

Scoops

national
SureStart
month



The Newsletter of the Guild of Postnatal Exercise Teachers
Issue 14 - July 2003
www.postnatalexercise.co.uk

NEW TRAINEES STARTED!

Twelve new trainees have now started and after much tooting and froing with Luton had their introductory days on 16th February and 5th July. Wonderful to see the enthusiastic faces!

Lots of interesting articles for you this issue! We have no less than three book reviews. **Judy DiFiore** is not really impressed by **Anne Selby's Pilates in Pregnancy**. **Ruth Barrett** gives the thumbs up to **Your Health After Birth** by **Judy Sadgrove**, but thinks **Sally Lewis's Back in Shape** gives advice verging on the dangerous! What the books do show is how ideas about postnatal exercise are developing and progressing.

As evidence of this, the **American College of Obstetrics and Gynaecology** (who go under the rather horrible acronym of **ACOG**) have published a paper setting out the importance of exercise, in fact, not just that pregnant women can exercise, but indeed, they should exercise. Wow! Quite a breakthrough! We are trying to get hold of the actual paper, but its 'members only' so we need a friendly American gynie to get us one. Anybody know of one? An excellent piece by **Ania Witkowska** on **SureStart**, which is a government funding programme for pre school children and mothers in deprived areas. Ania's article should help members in getting involved with **SureStart**. This way Guild members can benefit their communities as well as having an exciting and stimulating challenge!

Marion Grant has reviewed an interesting article on child abuse on women and the effect it has in their later life, particularly in relation to childbirth. This is something to bear in mind when talking to individuals, and groups - not everyone has had a happy childhood.

Moira Clark attended a **Paul Chek seminar** and was

not entirely impressed! If you are thinking of shelling out then read her piece first!

From the previous **Scoops** you will know we had an excellent study day on pelvic floor given by **Samantha Gillard**.

Rebecca Wilson from **NCT Edinburgh** branch also gives an enthusiastic review! 'Biofeedback' is part of the pelvic floor programme and it was fascinating to see the machine in action. Samantha will be giving a further study day in October. See review on page 2.



Other events have included a local MP coming to see a postnatal exercise and discussion class!

Meg got good local publicity for the Guild and is seen here with **David Drew (MP for Stroud)** holding the baby!
Meg Walker

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PELVIC FLOOR STUDY DAY

Kerry and I (two antenatal teachers from Edinburgh) always teach men and women in our classes pelvic floor exercises (PFE) but there is some controversy amongst our fellow colleagues. Should we teach PFE? Should men and women be together (the problem being that men might have an erection while doing these in class)? We were quite certain it should be together but needed a study day to confirm our beliefs and to update our knowledge and give us some new ideas for teaching.

When I saw 'The Guild of Postnatal Exercise Teachers advertise their study day on Pelvic Floor The Latest Research, this seemed to be the answer we needed, but would they accept us on the day and how easy would it be to get to Luton. I needn't have worried, I spoke to Meg Walker, they were more than happy to have us there and after a quick trip to the computer the flights were booked and we were ready for the off. The University of Luton is a 10 minutes bus ride from the airport.

The class was small only 13 of us and one was a man! I was a bit worried at first thinking I might be expected to know all the muscles in the pelvic floor but I soon relaxed when the speaker arrived to start the day. The morning was spent

looking at her research into the pelvic floor structures and how they are affected by childbirth, and how women can be helped by exercise. The afternoon was spent on the more invasive forms of help and a brain storming session on how to teach exercises. We



Marion Grant and Samantha Gillard with the 'biofeedback' machine

were also encouraged to try these exercises out.

The whole day was very enjoyable and worthwhile - I came away with all my aims met and some new ideas for teaching. My classes will definitely include pelvic floor exercises taught to both men and women to encourage them to think of their future health and present sex life. The topic of male erections was dealt with and I can assure those reluctant to include men for this reason they should not be, it doesn't happen.

