor Muscle Training in pregnancy

- PFMT like any exercise treatment should be assessed for need, for technique, and programmed according to goals for strength, endurance and/or coordination
- Antenatal PFMT women were 62% less likely to report urinary incontinence in both late pregnancy and early postpartum compared to controls
 - Level 1 evidence, Grade A recommendation
 - Woodley et al 2020 - Cochrane
 - ICI7, 2023

Cues for PF

- Bony landmarks
- Squeeze and lift



LBP, PGP

- Prevalence of up to 80%, depending on studies, depending on definitions.
- Most often presents in 2nd trimester
- Hormonal changes - mostly oestrogen, probably; not relaxin
- Beware Ddx - transient OP of pregnancy, #NOF
- Refer for medical Ix if any trauma, systemically unwell, weight loss etc
 - Chidi and Barr 2019, Walters et al 2018, Vleeming et al 2008

Pregnancy Related Pelvic Girdle Pain

REFRAMING BELIEFS ABOUT PREGNANCY-RELATED PELVIC GIRDLE PAIN

Pulsifer J, Britnell S, Sim A, Adaszynski J, Dufour S



THE STRONGEST PREDICTOR OF RESOLUTION OF PREGNANCY-RELATED PELVIC GIRDLE PAIN (PPGP) IS HAVING THE BELIEF THAT IT WILL GO AWAY



STABLE

The pelvis is resilient and adaptable to the demands of pregnancy, childbirth and childcare while maintaining its stable structure.



SAFE

Postural and pelvic structural changes are normal, safe and necessary to support the growing demands of pregnancy and childbirth.



SELF MANAGEABLE

Pain education, emotional wellbeing, sleep optimization, exercise and external supports that promote independence are the most helpful strategies to reduce pelvic girdle pain.

FACTS TO HELP REFRAME BELIEFS ABOUT PREGNANCY-RELATED PELVIC GIRDLE PAIN

Pulsifer J, Britnell S, Sim A, Adaszynski J, Dufour S



STABLE

HORMONES

All pregnant people have hormonal changes to accommodate the demands of pregnancy, which alter tissue sensitivity, flexibility, and systemic inflammatory processes in the body.

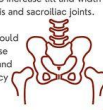
It is helpful for people with PPGP to understand that hormones can create increased sensations and flexibility but the pelvis remains robust throughout pregnancy.



JOINT CHANGES

There is no current evidence correlating relaxin levels and PPGP. The pregnant pelvis has normal changes to increase tilt and width of the pubic symphysis and sacroiliac joints.

People with PPGP should be reassured that these changes are healthy and adaptive for pregnancy and birth.



VARIED MOVEMENTS

Misguided beliefs about lack of pelvic stability and the need to keep the core contracted and legs together can lead to muscle guarding, increased sensitivity, and fear of movement.

People with PPGP should be reassured it is safe and beneficial to move in novel and diverse ways that are comfortable to them.



SAFE

POSTURE ADAPTATIONS

Posture and postural changes in pregnancy do not coincide with pain intensity or the development of PPGP.

People with PPGP should be reassured that postural adaptations in pregnancy are healthy, necessary and normal.



LACTATION

Lactation does not worsen or prolong PPGP and has been proposed to have a global anti-inflammatory protective effect.

People who wish to chestfeed, breastfeed or pump should be encouraged to do so without fear of worsening or prolonging PPGP.



VAGINAL BIRTH

Vaginal births have a lower risk of severity and persistence of PPGP.

Education regarding the safety and benefits of vaginal birth as well as support to reduce associated fears should be primary interventions for people with PPGP.



SELF MANAGEABLE

LIFESTYLE AND EDUCATION

PPGP is influenced by the stress response system, emotional wellbeing and sleep.

Pain can be improved through individualized pain education, lifestyle counselling and daily living movement strategies that empower people with PPGP to self manage.



PHYSICAL ACTIVITY

Exercise has been shown to help reduce PPGP in pregnancy and to prevent PPGP if started prior to pregnancy.

Pregnant people should be encouraged to obtain the minimum recommended activity in pregnancy for maternal and fetal health benefits and to prevent and reduce PPGP.



EXTERNAL SUPPORTS

Belts and manual therapies can be used to create sensory-motor changes through novel proprioceptive input that promotes confidence and safety in movement.

People with PPGP should be advised that primary intervention should emphasize behaviour changes that empower self management.

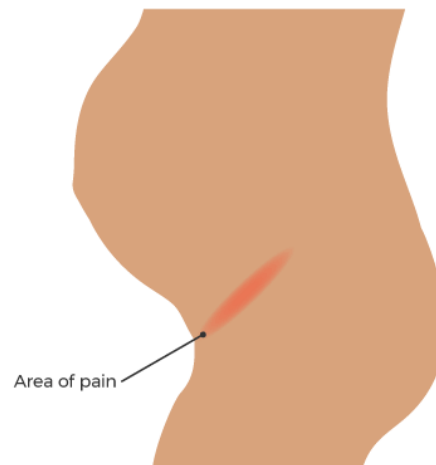
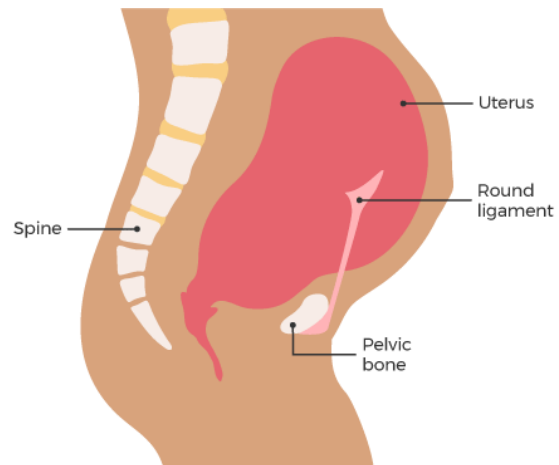


PREGNANCY-RELATED PELVIC GIRDLE PAIN IS CHANGEABLE

For original supporting references, please consult the full text article.

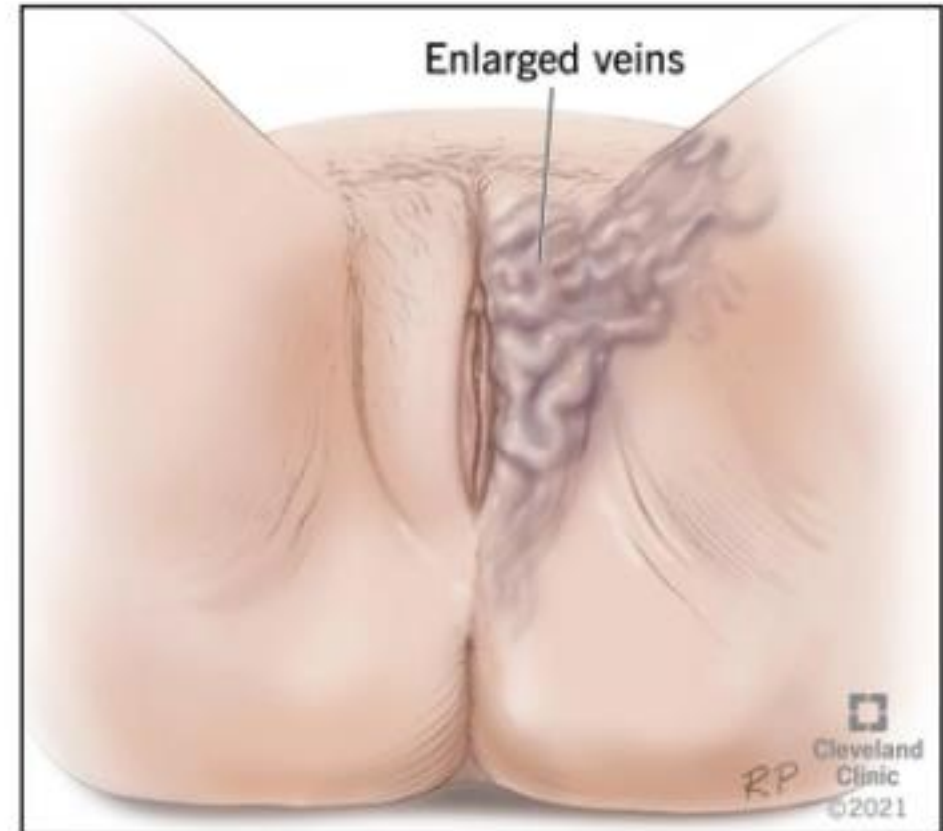


Other MSK pains



Other pregnancy conditions

Vulvar varicosities



Other

SRCHEALTH™

SHOP SALE ABOUT

Vulvar Varicosities Bundle

Femme Eze Ice & Heat Pack
Pregnancy Leggings



ditions

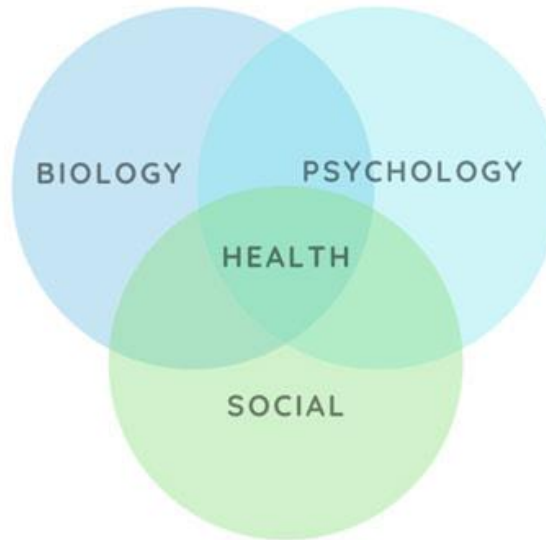


Pelvic pain



BIOPSYCHOSOCIAL APPROACH TO UNDERSTANDING HEALTH

Physical Illness
Sex
Disability
Genetic
predisposition
Immune Function
Neurochemistry
Stress Reactivity
Medication Effects



Attitudes/Beliefs
Personality
Behaviours
Emotions
Coping Skills
Past Trauma

Age
Gender
Cultural influences
Socioeconomic Status
Support system
Education



Preparation for labour



Walking, Standing & Leaning



- Helps stimulate contractions
- Gravity helps baby's descent

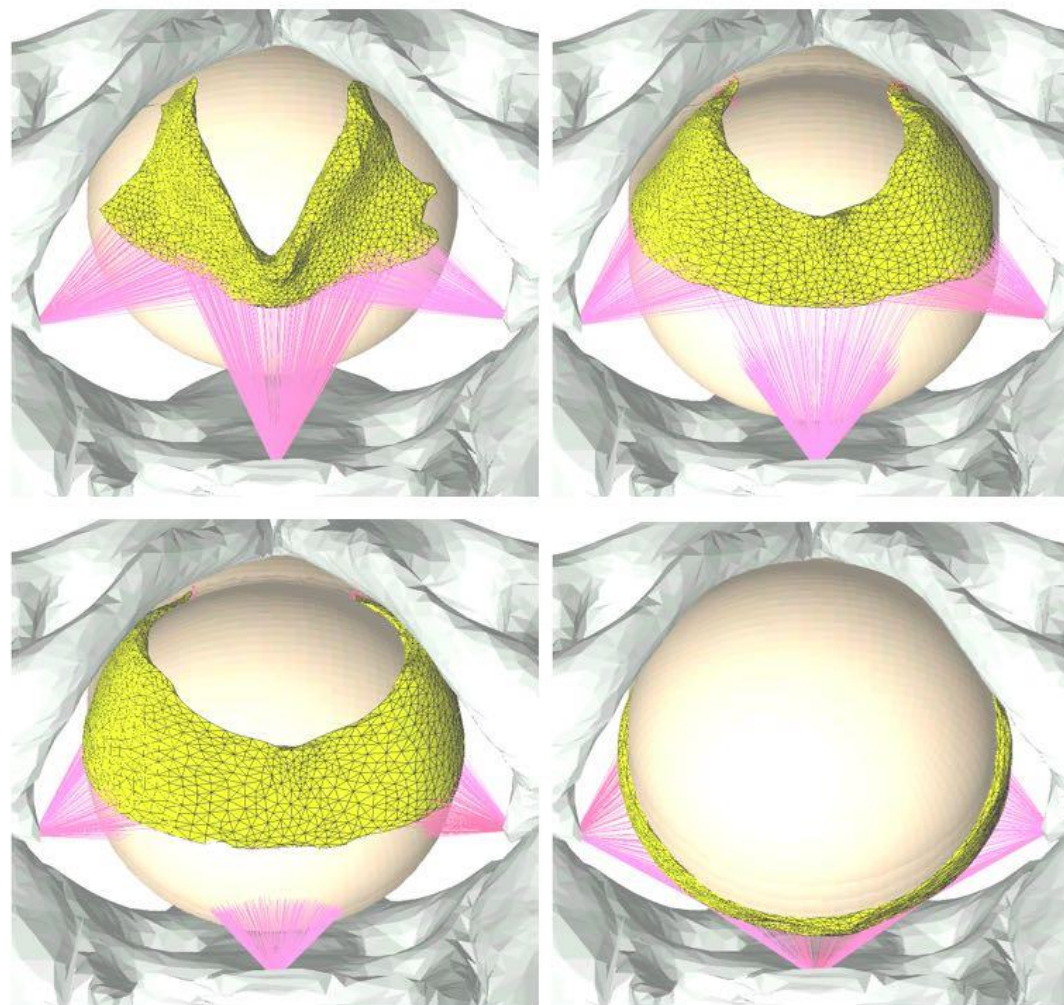
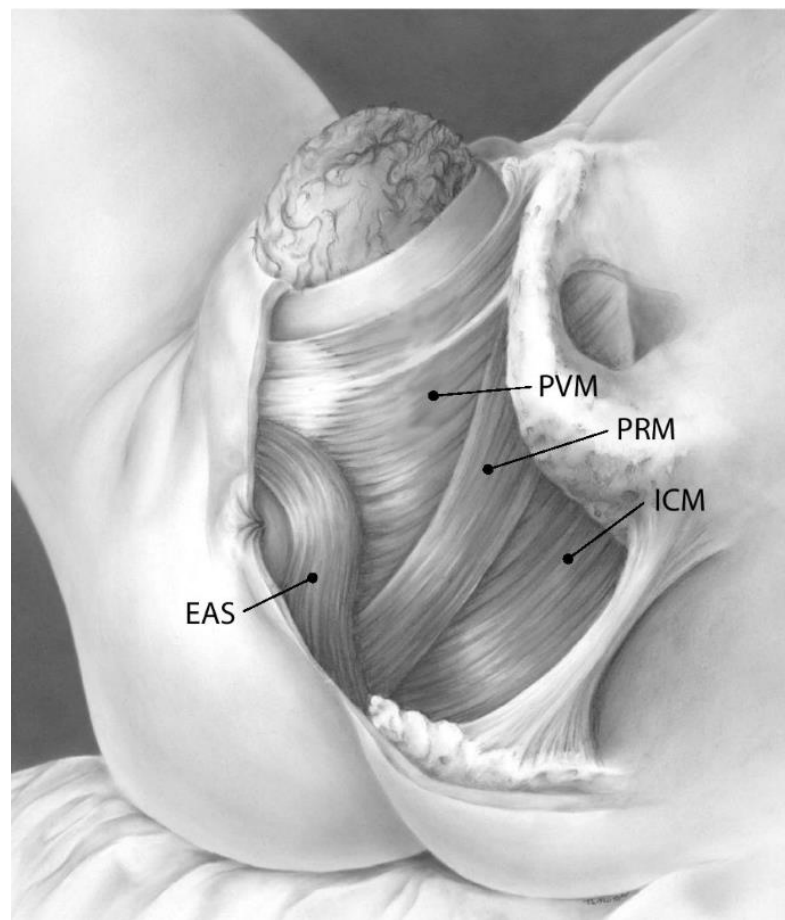
Kneeling



- Relieves back pain
- Helps optimal positioning



Post partum



Hoyte
09

Early post natal advice



EBOOK



MASTITIS



REST AND PACING

Early post natal



EBOOK

vital

**Early post natal
care guide**



REST AND PACING

vital**core**
physiotherapy
pelvic health

Early post natal advice

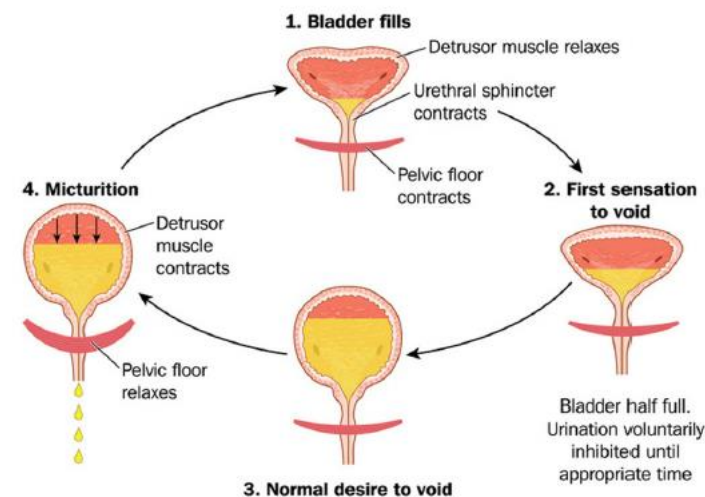


The squatty potty can help you poo easier
www.squattypotty.com

Bowel function

Using your bowels for the first time after delivery can be quite a daunting process. This can be minimised by;

- Supporting the perineum with a wad of toilet paper or a pad if you've had a vaginal delivery. Hold the wad of toilet paper over the urethra and



Bladder habits

You may initially have difficulty emptying the bladder due to perineal swelling, pain from a tear or episiotomy, or after bladder catheterisation.

The following can be helpful:

- Pour warm water over the perineal area.
- Rock forwards, backwards and sideways, breathe

Early post natal advice



Perineal Care

Following a vaginal delivery there is likely to be tenderness or pain of the perineum due to the stretch and trauma experienced during delivery.

This may be accompanied by swelling, bruising and sometimes tearing of the perineum. There may be some stitches that you need to take care of.

You can relieve perineal pain and promote healing by doing your pelvic floor exercises and following the **P.R.I.C.E** regime:

P.R.I.C.E regime:

PROTECT



MASTITIS



REST AND PACING

Early post natal advice



Perineal Care

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PROTECT

MA



Breast Care

The breasts undergo enormous changes during this time. Managing them, as well as learning how to feed your baby can be a challenge. With practice, time, guidance and support, your skills and comfort should improve.

These tips will help prevent inflammatory conditions of the lactating breast (mastitis):

- Ensure that any clothing you wear doesn't leave any marks or creases on your skin as the milk ducts are very easily compressed and damaged. Avoid tight clothing, ill-fitting bras or bras with under

ACING

E



Baby wearing

In order to optimise healing, it's best to avoid putting any extra load on the pelvic floor, perineum or C-section incision. Therefore, limit baby wearing/ baby carriers to short periods at a time for the first 4-6 weeks and make sure to carry your baby close. The extra weight of even a small baby can be very fatiguing!

Remember the **T.I.C.K.S** rule for safe baby wearing:
T- Tight – slings and carriers should be tight enough to hug your baby close to you as this will be most comfortable for you both. Any slack/loose fabric will allow your baby to slump down in the carrier which can hinder their breathing and pull on your back.

Exercise

Return to exercise is important but the type and intensity of exercise must be carefully considered. We have so much evidence now to support a very slow return to exercise.

For the first 2 weeks post birth, make taking care of your baby, pelvic floor recovery and complete rest your priority. You must physically heal from the birth whether it was a C-Section or vaginal birth.

When you feel ready after 2 weeks, add some walking, starting with 10 minutes or so at a time. Build this as tolerated, preferably adding two or three walks per day rather than increasing the time on your feet each time. Avoid using a carrier and pushing a heavy pram initially.

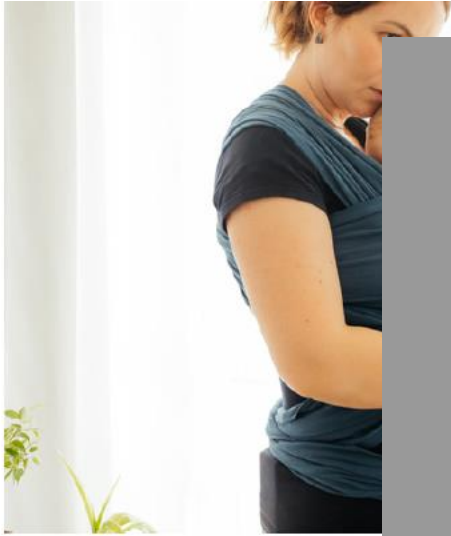
Avoid prolonged exercise sessions (>45-60mins)



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Baby wearing

In order to optimise healing, avoid any extra load on the pelvic floor after a C-section incision. Therefore, use baby carriers to short periods of 4-6 weeks and make sure to use them correctly. The extra weight of even a small baby can be very fatiguing!

Remember the **T.I.C.K.S** rule

T-Tight – slings and carriers should be tight enough to hug your baby close to your body but not so tight that it is uncomfortable for you both. Always allow your baby to slump down slightly so they can hinder their breathing and

But when can I return to ...

The most common question we are asked by new mums who have always been fit and active is “when can I return to running/ sport?”

It is so very important that you delay the return to impact activities for at least 3 months. It takes at least this amount of time for your pelvic floor to have made any return to normal function. In reality this can take up to 12 months so the more respect you pay it in the beginning the better you are likely to be. Below is an excellent infographic put out in 2019 by a collaboration of world experts in both pelvic health and running



AND PACING

EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER	
Weeks Postnatal	Examples of Exercise Progression
Weeks 0-2	<ul style="list-style-type: none"> Pelvic floor muscle strength & endurance Basic core exercise e.g. pelvic tilt Walking for cardiovascular exercise
Weeks 2-4	<ul style="list-style-type: none"> Progress walking, pelvic floor muscle/core rehab Introduce squats, lunges & bridging in line with day-to-day requirements
Weeks 4-6	<ul style="list-style-type: none"> Low impact exercise - static cycling Low impact - core trainer individualise according to postnatal recovery, mode of

The 6 week check

- Advice about gradually building ADL / Physical activity
- Sleep, stretching, pacing
- Stage of healing
- TAUS, TPUS, VE if symptomatic, desired



Pelvic floor muscle relaxation



Contraction : Displaced from black to white

Ikeda and Mori 2021

The 6 week check

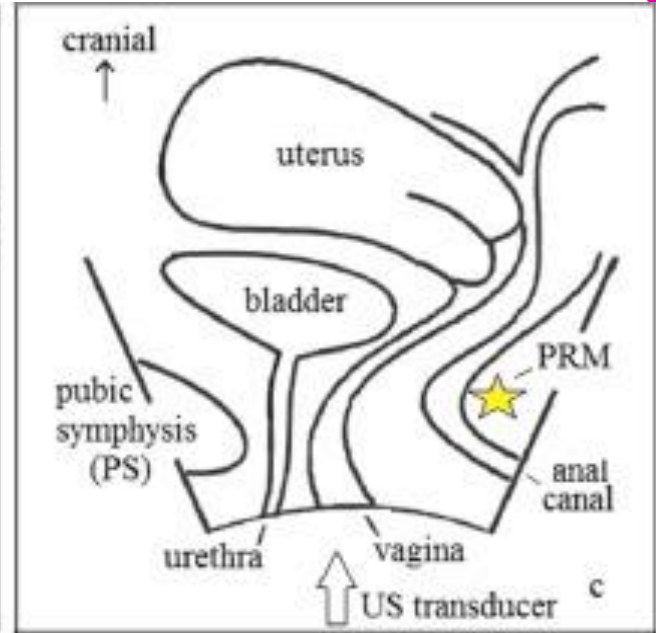
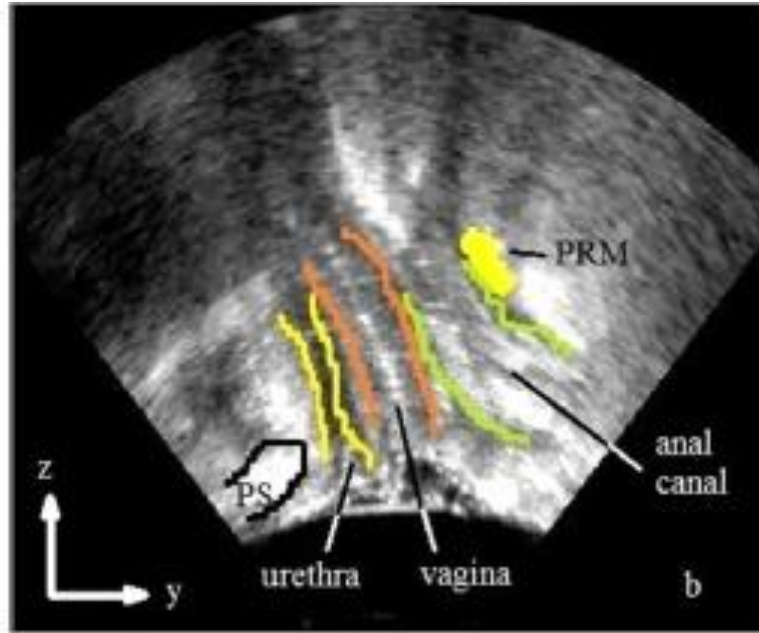
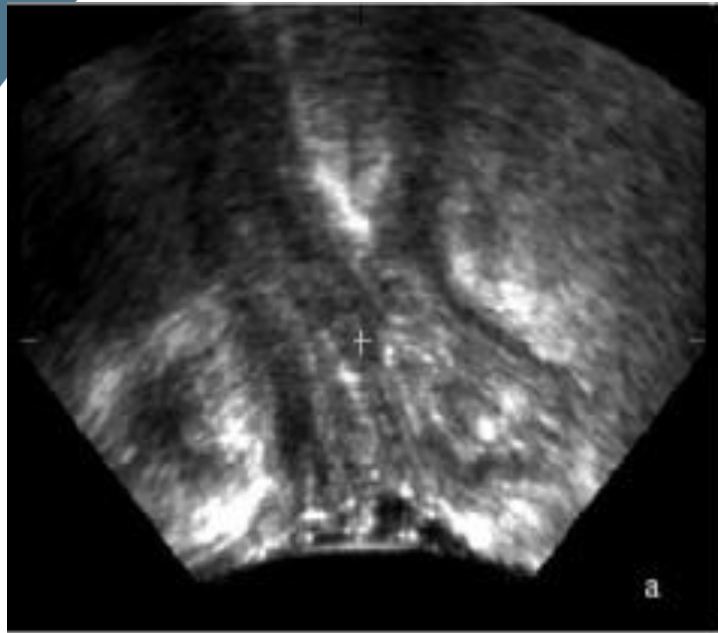
- Advice
- Sleep
- Stage
- TAUS,



ng

ic, desired





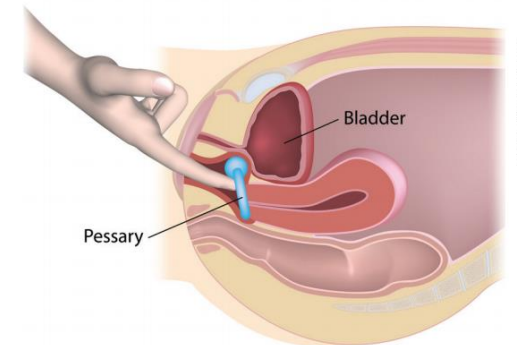
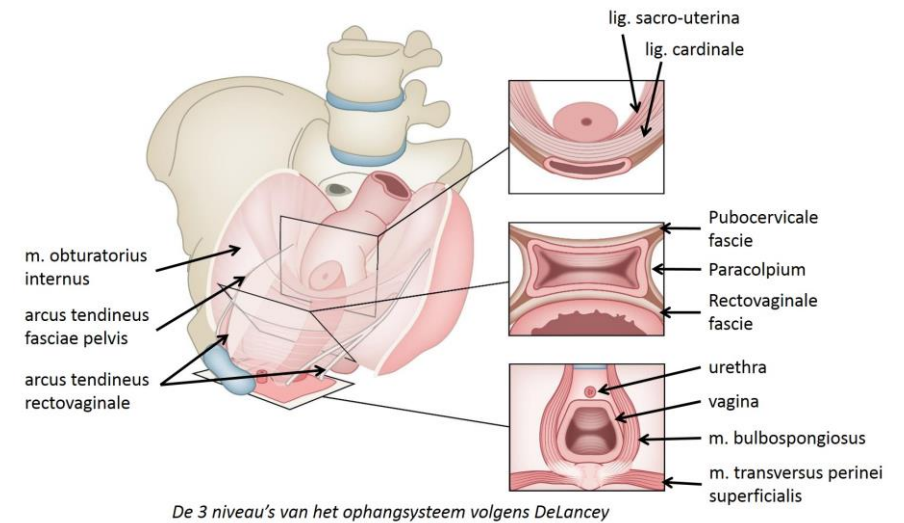
Pelvic floor muscle relaxation



Contraction : Displaced from black to white

Pelvic Floor Dysfunction

- Urinary incontinence, POP, pessaries
- Tearing, faecal incontinence
- Pain



The 12 week check

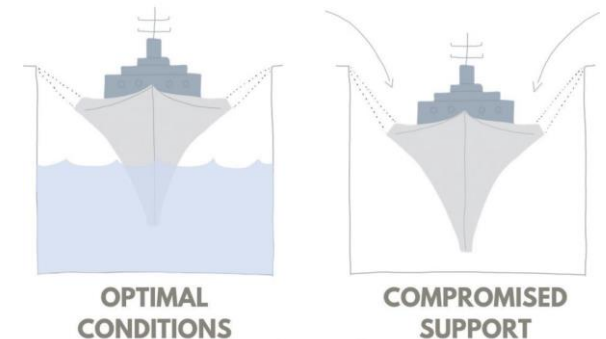
- Appropriate for a vaginal assessment at this time
 - TAUS
 - TPUS
 - Visual / external measurement, sensation +/- external palpation
 - Internal exam
 - tone of muscles
 - Size / Width of levator hiatus
 - Ability to close and lift
 - Strength, coordination, endurance, reflex activity
 - POPQ - simple or full, quantify status of vaginal walls

Stress Urinary Incontinence and POP

- Similar aetiology
- Failure of connective tissue / fascia vs PFM / contractile deficits
- PFMT vs pessary support, vs both
- Sleep, healing, loading as a mother



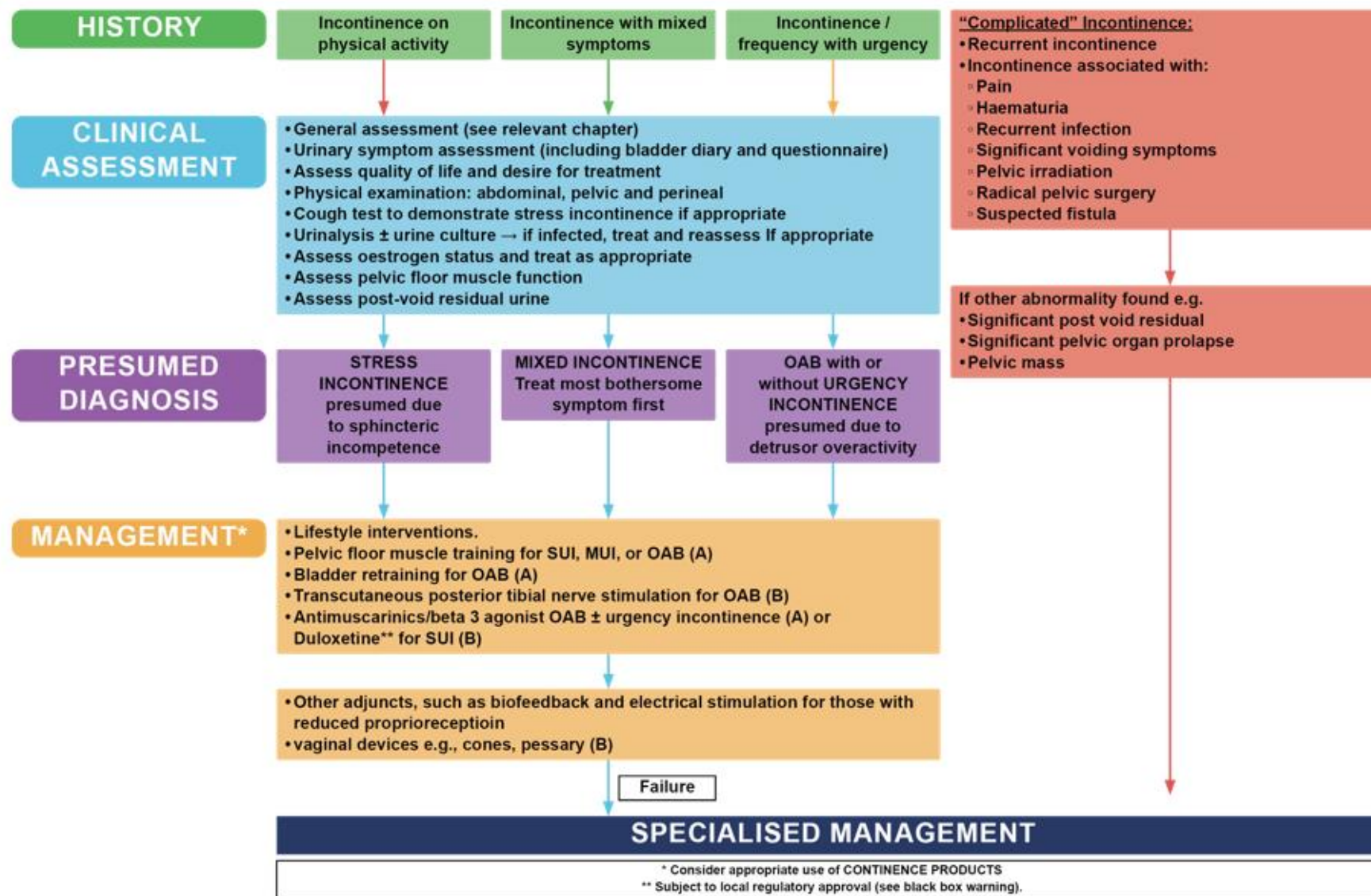
Peggy Norton's
"BOAT IN DRY DOCK"
Concept



populift



INITIAL MANAGEMENT OF URINARY INCONTINENCE IN WOMEN



Role of support pessaries for post natal women



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Rebecca's story : Pelvic Floor physiotherapy

Rebecca has been in recently after the birth of her first baby. From the earliest days after his birth, she felt a dragging and heaviness in her vagina and was diagnosed with a prolapse. Here is her story:

"At our first hospital visit they gave us a handout of prenatal exercises. I did these daily, along with calm birth meditations and acupuncture. I read books by midwives, hired a birth attendant, continued my hobby of Latin dance (performed twice while pregnant).

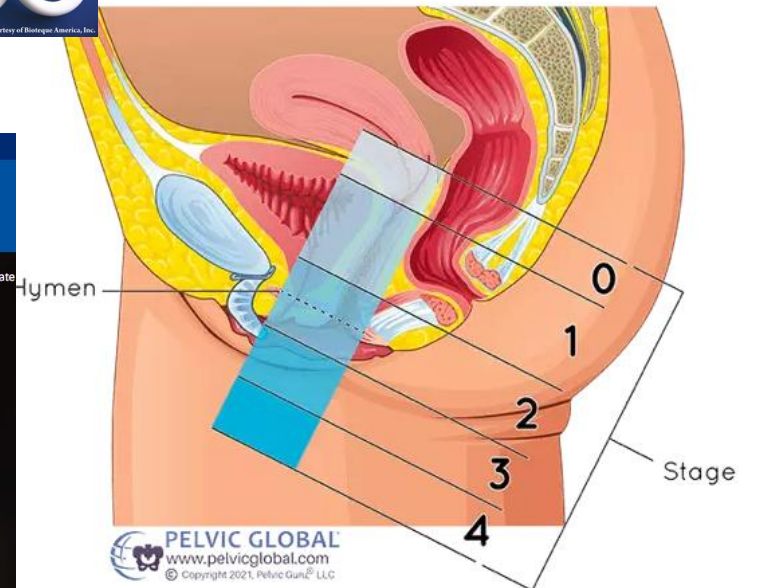


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Professional Certificate in Conservative Management of Pelvic Organ Prolapse

COURSE INFORMATION



- Identify her individual risks, including general health, occupation, bladder and bowel function, physical assessment
- Accurate evaluation / diagnosis of her capacity and deficits with an individualised program to return to good function / meet her goals

Physical activity for women after childbirth (birth to 12 months)



Time for yourself - reduces worries and depression



Helps to control weight and return to pre-pregnancy weight



Improves tummy muscle tone and strength



Improves fitness



Improves mood



Improves sleep

Not active?

Start gradually

Active before?

Restart gradually

Out and about

Leisure

aim for at least

150

minutes
of moderate intensity activity
every week

Home

Start pelvic floor exercises as soon as you can and continue daily

Build back up to muscle strengthening activities twice a week

It's safe to be active. No evidence of harm for post partum women

Depending on your delivery listen to your body and start gently

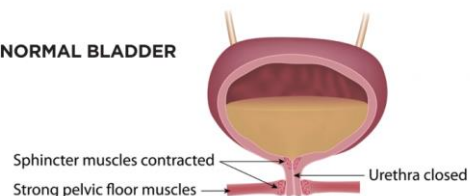


You can be active while breastfeeding

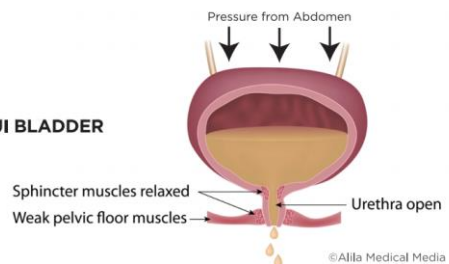
Urinary incontinence in sport



NORMAL BLADDER



SUI BLADDER



©Allia Medical Media



Australian Government
Health Insurance Commission

Medicare

**Enhanced Primary Care (EPC) Program
Referral Form for Allied Health Services under Medicare**

THIS FORM MUST ACCOMPANY ALL MEDICARE CLAIMS. SEE PART C BELOW.
CLINICAL NOTES SHOULD NOT BE WRITTEN ON THIS FORM.

Patients with an EPC multidisciplinary care plan may be referred by their GP for up to 5 allied health services per year (from date of first service) from one of the allied health professionals listed below.
Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other for these services.

PART A – To be completed by referring GP

Provider Number

Name

Address

Postcode

Patient details

Medicare Number Patient's ref no.

First Name Surname

Address Postcode

Patient referred to: Please specify name or type of allied health professional

Allied Health Professional

Address Postcode

Referral details – GP must use a separate copy of the referral form for each type of service
GPs may choose to refer patients for more than one service, up to a maximum of 5 services. Indicate the number of services required by writing the number in the 'No of services' column adjacent to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker	10950		Dietitian	10954		Physiotherapist	10960
	Audiologist	10952		Mental Health Worker	10956		Podiatrist	10962
	Chiropractor	10964		Occupational Therapist	10958		Psychologist	10966
	Chiropodist	10962		Osteopath	10966		Speech Pathologist	10970

Reframing Return-to-Sport Postpartum: the 6 Rs Framework

This framework is underpinned by a multidisciplinary, whole-systems, biopsychosocial approach that requires the safety of the mother and baby to be the overarching consideration.



Return to exercise

CONSIDERATIONS TO GUIDE RETURN TO POSTNATAL RUNNING



Is the mother at least 3 months postnatal?

Yes

Continue screen - potential to return to running if recommended tests are passed but screening may highlight she isn't ready

No

Continue screen if >6 weeks postnatal informing that the minimum recommended recovery prior to return to running is 3 months

Subjective screen and use of validated outcome measures e.g. Australian pelvic floor questionnaire

Objective Screening



Pelvic Floor Screen via a Specialist Physio



Strength testing



BMI <30



Abdominal Screen for DRA including functional dynamic/load tests



Load and impact screening +/- video analysis



RED-S screen



Additional considerations (breastfeeding/scar tissue/sleep)



Psychological screen for PND

Screening passed?

Yes

Graded return to running e.g. couch to 5K

No

Rehabilitation programme to address dysfunctional areas or signposting to relevant professionals e.g. physio, GP or Uro-gynae consultant

Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019

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CONSIDERATIONS TO GUIDE RETURN TO POSTNATAL RUNNING



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EXAMPLES OF EXERCISE PROGRESSION IN THE POSTNATAL RUNNER

Weeks Postnatal	Examples of Exercise Progression				
Weeks 0-2	Pelvic floor muscle strength & endurance	Basic core exercises e.g. pelvic tilt	Walking for Cardiovascular exercise		
Weeks 2-4	Progress walking, pelvic floor muscle/core rehab	Introduce squats, lunges & bridging in line with day-to-day requirements			
Weeks 4-6	Low impact exercise - static cycling	Low impact - cross trainer Individualise according to postnatal recovery, mode of delivery, perineal trauma & saddle comfort			
Weeks 6-8	Scar mobilisation	Power walking	Increase low impact exercise	Add dead lift	Add resistance to lower limb & core
Weeks 8-12	Introduce swimming	Dependent if lochia stopped & wound healing satisfactory	Spinning if comfortable sitting on a spinning saddle		
Week 12 & Beyond	Graded return to running	Goal specific	Consider running coach	Consider risk factors e.g. obesity	Modify according to signs & symptoms

Source - Goom T, Donnelly G & Brockwell E. Returning to running postnatal - Guidelines for medical, health and fitness professionals managing this population. March 2019

Further role in RTSport

The running blog
Running

Incontinence: a common problem for female runners

Stress urinary incontinence is prevalent in women during exercise such as running. There is no need to be embarrassed about it, and there is plenty you can do to strengthen your pelvic floor muscles.



Rose George

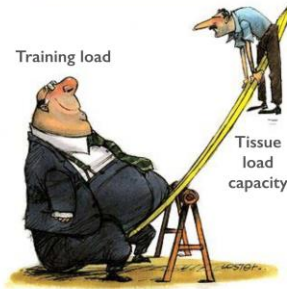
Tue 20 May 2016 10:00 AM GMT



It's 'poo while running'... an issue that does not speak of shame

FINDING THE BALANCE

Training
Volume
Intensity
Frequency
Type
Work
Habits
Etc.



Strength
Control
Flexibility
Tissue
sensitivity
Biomechanics
Running gait
Previous
injury
Etc.

RUNNINGPHYSIO

Return to Running Post-Pregnancy

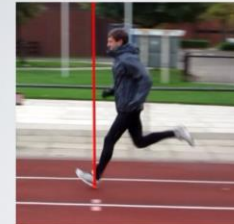
Free Comprehensive Guide!



RUNNINGPHYSIO
BETTER. FASTER. STRONGER.



LOOK OUT FOR...



Over-striding



'Medial-collapse'
Image Willy et al. (2012)

RUNNINGPHYSIO



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Multidisciplinary, biopsychosocial factors contributing to return to running and running related stress urinary incontinence in postpartum women



881 Postpartum Women
Online questionnaire



12 weeks

Average time to return-to-running



74%

Postpartum return-to-running



36%

of those returned to pre-pregnancy levels of running



84%

Running related musculoskeletal pain.
Most common area was the lower limbs



29%

Prevalence of running related stress urinary incontinence

Factors influencing return-to-running postpartum

+



Running during pregnancy

+



Lower fear of movement

+



High running volume

-



Vaginal heaviness

Factors influencing running related stress urinary incontinence

There is increased likelihood of stress urinary incontinence (SUI) with...



return-to-running



vaginal delivery



previous SUI pre or during pregnancy

Key take home messages



Encourage women to engage in running & address pelvic floor dysfunction



Sensation of vaginal heaviness, rather than a perineal tear is a barrier to running



Assess fear of movement and consider ways to reduce this to aid return-to-running



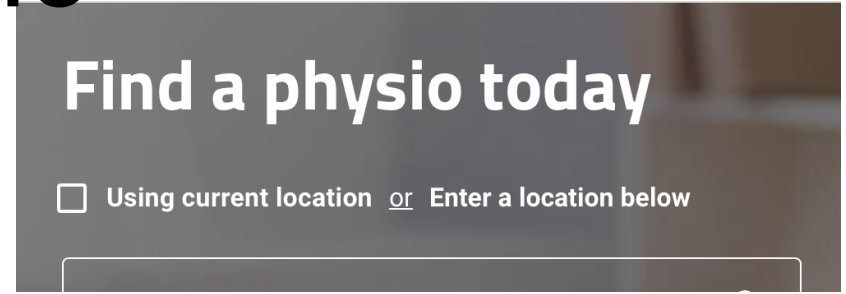
Consider exercise-related pain and advise about exercise re-engagement

Moore, I. S., James, M. L., Brockwell, E., Perkins, J., Jones, A., & Donnelly, G. M. Multidisciplinary, biopsychosocial factors contributing to return to running and running related stress urinary incontinence in postpartum women. BJSM, 2021

How to find a WMPH physio



- www.choose.physio



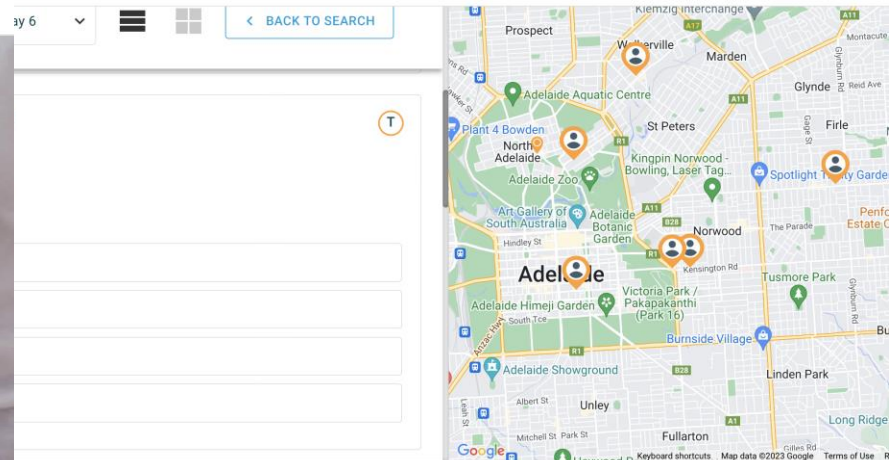
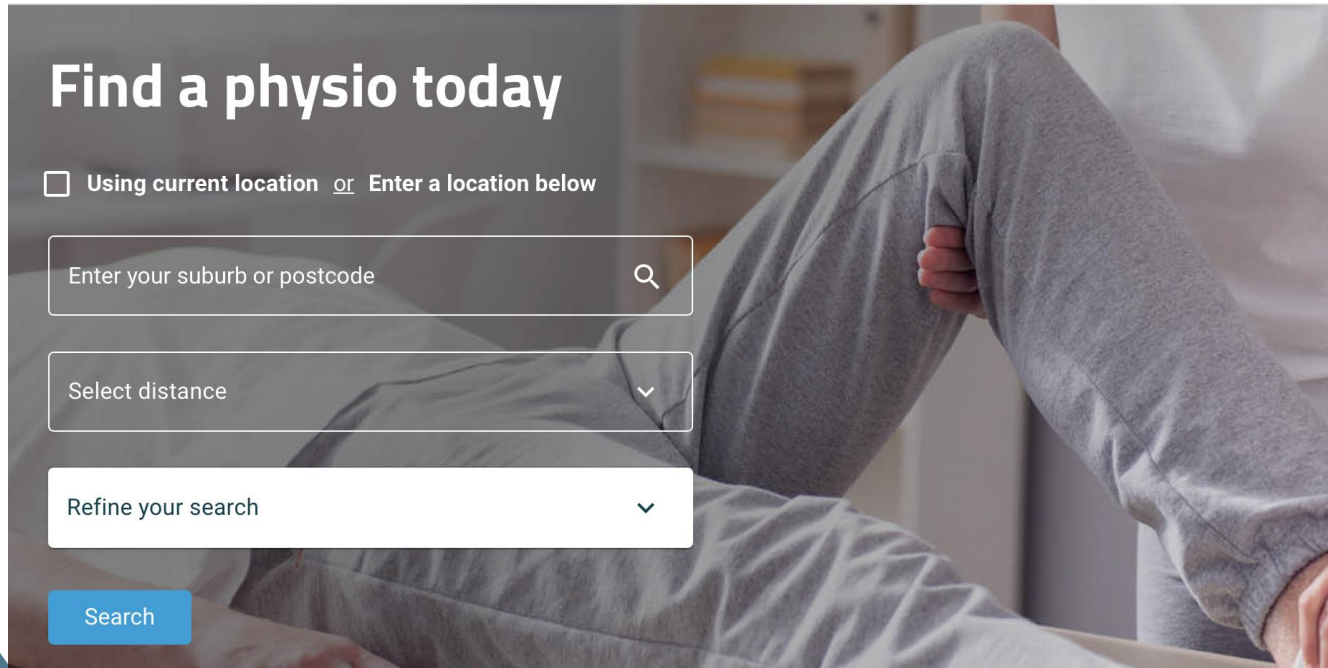
Physio can treat

What is physio?

Physio can treat

What is physio?

Find a physio



Australian Physiotherapy Association



Select special interest area



Within 50 km

Select language (other than English) ▾

Select special interest area

Women's, Men's and Pelvic Hea ▾

Sort by

Distance ▾

Practices

Display 6 ▾



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Vital Core Physiotherapy

Distance: 0.68

5/90 Magill Road, Norwood SA 5067

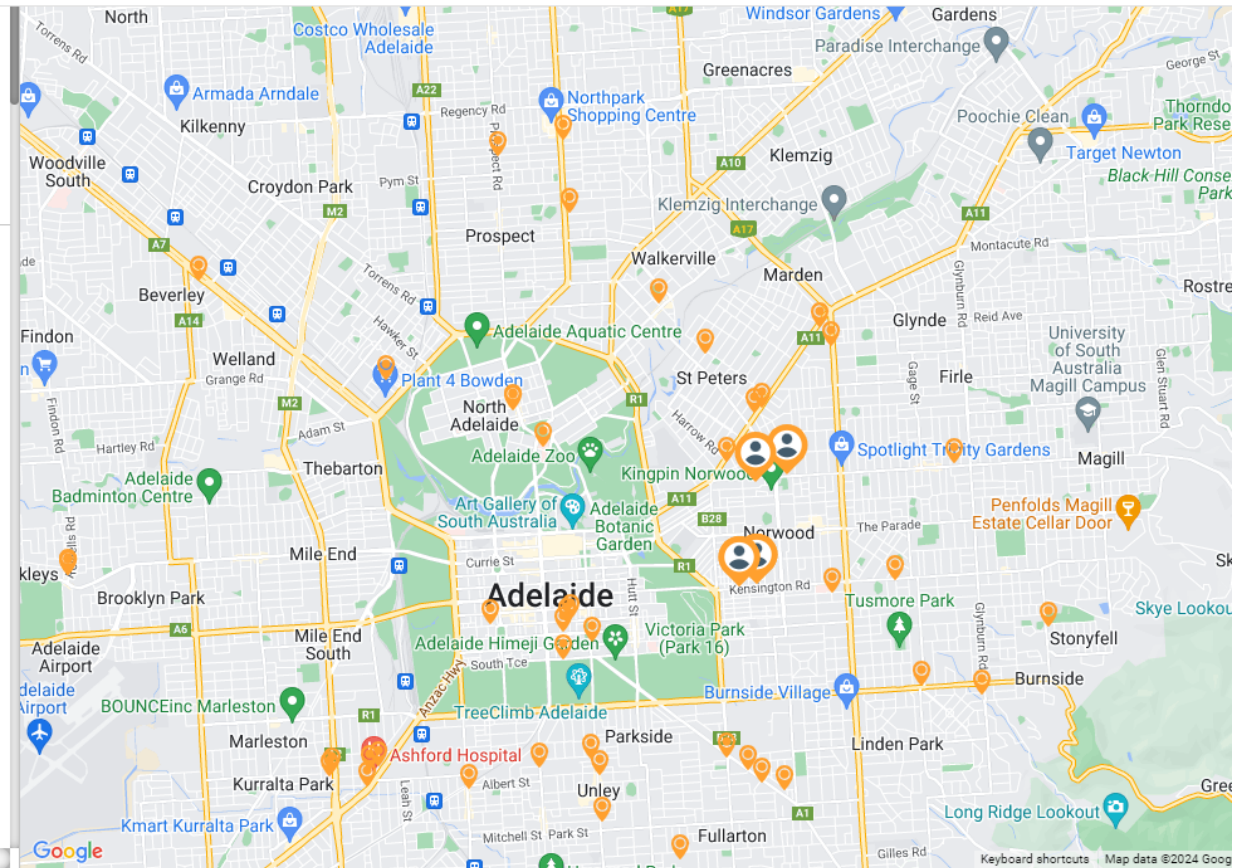
[Visit Practice](#)

 0883310552

 info@vitalcore.com.au

 www.vitalcore.com.au

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www.continence.org.au



📞 Helpline 1800 33 00 66

Speak to a Nurse Continence Specialist

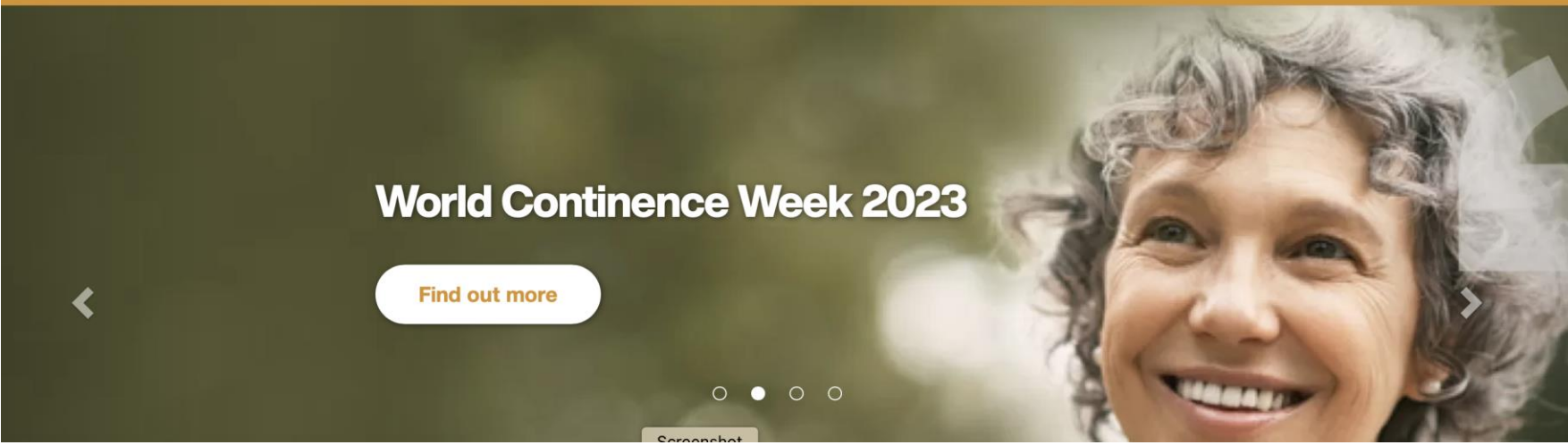
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- Events -
- Get involved -
- For Professionals -
- About us -
- Login
- 📖 0 items



Important resources

- 2022 RANZCOG - online
- 2019 Canadian Guidelines (SOCG), Mottola et al
- ACOG 2020, SMA 2016 - exercise in pregnancy
- Cochrane Library
- <https://www.health.gov.au/topics/physical-activity-and-exercise/pregnancy?language=en>

Thank
you!!