



The Athlete's Guide To Training During Pregnancy & Postpartum

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Welcome

It is no secret that in the world of professional and elite athletics, once a person becomes pregnant or gives birth, they are thought to have lost strength, and therefore worth. This couldn't be further from the truth and it is past time that that narrative shifts to one that recognizes and encompasses the sheer strength and power of mothers. This guide is meant to do just that - empower you as you train during your pregnancy, through birth, and in your return to training postpartum.

Your body goes through a massive transformation during pregnancy and birth, so it makes sense that your training strategies should also shift as your pregnancy progresses. The same applies for postpartum. Your body has just gone through something massive – it has brought a human (or humans) into the world and needs time to heal properly afterward. Unfortunately, women have been expected to pay a lifelong price for their baby's birth. This has been proven by society normalizing incontinence after having children, rather than providing pregnant and postpartum people with the education and resources (such as pelvic floor physical therapy) needed to both prevent and heal birth related injuries. Several worldwide studies indicate that over 40.5% of people who have given birth still have some form of stress incontinence past one year postpartum. (Source: NCBI) Mothers deserve better support, and we are here to provide you with it.

Tips for a strong core during pregnancy

During pregnancy, as your uterus grows intra-abdominal pressure (IAP) increases. This increased pressure places additional stress and strain down onto the pelvic floor and against the abdominal wall. Mismanaged IAP during pregnancy is one of the leading causes of injury-based diastasis recti and pelvic floor dysfunctions. The good news is that by learning how to properly regulate and control intra-abdominal pressure, while also keeping the innermost layers of the core strong as the belly grows, you can greatly reduce this risk, as well as the risk of developing other common pregnancy related complaints such as low back pain and pelvic girdle pain. Seeing a pelvic floor physical therapist during pregnancy is also recommended to get a thorough assessment of the inner workings and function of your pelvic floor and core.

DIAPHRAGMATIC BREATHING

Shifting your breathing pattern from chest breathing to diaphragmatic breathing is the first, most essential step in learning to regulate IAP and build + maintain a strong inner core unit. Diaphragmatic breathing shifts the nervous system from sympathetic (fight or flight) back into the parasympathetic (which also affects baby's nervous system). When you breathe up in the chest, your diaphragm becomes under-active, thus alerting your nervous system to think you are in danger. Over time this can lead to the diaphragm becoming weakened, and often leads to increased pressure being "trapped" in the abdominal cavity. When you breathe diaphragmatically, your diaphragm descends down and out from under the ribcage as you inhale, and in response your pelvic floor lengthens to receive that increase in pressure and your TVA & multifidus muscles expand. As you exhale all of these muscles rebound back in and up as pressure decreases, resulting in the muscles of the innermost core working together in harmony and balance.

CORE CONTRACTIONS

Learning to correctly engage your inner core is the next step. When asked to engage their core, the majority of people tend to "brace" the 6 pack muscles either while inhaling or while holding their breath. When you inhale, IAP increases, so if you hold your breath while bracing your core you are locking in all of that pressure and forcefully pushing it against the diaphragm, pelvic floor, and abdominal wall. (This can be helpful when doing a 1 rep max, but NOT during regular exercise and daily movements.) The other common thing people do is suck their belly button in toward their spine. Doing this doesn't activate the entire core & displaces pressure the same way as described above. Think of a balloon filled with air. If you squeezed the balloon in the center, what would happen to the air inside? It would be pushed up toward the top of the balloon (diaphragm) and down toward the bottom of the balloon (pelvic floor). Instead, exhale as you engage your core. The exhale naturally decreases IAP which is important during exercise and daily movements like picking up your child, for example. Start from the pelvic floor and work your way up. As you exhale begin to engage your pelvic floor (imagine you are picking up a blueberry with your vagina - the muscles contract in toward center then lift up toward your heart) as you continue to exhale, wrap the transverse abdominis like a corset, starting from your hipbones and wrapping up to your ribcage, as if you're "hugging baby".



Shifts In Training By Trimester

FIRST TRIMESTER

While there is a lot happening within your uterus as well as hormonally, physically your belly likely isn't showing much at this time, if at all. For many people, you will not need to make adjustments to your training at this time unless you are struggling with morning sickness, are spotting or bleeding, or are told by your healthcare provider not to exercise. This is an ideal time to start incorporating diaphragmatic breathing and core contractions into your workouts and daily life.