We hope to be able to attend a future Guild study day or to persuade them to give some in

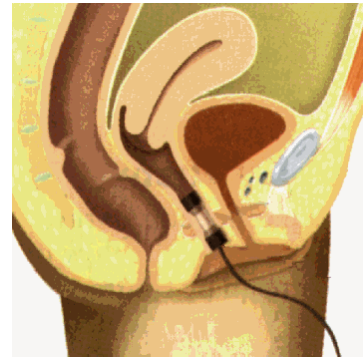


Diagram showing the biofeedback sensor in position

Scotland, after all with cheap flights this country is getting smaller!

Kerry Cooper and Rebecca Wilson

Editors note:

There are a number of websites that one can visit to obtain more information. Mainly in America, they vary from the serious (doctor advertising):-

http://www.seekwellness.com/incontinence/pelvic_floor_muscle_rehab.htm

to the semi serious!

<http://sexuality.about.com/library/weekly/aa022801.htm>

Because there is so much interest in the subject we are holding a further study day by popular request.

So come along and bring a friend or colleague! It will be on **Sunday 5th October** - with Samantha Gillard - Physiotherapist Specialist in Womens' Health at the St Agnes Centre, Cricklewood North London (nr. Brent Cross). Please phone Meg Walker 01453 884268 for details or see flyer.

CHILDHOOD AND SEXUAL ABUSE

Childhood and sexual abuse, sexuality, pregnancy and birthing
A life history study
P. Smith pub. PCCS books 1995

The basis for this book was a research project for a Masters Degree in Guidance and Counselling, at Massey University, New Zealand. It is a qualitative study of one woman's experience of these emotionally highly important life events. After getting married and having two children, it was only 23 years later that she sought counselling help to try and understand her panic attacks, fainting fits and other phenomena that affected her. Through talking and, in particular, writing about what her experiences had been, and during the process of often painful self discovery, she gradually came to understand herself better.

The author has looked at the small amount of research that existed on sexual abuse and it's possible effect on pregnancy, birth and breastfeeding. S. Kitzinger and Newton appear to be the only authors who have written about it.

"The negative messages from society and the general view that pregnancy is a medical condition, probably makes it difficult for any pregnant

women to experience herself sexually. Women who were sexually abused as children, through lack of self esteem and negative self feelings risk being doubly disadvantaged there" page 14.

Following from the idea that survivors generally experience sexual dysfunction, and according to Kitzinger pregnancy / birth / breastfeeding are sexual experiences, it seems logical that a survivor may have more problems around this time of

....pregnancy and birth arouse conflicts and feelings....

her life than other women. Her chance of experiencing a physically difficult labour may be increased by fear and tension and may also be overlaid with psychological pain from previous abuse. Newton suggests that women have three interpersonal acts of reproductive behaviours - intercourse, giving birth and breastfeeding and that a woman's physiological and physiological responses to all three are similar.

The psychological task of pregnancy incorporates a redefinition of identity. There is increased attention to self and relationships with significant others, including accepting the growing foetus within them. This may be very difficult for survivors. They may become more vulnerable and dependent; wanting to please health professionals in

order to gain support and so may rarely challenge them. In addition the majority of doctors are men and often use distance and joking to desexualize the relationship between patient and themselves In our culture, for many women pregnancy and birth arouse conflicts and feelings that survivors already experience in their everyday lives.

For me, the most moving chapter is S telling her story. For postnatal exercise teachers wanting to gain a better insight into the possible feelings of women, who may be survivors I thoroughly recommend this slim readable book. It has certainly given me food for thought and a realization that we need to be respectful and sensitive. Just because clients have signed up for postnatal classes, doesn't necessarily mean that they all enjoy supportive loving relationships within their family.

Marion Grant - Tutor

COMPETITION TIME

1. Which month this year was National SureStart month?
2. Who was Dr Kegel and what did he invent?
3. What is ACOG?
4. Where is the levator ani?
5. What is a cystocele?

Email your answers to Meg and if you get all five right we'll send you some Guild stickers!

SURE START MY EXPERIENCE

Sure Start is a national funding programme created to 'improve the health and well being of families and children before and from birth, so children are ready to flourish when they go to school'. Sure Start applications are invited from deprived areas - they need to be put forward by a partnership of statutory and voluntary agencies and cover a 2 mile radius with around 700 children under the age of 4 years in this area. If the government accepts the application a vast amount of money is pumped into the area for 3 years (in practice this period is usually extended to 6 or 9 years). The money is attached to specific targets which cover things like % reduction in pregnant smokers, % reduction of low birth-weight babies, developing support for post natal depression etc. Manchester has several Sure Start programmes running.

Tackling Sure Start - some tips and observations

In Autumn 2002 with my Pnex certificate fresh in my hands I set off to sell my services to Sure Start. I was familiar with the kinds of communities that Sure Start was working with and felt that mothers would particularly benefit from postnatal exercise sessions. These women didn't have access to health clubs and gyms and couldn't finance a privately run session so working through Sure

Start seemed the obvious answer.

My first approach was via an information pack which I mailed to the 5 new programmes starting in Manchester. I had just one expression of interest- from Lightbowne and Harpurhey and was invited to talk about my work at a committee meeting. Little did I realise that I was going to be interviewed by 20 people! But I must have come through the grilling better than I thought because several weeks on they contacted me and asked me to put forward a costing for a course.

The second piece of Sure Start work came through a different route - via Debbie Garrod a Sure Start midwife in Salford and a longstanding NCT ante-natal teacher. She rang me! and we had a pleasant meeting in a cafe to discuss logistics and

ran February to March 2003. 8 women attended- all Sure Start mothers although the course was open to anyone from the area. The feedback was immensely positive and I am currently waiting to hear if Sure Start want to continue with the courses. A week before the course was due to start I had just one person booked and it took a letter sent by the senior health visitor to all recently delivered mothers in the locality with a personal invitation from me to elicit the response I received. This was despite full colour posters and leaflets wherever you went in the area.

Sure Start Salford.

My initial contact was in Spring 2002- by the time I was ready to run the course the Sure Start midwife I had dealt with had moved on and the post was vacant. This was hard. I had lost my inside contact and had to work hard to encourage health visitors to get information out to likely participants. However the first course had 8 participants (only 4 Sure Start mums) and the second which ran this Spring -7 only one from the Sure Start area . Attracting Sure Start mums is a problem with all services here (see below). However



Ania's group of SureStarters

budgets. And so my 2 Sure Start Projects were born in early 2002 and what a steep learning curve followed!

Sure Start in Harpurhey Lightbowne.

My initial contact with Sure Start was in the late of 2001. My pilot Postnatal Programme

feedback and word of mouth is very good and so with a new midwife finally in post we are repackaging the course - Fit mums- is the new name and it is open to all mothers with children under 4 years. Starts again in September.

Both projects have been extremely stimulating and rewarding as a teacher. The women have been so appreciative of the classes that it is a pleasure to go to work. I have dealt with a range of special situations - one of which 'a poor understanding of English' led me to discover a whole new way of physically explaining the exercises! Pure creative fun! The whole process has filled me with enthusiasm and has made me a better teacher. I have also come out a lot wiser- mainly about time and money. I spent much more time setting up the projects than I charged for initially (and I was putting in what I considered to be realistic budgets) So , for all of you who are thinking of working for Sure Start here is a list of the main things I have learnt

1. Every Sure Start programme is different. Even though job titles are the same, the fact that each programme is specific to its area means the organisations involved and the balance of power between them are different. It is vital that you understand which bit of the Sure Start programme you are dealing with and which budget your fee is from.

2. Some Sure Starts are more organised than others. You need to work out if they know about the local area already, if staff are in place, how much community involvement there has been in putting the programme together etc. In this way you can estimate how much support they can give and how much development work is up to you alone.

3. Don't expect support or indeed enthusiasm from the

local health visitors and midwives. They are often overloaded already and when Sure Start comes along it requires yet more form filling from them. You need to convince them your service is special and worthwhile as they have the access to the women you want to attract. