

**Thursday 10.14.21**

**Customizing for the Pregnant & Postpartum Athlete**

*\*These are all suggested movements and strategies. There is no one size fits all approach to fitness in pregnancy/postpartum. Start to build awareness, be able to ask questions of yourself on how a movement, load, intensity, etc helps support your individual considerations and goals as well as your postpartum recovery and long term core/pelvic health. More detailed information can be found via the links in the document if you'd like to learn more about changes in each trimester, breathing strategies, etc.\**

<b>Program A Workout</b>	<b>Shift</b>
Dumbbell Baby Indy On a 20 Min Clock Complete:	Baby Indy
Run 1.5 Miles	5 Minute Run/Jog/Walk
With the Remaining Time:	then
Max Rounds of:	5 Rounds
10 Dumbbell Hang Squat Clean	10 DB/KB Hang Power Clean
14 Burpees	10 Goblet Squat
	10 Burpee

**Pregnancy Suggestions:**

See below and attached links for more details and additional ways to customize your workout as you navigate your pregnancy/postpartum journey. These are suggested timelines and customizations- there is a lot of gray and that's ok!

Early Pregnancy	Mid to Late Pregnancy
<p>Program A Workout</p> <p>*Rest between rounds as needed or rest 5 -10 breaths between movements <i>as needed*</i></p> <p>*If symptoms while running, squat cleans or burpees adjust strategy or movement*</p> <p>*Remember- reps, distance, volume, intensity, load, time can all be adjusted*</p> <p>Dumbbell Baby Indy On a 20 Min Clock Complete:</p> <p>10-14 minutes of run, bike, row. Rest as you need or reduce intensity.</p> <p>With the Remaining Time: Every 2:00 (use remaining time to breathe/rest) 10 <a href="#">Dumbbell Hang Squat Clean</a> (adjust to DB Hang power clean then squat if feeling heaviness/pressure/leaking) <a href="#">Breathing Tips to Try</a> for cleans 14 <a href="#">Burpees</a> Recommended Tip: :30 rest or 5-10 breaths between rounds* <a href="#">Breathing during a burpee tip</a></p>	<p>Shift Version</p> <p>Baby Indy</p> <p>5 Minute EMOM: (choose one) Work: 30 seconds Rest :30 seconds</p> <ul style="list-style-type: none"> <li>- <a href="#">Carry</a></li> <li>- <a href="#">Row</a></li> <li>- Bike</li> <li>- <a href="#">Low Plate Step Ups</a></li> </ul> <p>then</p> <p>5 Rounds</p> <p>10 <a href="#">DB/KB Hang Power Clean/Muscle Clean/</a> or Bicep Curls 10 <a href="#">Goblet Squat</a> (adjust range of motion as needed) 10 <a href="#">Incline Pushup to Squat</a></p> <p>Rest between rounds or rest 5 -10 breaths between movements as needed*</p>

Intensity during pregnancy is recommended to a moderate to moderate high intensity rather than an all out effort. ACOG Guidelines suggest a talk test which means being able to speak a short sentence (ex: I really love these lunges!) as a way to monitor effort. You can learn more [here](#) in this resource guide.

## Pregnancy Tips/Reminders:

- Remember to use the talk test to help measure exertion
- 1st Trimester add rest and give yourself grace - fatigue is a very real thing as your body undergoes tremendous changes.
- Think about the risk vs reward of movement. How will this movement benefit you now, your postpartum recovery and your long term core/pelvic floor health?
- Try new breathing strategies. Example: an exhale through the full range of motion and reset with inhale/relax belly, glute, PF between reps. See [resource guide](#) for more.
- Fitness freedom! Adjust range of motion, reps, intensity, duration, breathing strategy as needed- you have to meet yourself where you are!
- Pregnant athletes use a load that you can easily breath through. If you have pain, PF symptoms or it just doesn't feel right, adjust load, volume, intensity, the ROM, etc.
- 2nd/3rd Trimester: If you have pubis symphysis or SI pain in a movement pause for now. Check in with breath, position and tension strategies, sometimes adjusting a little can help! Oftentimes adjusting to a more narrow stance like a narrow stance box squat, narrow stance elevated suitcase deadlift or glute bridge with a gentle ball squeeze can feel good. \*See below for more information\*.
- If you have core/pf symptoms like leaking/heaviness in cleans or burpees slow down the movement and adjust the range of motion. Adjust load, customize to less dynamic movement like a muscle clean, bicep curl, high pull, or an incline step back burpee, or pushup to squat. Check in with breath, position & tension. (See videos for ideas!)
- If you leak, have heaviness, pain during running adjust to lower impact like a farmer carry, [row](#), bike or low plate step ups! (It's not forever just for now!)
- If you have coning it's an indication of pressure- not a bad thing, however it may be a sign to readjust the movement & try strategies to manage pressure differently.
- I recommend most athletes pause or reduce running in the 2nd trimester due to adding additional load/demands to pelvic floor. (Risk vs. reward).
- I recommend athletes pause barbell olympic lifts when your baby bump starts to make an appearance. The biggest reason is this can change your barpath to swinging around your belly which can be hard to correct postpartum. Here are my thoughts on barbell cleans during pregnancy- [Video](#)
- Focus on intention rather than intensity.
- Have fun! Remember this is just for now!
- Look for the opportunity to build forward during this season rather than focusing on what you're not currently training.

**Postpartum Suggestions:**

See below and attached links for more details and additional ways to customize your workout as you navigate your pregnancy/postpartum journey. These are suggested timelines and customizations- there is a lot of gray and that's ok!

<p><b>Early Postpartum (6-16 weeks) *this time frame is not one size fits all*</b></p>	<p><b>16 weeks+ postpartum (or after rehab &amp; rebuilding of foundational strength) gradually progress as recover &amp; build strength</b></p>
<p>2 sets</p> <p>:30 <a href="#">½ kneeling breaths each side</a>            12 <a href="#">alternating bird dogs</a> (arms only if first time doing them)            6/6 <a href="#">Single Leg Hip Thrusts</a> or <a href="#">SL Glute Bridge</a></p> <p>3 sets (reduce to 1 or 2 sets if needed)</p> <p>8 <a href="#">box squats</a>            8 bicep curls with slow lower</p> <p>Rest: 1:00 between sets</p> <p>3 sets            8 <a href="#">kneeling hinges</a>            4 <a href="#">incline scap pushups into 12 alternating shoulder taps</a></p> <p>Rest 1:00 between sets</p> <p>Optional Conditioning            2 sets            :30 <a href="#">farmer carry</a> each side (use a weight comparable to baby in car seat)            OR            2 sets            :30 easy <a href="#">row</a> (20-25 stroke rate on low damper)</p>	<p>Shift Version</p> <p>Baby Indy</p> <p>5 Minute Walk/Row/Bike (Row &amp; Bike Moderate effort            OR            Reintroducing Running            5 sets x :10-:20 run with 3:1 or 2:1 rest to work ratio</p> <p>Rest 1:00</p> <p>Then:            5 Rounds</p> <p>10 <a href="#">DB/KB Hang Power Clean</a> or 10 High Hang Barbell Power Clean (clean progression suggestion <a href="#">video</a>) <a href="#">breath video</a>            10 <a href="#">DB/KB squats</a> or 10 Barbell Squats            10 <a href="#">Burpee</a>            (Start elevated gradually working down to floor as you progress!)</p>

**Postpartum Tips/Reminders:**

- You should be cleared by your medical team & I recommend visiting a pelvic health therapist in person or virtually. Once given all clear proceed with a yellow light instead of green.

- Studies indicate to wait at least a 12 week minimum postpartum before reintroducing impact movements like running. See link for study below.
- Think about intention over intensity & quality over quantity. Low & Slow progressing over time.
- If you have pain or symptoms while doing a movement try to adjust to something different. Try a different breath, position, tension first to see if that can make a difference.
- Early postpartum: try an exhale through the full ROM & reset with inhale/ relax belly/pf between reps as needed. This can be especially helpful during lunges if you find yourself off balance.
- Adjust ROM, reps, intensity, duration, breathing strategy as needed- meet yourself where you are!
- Even though you may feel ready right away to start running, oly lifts, or dynamic movements like burpees, first provide an opportunity for your body to heal and regain connection, coordination and strength before moving to more dynamic movements.
- Work on setting a foundation of learning strategies, controlling movement, loading it, & then you'll be ready to add some dynamic movement back in!
- Slow is smooth is fast!
- Have fun! Remember this is just for now & look for the opportunity to build forward utilizing fitness freedom in workouts to customize them for your individual considerations.

### **Questions to start asking, considering or building awareness on during your pregnancy or postpartum.**

- Are you experiencing pain, leaking, heaviness in the vagina, or doming/coning along the midline of the core?
- Are you able to breathe through movements or are you holding your breath?
- Are you gripping your abdomen or clenching your glutes? Evaluate tension you are carrying in daily activities in and out of the gym.
- Risk vs Reward: Just because you can do something should you?
- Become aware of your tendencies in positions (ex: standing more to one side, glutes tucked under the pelvis, rib cage pointing upwards, etc.)

### **Quick Notes on Coning & Pubis Symphysis**

\*Coning is an indication of pressure in our core. As pregnancy progresses, the linea alba thins and widens to adjust for a growing baby. This is completely normal! Try not to be scared of coning but utilize it as feedback to adjust how you're managing pressure within that movement to see if you can change it. We have the opportunity to control what we can during pregnancy and can use this as information to help us know when to start potentially adjusting movements.

You may see coning in your burpees- adjust and consider your individual risk vs reward of keeping the movement. Try adjusting to some of the strategies in the videos!

SI or pubis symphysis pain may also start to occur in 2nd/3rd trimester. Try not to push into the movement if you experience this. For SI pain or pubis symphysis pain oftentimes adopting a more narrow stance and sticking with bilateral movements rather than unilateral can help as well as trying different breathing, tension and position strategies. Stretching can help along with incorporating movements that continue to strengthen hips, glutes and core. Please reach out for support and work with a pelvic floor therapist, Webster certified chiropractor or qualified prenatal coach. If KBS feel a bit too dynamic today, adjust to a narrow stance elevated deadlift, glute bridge, or even a high pull.

[Video for glute bridge with ball/yoga block](#)

[Narrow squat](#)

#### Running Customizations

- [Row](#)
- Bike
- Walk
- Farmer Carry (double, single arm, front rack, overhead, mixed, etc)
- [Plate taps](#)
- Low plate step ups
- Lateral band walks
- Butts/Guts programming (focusing on glute/hip/single leg strength)

#### Clean Customizations

- Cleans during pregnancy my thoughts and recommendations- [Video](#)
- DB/KB muscle, [hang](#), power cleans
- [Bicep curls with in depth explanation of breath strategy](#) (Instagram post)
- [Single arm high pull](#)
- [Kneeling Hip Hinge](#) (postpartum)
- Elevated clean grip deadlift
- Sumo deadlift
- [RDL](#)
- RKBS- [Kettlebell Tips](#)
- [Example of Clean Progressions \(postpartum\)](#)
- Med Ball Clean (postpartum)
- [Example of some Breath tips during clean \(from Open WOD 21.4\)](#)

#### Burpee Customizations

- [Incline Burpee to Squat](#)
- Incline Pushup to Step Up
- Landmine press to squat
- Pallof Press to Squat
- Banded Row to Squat
- [Incline Scap Pushup to Incline shoulder taps](#)
- [Burpee Customizations- Video 1](#) (Instagram Link & Post)
- [Burpee Customizations Pregnancy - Video 2](#) (Instagram Link & Post)
- [Breathing during a burpee example](#) (Instagram Link & Post)

- [Pallof press](#)
- [Floor Marches](#) (Postpartum)
- [Kettlebell march](#)
- [Banded Hold Legs Only Deadbug](#) (Postpartum)
- Instagram post on march variations:  
[https://www.instagram.com/p/CK7XQ6JjRDy/?utm\\_source=ig\\_web\\_copy\\_link](https://www.instagram.com/p/CK7XQ6JjRDy/?utm_source=ig_web_copy_link)

For more information, details, and strategies click the attached [Pregnancy & Postpartum](#) workbook link [here](#).

## **Running and the Pregnant/Postpartum Athlete**

Is running safe to do during pregnancy?

What is a good substitute?

What if I experience heaviness, leaking, pain or pressure?

When can I start running again postpartum?

Running (and jumping in general we will cover more in the upcoming weeks) can be difficult and frustrating to navigate especially if you have been experiencing any symptoms like leaking, heaviness, pressure or pain. However, there is hope if you've been experiencing any of these symptoms! Group expert, Dr. Terri Robertson Elder will speak more on this in Week 3.

Below are some general timelines, progressions and strategies that you can start utilizing now. Oftentimes in adjusting small things like breath, tension, position as well as some mechanics can make huge changes in managing symptoms. I'd also recommend building up single leg, glute, hip and calf strength! These are starting places but each individual is unique in the what, how and why depending on their tendencies and considerations. Working with a pelvic floor physical therapist to understand your PF is a great first step as well!

Each person will weigh the risk vs reward of the movement and how it relates to them, their individual circumstances and long term goals.

I typically recommend that athletes start pausing or reducing running sometime in the 2nd trimester (usually once your baby bump appears). Running is an impact and dynamic movement which can cause additional load/pressure/demand to the pelvic floor which is already experiencing more load/pressure/demands due to pregnancy. Pressure isn't bad, however during pregnancy we have an opportunity to control how and why we move. With that, we can choose to limit or adjust movements as a way to mitigate (not necessarily prevent) our core/pelvic floor health. What we can't control is our birth experience but that is another topic.

In addition, if we are experiencing leaking/heaviness prior to pregnancy this can be an indicator of being an opportunity to better manage pressure and coordinate our system.

## *Timeline & Customizations for Running*

### Pregnancy

1st trimester- typically ok, however if you do have pain, leaking, heaviness or pressure in your pelvic floor pause the movement to try a different breath, position, tension or movement altogether.

2nd and 3rd trimester- most athletes don't feel comfortable running (or running for longer distances or higher speed) and will want to adjust. Many other athletes may feel fine running or just love to do it (for athletes that identify as runners you get to weigh the risk vs reward of continuing to run)! I tend to recommend that most athletes pause running when the baby bump becomes noticeable. We have an opportunity to potentially reduce impact/demands to the pelvic floor during this time, controlling what we can. Ultimately it is an athletes choice to weigh their individual risk vs. reward of a movement and how it may benefit them in pregnancy and their postpartum recovery.

There is so much opportunity to build skill and strength balance as well as learn strategies to support you now and postpartum. Adjusting to a movement like farmer carries build core strength, grip strength and conditioning. Adjusting to a bike or row can help keep the stimulus for metabolic conditioning. Kettlebell swings, low plate step ups, glute bridges, single leg hip thrusts, lunges, banded walks can all be amazing ways to customize while meeting yourself where you are. As one of my mentors, Antony Lo says, "it's not forever, just for now."

### *Running Customizations in Pregnancy*

- Farmer carries (in all the ways- single arm, double, front rack, single arm overhead, overhead, offset (two different weights), mixed rack (1 front rack one suitcase), etc.
- Bike
- [Row- link here for rowing tips and strategies](#) (Instagram)
- Russian kettlebell swing
- Low plate step ups
- Banded lateral walks or monster walks
- Glute Bridges/Hip Thrusts
- Single Leg Bridges
- Lunges
- Walk

### *Progressing Running Postpartum*

Learn how to connect breath, core, pelvic floor first, and rebuild a foundation of core, hip, glute strength. We progressively build towards dynamic and impact movements these being the last to return in our postpartum program- even if you aren't experiencing symptoms. It's also recommended to wait at least a 12 week minimum postpartum (with a recommendation of at



least 3-6 months postpartum) before reintroducing higher impact movements. Delivery experience, stress, breast feeding, overall healing of the body, etc. are all important factors to consider.

- To take a deeper dive, check out this amazing study from 2019 Return to Run Guidelines which can be found [here](#).

I have yet to work with an athlete that has regretted taking their time progressively building back to running! In fact, many athletes may find that they have more capability as well as efficiency than pre pregnancy due to the foundation built & strategies utilized postpartum!

- Check out this amazing ready to run assessment created by Dr. Carrie Pagliano ( a pelvic floor physical therapist in Northern Virginia who specializes in helping people navigate core/pelvic health and running).
  - [Ready to Run Assessment Worksheets and Videos by Dr. Carrie Pagliano \(link\)](#)

*Example Movements/Progression to Return to Run (This is not one size fits all and does not encompass everything! I highly recommend a return to run program like Dr. Carrie Pagliano)*

- Breath and coordination of core/pelvic floor (today's workout we are working on breath in an [incline position](#) and [½ kneeling position](#))
- Ankle mobility (give your ankles some love!)
- [Glute Bridges](#)
- Floor marches
- Kettlebell marches (variations)
- [Progression 1 and 3 via Street Parking Mamas](#)
- Planks (incline, side planks)
- [Calf raises](#) with a slow lower
- Lateral work! (Lateral box step ups, banded side steps, banded abduction)
- Single leg bridge variations
- Rotational Work
- Lunge variations (iso, reverse, forward, lunge with twist, walking, curtsy lunge, jumping, weighted)
- Squats/Deadlifts/Lunges
- Single leg squat variations (split squats, rear foot elevated, single leg to a box, pistol)
- [Plate step ups](#)
- [Heel drops](#)
- [Low jumps](#)/Bounce
- [Tall high slow jumps](#)
- [Jumping jacks](#)
- Low single foot hops
- Jumping/Bouncing/Running to a cadence
- Wall run

- Run starting with short time domains rather than distance! (Ex: :20 work/:60 rest)
- [Return to Run Readiness Screen Resource Sheet with Dr. Carrie Pagliano](#)

Check out the below videos on progression guides, tips, strategies and more!

***\* When rebuilding running start with a few seconds and then rest. Ex: 10 work :30 rest. Gradually build time and reduce rest as tolerated. If you experience any symptoms or don't feel quite ready to add more or move to the next progression stay there for a bit longer!\****

General Strategy Tips for Running:

- Breath: pay attention to your breath. Are you holding it? If so, try short quick exhales.
- Tension: are you gripping and squeezing your abs and/or glutes? If so, try relaxing these areas a little more. Check in with jaw tension as well- think loose cheeks!
- Position: Think "Tits over toes"- Brianna Battles. Have a slight lean like you're leaning into the wind, shorter strides focusing on landing under body rather than out in front.
- Cadence- steps per minute. In general aiming for 160-180 bpm (not one size fits all). Increasing cadence can impact the amount of force that goes through the legs. More steps means less loading/impact which may help with leaking, shin splints, and other pain. (There are a lot of apps and also playlists for this on Spotify!)

Does the return to running have to include all of these movements? No. However there should be a progressive return where strength and coordination is built first, then adding volume, then distance, speed, intensity, etc. Some people may be able to return to running within a few months postpartum while it may take others 6,9,12 months or longer. That's ok!

Video Links & Resources for Runners

[2019 Return to Run Guidelines & Study](#)

[Dr. Carrie Pagliano Return to Run Assessment](#)

Dr. Terri Robertson Elder's Strategies Resource Sheet

<https://spmembersonly.com/sp-mama-movements/urinary-leakage-with-exercise-troubleshooting?q=Leaking>