SECOND TRIMESTER

The second trimester is when many people start to regain energy, and morning sickness (hopefully) fades. Your belly will pop, and some shifts in training strategies should start to be implemented. Start to pay closer attention to how your pelvic floor feels during exercise. If you start to feel any of the four P's – pelvic pain, pressure, pee (leaking), protruding (this is a doming or coning along the midline of your core) these are all signs that the load is too much for your pelvic floor and/or core to handle. Continuously overloading the pelvic floor and linea alba (the band of connective tissue that runs between the two sides of the rectus abdominis) is a main contributor of pelvic floor dysfunctions and injury-based diastasis recti. This may mean you need to use less weight, shift how you perform certain exercises, and check in with your alignment and breathing. During the second trimester, we want to shift away from “traditional” core exercises such as sit ups, crunches, full planks, plank jacks, etc. and start focusing more on core exercises that focus on building and maintaining deep core strength and spinal stability such as the ones provided in LUNA's Core Before series. Continue to implement diaphragmatic breathing and core contractions into your training, and listen to your body. It knows best.

THIRD TRIMESTER

Home stretch! During the third trimester, there will be considerably more load on your pelvic floor from your growing baby, uterus, amniotic fluid, and additional weight. Now is NOT the time to be hitting new PR's. If you notice any of the 4 P's, start to back off. There is still a lot you can do to stay fit during the third trimester without pushing your body farther than it wants to go. You should be able to **breathe** through each exercise and should not feel like you need to hold your breath for more stability. The last 4-6 weeks of pregnancy is when you should start to work on **down-training** the pelvic floor in preparation for birth. To function at its best, the pelvic floor needs to be able to both lengthen and contract (hence why combining diaphragmatic breathing + core contractions = a happy pelvic floor). During labor the levator ani complex of the pelvic floor undergoes extraordinary changes to accommodate a baby being passed through. If your pelvic floor muscles are hypertonic (overactive) it can make this process more difficult and increase one's risk of tearing or needing an episiotomy. By spending some time in the last weeks of pregnancy lengthening the muscles of the pelvic floor you are helping to prepare it for birth. Deep squats, hip opening stretches, pelvic tilts and rolls on a birthing ball are just some of the ways you can encourage your pelvic floor to relax.

Signs you may be pushing too hard -

- Leaking of urine, gas, or stool
- Pelvic pain that makes it hard to do day to day activities (walking, climbing stairs, rolling over in bed, getting in and out of the car)
- Spotting of any kind
- Dizziness, or feeling faint

Common Pregnancy Complaints

Some other common issues people experience during pregnancy that can begin to interfere with not only one's training, but also daily life include:

- low back pain
- symphysis pubis dysfunction (SPD) / pelvic girdle pain (PGP)

SPD & PGP are terms often used interchangeably to describe pelvic pain and instability, and are quite common in pregnant people. SPD/PGP occurs when the joints & connective tissues in and around the pelvis become unstable and/or misaligned. Common symptoms include

- pain in the front and/or back of the pelvis (pubic bone / tailbone)
- pain that radiates down the groin
- inner thigh pain
- perineum pain
- clicking or grinding sound during movement
- pain that worsens when walking, running, climbing stairs, rolling over in bed, etc

If you are experiencing any of these things, simple shifts in training strategy, focusing on exercises that build deep core strength & stability can be incredibly helpful.



Labor Training & Birth Preparation

Birth requires an immense amount of physical and mental strength + stamina. It is an experience unlike any other that will challenge you in new and different ways. Training for birth mentally and physically helps you to prepare for the demands of labor as best as anyone can be prepared. Your physical training throughout your pregnancy helps prepare you for the birth event. We also like to add in specific exercises that mimic the length and frequency of contractions while providing you with mantras, mental images, among other ways to prepare your body and your mind.

Preparing your core and pelvic floor for birth is often overlooked, yet can make a huge difference in the pushing stage of labor, decreases your risk of needing medical intervention, as well as aids in a faster recovery postpartum. As mentioned earlier, focusing on pelvic floor lengthening exercises in the last 4-6 weeks postpartum helps the muscles relax and lengthen and opens the pelvic outlet to make space for baby to settle down into the pelvis. It also makes it easier for your pelvic floor to dilate during labor. A hypertonic (overactive) pelvic floor has a harder time doing this. (Pelvic floor lengthening circuits are provided in our Core Before series.)

PREPARING TO PUSH

In the last few weeks of your pregnancy you can begin “push practice”. This should ONLY be done during bowel movements when your pelvic floor naturally needs to relax. While you are sitting in the bathroom, prop your feet up on a stool or Squatty Potty, relax your pelvic floor & glutes, take slow, deep diaphragmatic inhales, and exhale gently wrapping your TVA while keeping your pelvic floor relaxed to assist in moving along the bowel movement. Avoid bearing down which places significant pressure on the pelvic floor. When the day comes and it’s time to push, you can use this technique to assist your uterus in pushing baby out while avoiding putting too much pressure on the pelvic floor. Your body’s fetal ejection reflex will kick in and knows what to do. (We have a more in-depth preparing to push video in the Core Before Series)



Postpartum

People are generally told not to exercise for the first several weeks postpartum. While it is true that strenuous activity should be avoided until you have completely stopped bleeding (and spotting), and have taken time to rehabilitate your pelvic floor and core first, there is a lot you can do in those early weeks postpartum to aid in healing and begin to regain strength and function.

When to call your healthcare provider –

If you experience any of the following, or if you have ANY concerns at all, please call your healthcare provider and notify them right away.

- Vaginal bleeding that soaks through a pad in under 2 hours
- Increase in vaginal bleeding
- Blood clot larger than a golf ball
- Fever of 100.4 or higher
- Vaginal discharge that has a foul odor
- Severe abdominal pain
- Difficulty breathing
- If you had a C-section - signs of infection at incision site such as increased swelling, redness, puss, fever, or swollen lymph nodes
- Incision site opens up
- Difficulty passing urine or stool
- Sudden nausea or vomiting
- Feelings of depression, sadness, hopelessness, or troubling thoughts

Postpartum Healing Timeline

WEEK 1

The first week postpartum there is a lot going on in your body. Your hormone levels are changing rapidly, which may make you feel more emotional and even tired. Your body is creating colostrum, and your milk will likely be coming in some time this week or the following one, working hard to establish its supply. Your uterus is still enlarged, and bleeding may be at its heaviest at this time. This week should be spent RESTING and bonding with baby. Your body needs a lot of rest, nourishing food, and water. You can start to work on diaphragmatic breathing and gentle core and pelvic floor contractions as early as a day or two post vaginal birth, and ~5 days to a week post c-section. This can be done while you rest to start to re-establish the connection to your deep core and help with healing. You can do it while lying in bed, sitting up in a chair, while you feed your baby, and during daily life movements like getting up out of a chair, when picking up your baby, and so forth. You may find in the early days that you can't really feel much happening down there, which is normal. Over time the connection will feel stronger. Just keep at it! (We go in depth with this in LUNA's Early Weeks Program)

WEEKS 2- 6

You will likely continue to bleed up until anywhere between weeks 4-8 postpartum. Keep in mind that this is not simply the shedding of the lining of the uterus from pregnancy, but is also coming from the wound on the uterine wall where the placenta detached. If you had an actively bleeding wound on your leg, you probably wouldn't try to do a strenuous workout. Please treat this wound similarly. These early weeks are a crucial time for healing. Your uterus is still shrinking down and hasn't returned to its "pre-pregnancy" size yet (this usually takes about 12 weeks). Starting at 2 weeks postpartum (or whenever you feel ready thereafter) you can start to incorporate rehabilitative pelvic floor and core exercises such as those in LUNA's Early Weeks program, and going for walks (not strenuous walks or hikes, please!)

WEEKS 6-8

It is generally around this time you will have the postpartum checkup where you'll likely be cleared to resume exercise. Rarely are people given much additional guidance on what exactly that means, nor are they routinely screened for pelvic floor function or diastasis recti. You can do a self-assessment for diastasis recti using our educational video with our pelvic floor physical therapist who will walk you through the process in detail. If you think you have it, seeking out a pelvic floor PT who can assess you is highly recommended. And do not panic! There is a lot you can do to rehabilitate from diastasis, and LUNA can help. Please note that we do not recommend assessing prior to 6 weeks postpartum, as your uterus is still enlarged and the reading will not be accurate. (More on this later.)

By this time, you will likely start feeling ready to get back to training. We want to stress that you should wait to resume exercise beyond pelvic floor & core rehab and walking until you have **completely stopped bleeding**. Exercising too soon can increase one's risk of postpartum hemorrhage, injury, and can make birth injuries & symptoms worse. Taking it slow now & doing the work will get you to where you want to be faster in the long run. We promise.

Start slow and work your way up as you regain strength. Keep doing your pelvic floor and core rehab in addition to your training. Pay attention to your body and look out for warning signs that you're pushing too hard. Those signs can be:

- Increased fatigue / lightheadedness
- Bleeding or spotting returns or increases
- Pain
- Feeling of pressure or heaviness in your vagina
- Feeling like something is “stuck” or “falling out” of your vagina
- Doming or coning of the midline of your core
- Leaking of urine, gas, or stool
- Pain with sex / tampon use, etc
- Constipation



Lactation & Exercise

The hormone Relaxin which increases during pregnancy, alters the properties of tendons, ligaments, connective tissue, and cartilage, making joints looser and less stable. During pregnancy this is necessary in order for the pelvis to create space for a baby to pass through. However, while you are lactating, the hormone Relaxin stays elevated in your body for an average of three months **after** you have fully weaned. When it comes to healing diastasis recti while nursing, if you feel like you are doing the rehab work diligently but aren't seeing a ton of progress, don't get discouraged. Relaxin may be contributing. Keep doing the rehab – it **IS** making a difference and you are getting stronger! You will likely continue to see progress after you have weaned. This is also **NOT** to say you should wean your baby before you're ready. You should nurse for as long as you want to and feel wholly supported in doing so. This is simply knowledge to have so that you continue to feel empowered in your postpartum recovery and not discouraged if progress isn't as rapid as you may have hoped. Remember, healing is not linear, and looks different for everyone.

While Relaxin levels are elevated, risk of injury is slightly higher as joints and connective tissues are less stable. Continuing to work on deep core strength and stability exercises can be helpful in minimizing risk of injury.

Effects of exercise on milk quality & supply –

Research shows that moderate exercise (up to 75% of one's maximum intensity) does not affect milk supply, milk composition, or baby's growth. Studies show that when exercising to exhaustion (90-100% of one's maximum intensity) there is a temporary increase in lactic acid in milk that lasts for an average of 90 minutes after exercise. This increase in lactic acid is not harmful to baby and does not affect overall milk supply, but may temporarily alter the taste of your milk which baby may not like. Additional studies have shown that IgA levels (an antibody found in human milk that plays a crucial role in immune health) decreased slightly for approximately 10-30 minutes after strenuous exercise, but that levels returned to normal within an hour post workout. If you pump or nurse before a strenuous session and wait around 60-90 minutes after exercise to nurse again, everything should be back to normal levels and taste. (Source: Daley AJ, et al.)



Caesarian Section Considerations

A caesarian section is major surgery and should be treated as such when it comes to healing. If you had surgery on your knee, you would receive physical therapy to rehabilitate afterward. The same care should be given to people post c-section (hopefully one day, it will). In the early days after a c-section, rest is absolutely essential. Pain and soreness are common after a c-section and to be expected, but reach out to your healthcare provider if you have ANY concerns or if the pain feels unmanageable. Even with a c-section, you will also have postpartum vaginal bleeding as the wound from where the placenta detached from the uterine wall heals and your uterine lining sheds. This can be surprising to some people, and we want you to be prepared and informed.

Caring for your incision site -

Please be sure to follow any instructions provided by your healthcare provider, and contact them immediately if you have any questions or concerns. Below is a checklist of helpful tips to care for your incision site as it heals.

- Keep your incision clean and dry.
- Use mild soap and warm water to wash your incision daily in the shower (avoid baths while your incision is healing and you're still have postpartum bleeding) - sometimes warm water running over the incision site is enough. Be gentle! Don't scrub.
- Pat gently to dry, do NOT rub.
- If your incision has strips, allow them to fall off on their own, do not pull them off.
- Replace dressing after cleaning the incision site as directed by your healthcare provider.
- Place a pillow over your incision when you need to cough, sneeze etc. to provide gentle counter pressure.
- Gently breathe through bowel movements and avoid straining.
- Take a stool softener to make bowel movements more comfortable and drink plenty of fluids.
- REST REST REST!

Post C-Section Recovery Tips

While rest is essential, there are things you can do to help with the healing process and make moving through your day easier and more comfortable. There are also some things to avoid in these early weeks, which will be covered in this section as well.

What To Do In The First ~2 Weeks Post-Birth:

- Rest in bed with baby
- Practice diaphragmatic breathing regularly
- Exhale when you stand up from a sitting or lying position, as well as when you sit down (especially when holding baby) to help decrease intra abdominal pressure and get your core muscles to turn on naturally
- Begin LUNA's C-Section CoRehab Program for weeks 1-6
- Go for short walks when you feel physically ready to do so (no earlier than 1-2 weeks post c-section). Walking can help aid in digestion, increase circulation, improve energy levels, and aid in healing. Start small, maybe just down the street at first, then go a little longer when you're feeling up for it. Avoid hills, stairs, or rough terrains.
- Ask for help when you need it! Your people want to support you!
- Once your incision site is fully healed (around 6-8 weeks), you can start massaging your scar to increase mobility, decrease pain and sensitivity, and break down any scar tissue and/or adhesions. There is a step by step how-to video in our C-Section CoRehab Program.

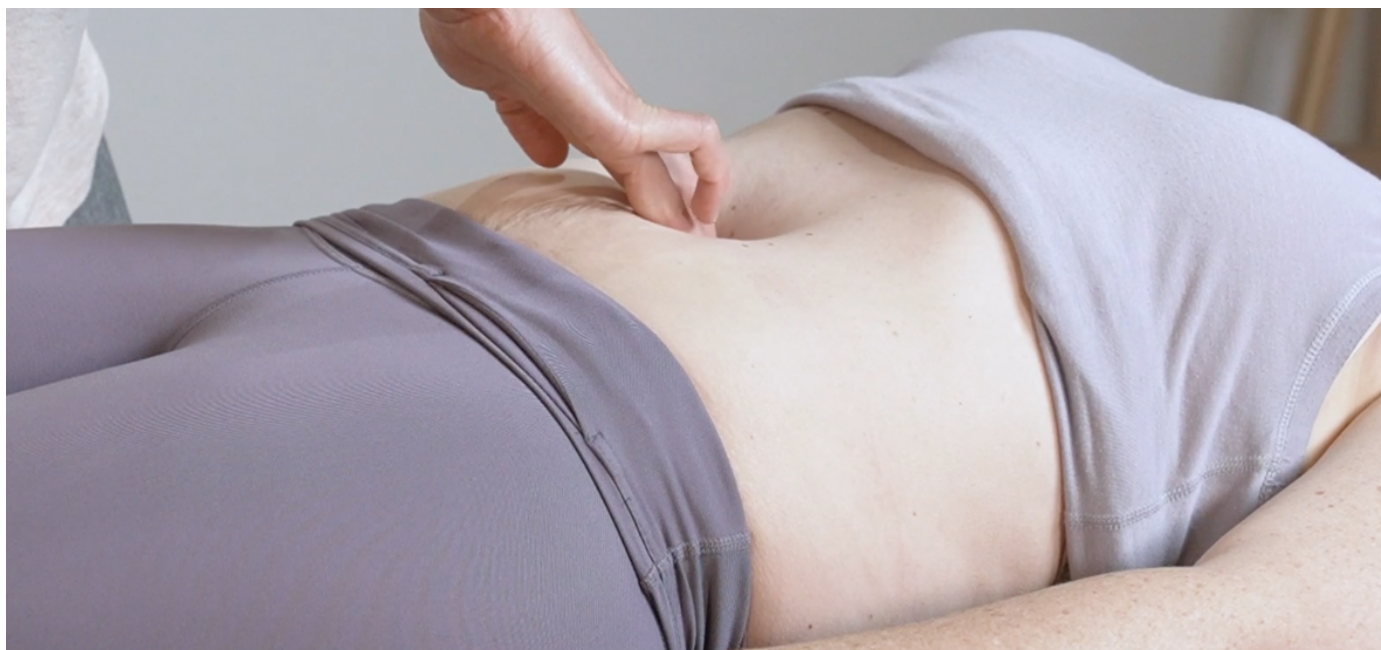
What To Avoid In The First ~2 Weeks Post-Birth:

- Lifting anything heavier than your baby
- Going up and down flights of stairs more than is absolutely necessary.
- Jumping back into exercise without being cleared by your healthcare provider and first taking the time to rehabilitate your core. (Rehabilitation is SO important!!! We cannot stress this enough.)
- Taking baths, going in a hot tub, or swimming until your incision is fully healed and you are cleared by your healthcare provider to do so.
- Engaging in heavy housework or other physically taxing activities.

When To Call Your Healthcare Provider:

If you experience any of the following, or if you have ANY concerns at all, please call your healthcare provider and notify them.

- Vaginal bleeding that soaks through a pad in under 2 hours
- Increase in vaginal bleeding
- Blood clot larger than a golf ball
- Fever of 100.4 or higher
- Vaginal discharge that has a foul odor
- Severe abdominal pain
- Difficulty breathing
- Signs of infection at incision site such as increased swelling, redness, puss, fever, or swollen lymph nodes
- Incision site opens up
- Difficulty passing urine or stool
- Sudden nausea or vomiting
- Feelings of depression, sadness, hopelessness, or troubling thoughts



Diastasis Recti

Diastasis Recti is commonly defined as abdominal separation. Diastasis recti occurs when the linea alba (a fibrous band of connective tissue that runs from the sternum to the pubic bone and connects the two sides of the rectus abdominis, forming the midline of the core) becomes overstretched and the two sides of the rectus abdominis "split". During pregnancy, the uterus expands as baby grows, causing the muscles of the core to stretch and separate. This is a completely normal, natural part of pregnancy, as the linea alba is designed to stretch to a certain point to accommodate for the expansion of the uterus. Ideally this separation will close back up by around 6-8 weeks postpartum. When Diastasis is still present past that point, it is referred to as "injury-based" Diastasis Recti. This is essentially the result of excessive, unsupported intra-abdominal pressure (IAP). When IAP is not regulated properly (through diaphragmatic breathing and optimal core engagement during movement) then excessive pressure can build up in the abdomen, placing too much force on the already overstretched linea alba causing it to weaken. (Think of it like a rubber band that is stretched almost to the point of snapping. If we continue to stretch the rubber band to that point, it will begin to deteriorate and lose its shape, unable to return to its previous state).

The **depth** of the diastasis tends to tell us more about the integrity of the core than the **width**. A diastasis that is only 1-2 finger widths wide but is 2-3 knuckles in depth is often more severe than a diastasis that is three finger widths but is shallow, and there is good tension being generated at the midline. The good news is, there is a LOT you can do to both help minimize risk AND rehabilitate from Diastasis Recti. This is something we specialize in at LUNA, and are here to help you both prevent and heal from diastasis.

Common Signs of Diastasis Recti

- A doming or coning along the midline of the belly (both during pregnancy and postpartum)
- A separation between the two sides of the rectus abdominis
- Can sink fingers down into the midline of the core

- Looks as if midline is "sinking in" (opposite of coning)
- Back pain
- Incontinence
- Core amnesia (trouble activating or feeling core muscles)
- Belly "pooch" (some people may feel they still look a few months pregnant even months post birth)

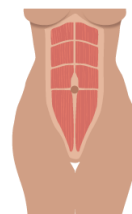
HOW TO SELF-ASSESS FOR DIASTASIS RECTI

During Pregnancy

As mentioned earlier, diastasis is naturally occurring at some point in ALL pregnancies and is not a cause for panic. However, if you do notice doming or coning along your midline during certain movements, this is a sign that too much IAP is being placed on the linea alba. It may mean that particular movement or exercise is too much for your pregnant core to handle at this time, or you may simply need to make shifts to your strategies. Learning how to correctly regulate IAP during pregnancy is integral in minimizing the risk of having injury-based DR postpartum. (Our Core Before program and I:I training teaches all of this in depth.) To check for diastasis during pregnancy, lie on your back with your knees bent and feet flat on the floor. Place your hands behind your head or down by your sides and lift your head an inch or two off of the ground (like a mini crunch) look down and see if you notice the midline of your core doming or "popping up".

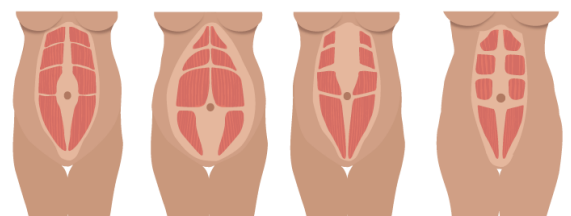
Postpartum

We recommend waiting until you are around 6 weeks postpartum before assessing for Diastasis Recti, since your uterus is still expanded and is in the process of shrinking down, and you are still very much in the early stages of healing, so some separation will likely be present and doesn't necessarily mean you have injury-based diastasis. When you are ready to assess yourself, lie on your back with your knees bent and feet flat on the floor, with your arms down at your sides. With one hand, place three fingers at the top of the midline of your core with your palm facing you. Keeping the muscles of your core relaxed, lift your head up off the ground an inch and begin to palpate with your fingers down the midline, feeling for the two sides of the rectus abdominis (as if they are "grabbing" your fingers) while noticing how far down you can sink your fingers. Continue to palpate all the way down to your pelvis. (We have an in-depth video on how to check for Diastasis Recti with our pelvic floor physical therapist in the Early Weeks and Core Restore programs.) If possible, we highly recommend seeing a pelvic floor physical therapist who can do a thorough assessment of your core and pelvic floor post-birth, whether you suspect you have diastasis or not!



Narrow-Normal

Different Variations of Diastasis Recti



Open Diastasis

Open Below Navel
Diastasis

Open Above Navel
Diastasis

Completely Open
Diastasis

Pelvic Organ Prolapse

Pelvic organ prolapse (POP) is the descent of one or more of the pelvic organs into the vaginal canal and/or out of the vaginal opening. Yes, it sounds scary but it doesn't need to be! Unfortunately, people who are diagnosed with POP are often told that they can no longer exercise or lift anything heavy (like their children) or they are advised to stick to light and/or rehabilitative exercise only. This is incredibly disempowering and is also not sustainable. No mother is going to never pick up her child again. So, let's forget this old way of thinking and move on, shall we? Learning to implement different strategies that aid in healing your body and regaining strength and function in a way that also lessens and often eliminates symptoms IS possible! Seeing a pelvic floor physical therapist for a thorough assessment is the first step. Taking the time to rehabilitate is absolutely essential in healing POP and getting back to the activities you love. Then we apply those strategies into your training regimen. Knowledge is power, so let's dive deeper into what POP actually is. There are several different types of POP as well as grades of severity.

Types of POP

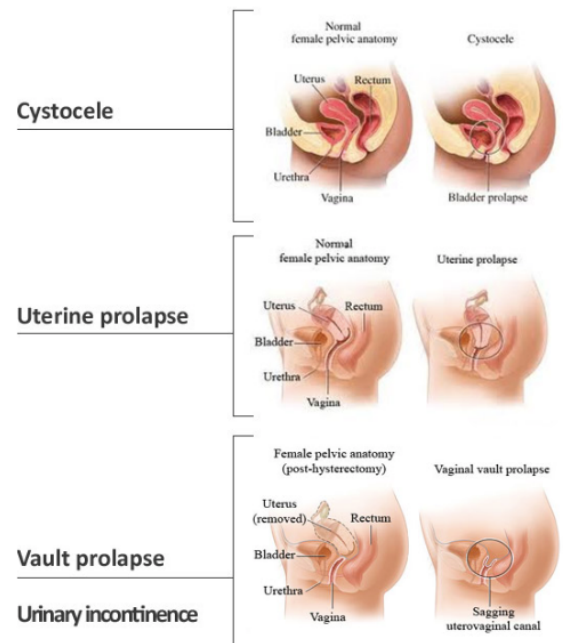
- Cystocele (bladder)
- Urethrocele (urethra)
- Rectocele (rectum)
- Uterine (uterus)

Grades of POP

The grades range from 0 (no detectable prolapse) to 4, the most severe. Not all people with POP will have symptoms, and symptoms can vary from person to person. The most common symptoms with POP are:

- Feeling of heaviness and/or pressure in the vagina
- Sensation of a tampon "falling out"
- Feeling as if there is something "stuck" in your vagina like a ball or marble
- Leaking of urine, gas, or stool
- Pain
- Visible bulge at the vaginal opening

If you think (or know) you have POP, don't panic! You can heal and we are here to support you in doing so.





Returning To High Intensity Training

The most important thing to note here is that earlier is NOT better, nor does it mean you will hit your goals faster. In fact, jumping back into higher intensity training too soon postpartum can lead to injuries and setbacks. Please honor your body's healing process and allow yourself time. We know this can be hard, but it's worth the wait. Spend the first 12 weeks focusing on rehabilitating your pelvic floor and core (regardless of whether you have diastasis recti or are experiencing any symptoms of pelvic floor dysfunction. EVERYONE benefits from postpartum rehabilitation and not everyone who has these injuries will be symptomatic.) Set the foundation for your higher intensity training first. See a pelvic floor PT. At around 6 weeks you can start to resume exercise while integrating your pelvic floor and core rehab into your workouts. As you get stronger, start to up-level your training as you go. If you experience pain, a sensation of pressure or heaviness in your pelvic floor or vagina, the sensation something is falling out of your vagina or is "stuck" in there, are leaking ANY urine, gas or stool, or see a doming or coning along the linea alba, these are all signs that it's too much for your pelvic floor and/or core and it's time to re-evaluate strategies and approach. We will help you determine when and how to start to increase the intensity of your training, what strategies are right for your individual needs, and if/when new strategies need to be applied to help set you up for success and hitting your goals as soon as possible with minimal risk of injury.

HIP INJURIES POSTPARTUM

Hip injuries from exercise are fairly common postpartum and often thought to not be related to pelvic floor issues or to lactation, however the truth is, they are very often linked! The pelvic floor is directly connected to the pelvis and provides the pelvis with support. If the muscles of the pelvic floor are underactive, overactive, or imbalanced, the pelvis becomes less stable and more susceptible to injury. As mentioned earlier, if you are nursing, you have higher levels of Relaxin in your body which can also lead to joint instability. Re-balancing the pelvic floor and restoring more optimal function, working on glute strength, and applying proper breath mechanics will all help to prevent injury and setbacks and improve joint and spine stability.

Resources

LUNA Mother Collective

LUNA Mother Co is proud to have partnered with &Mother to provide female athletes with the support, education, and care you deserve as you navigate training through your pregnancy, recovering postpartum, and returning to training as a mother. We are providing athletes with complete access to LUNA's evidence-based pelvic floor & core programs (Stronger As A Mother Prenatal & Postnatal Programs | C-Section CoRebuild) as well as virtual 1:1 training with us throughout your pregnancy and postpartum recovery. LUNA's offerings are meant to help you optimize your current training regimen so you can train safer and smarter while minimizing the risk of injury during pregnancy, help protect your pelvic floor and core, prepare you for birth, and heal optimally postpartum so you can return to training in a safe & sustainable way without the setbacks.

About Us

Sarah Bradford is the Founder & Creator of LUNA Mother Co, IVF mama of two, and a certified personal trainer, pre & postnatal exercise specialist, Diastasis Recti & pelvic floor rehabilitation specialist, female athlete coach, and board certified nutrition counselor. Frustrated by the narrative that women are weaker after having children and left to feel as if they are somehow broken, Sarah set out on a mission to reinvent the way people experience pregnancy and postpartum by making what she believes to be fundamental information, education, resources, and support more widely available and accessible to people across the globe.

Stephanie Nelson is a Partner at LUNA Mother Co, mama of two, certified birth & postpartum doula, and pre & postnatal exercise specialist. Through her experience of supporting women through pregnancy, labor, and the postpartum stage as a doula, Stephanie has a deep understanding of the anatomy of pregnancy and birth. Stephanie joined LUNA Mother Co shortly after its conception and became trained as a LUNA coach. In 2020 Stephanie partnered with Sarah to launch LUNA Mother Co's digital platform and mobile app.

&Mother

&Mother is dedicated to breaking the barriers that limit a woman's choice to pursue and thrive in both career and motherhood. Their first Initiative centers on creating cultural and structural change within the Sports Industry. &Mother sees this career path — and the maternal discrimination that women face in it — as a microcosm for what women experience across professions and an opportune first step towards larger change. The pandemic effects on working mothers have further highlighted this comparison -- demonstrating the repercussions of structural and cultural norms that fail women, resulting in millions of working mothers leaving the workforce in the last year alone. &Mother is aiming to strategically expand their efforts across industries and correct the systemic failures that block progress for working motherhood.

About Us

&Mother was Co-Founded by Alysia Montañó, an Olympic medalist, six-time USA Outdoor Track champion, and mother of three, and Molly Dickens, a scientist, writer, advocate, and mother of two.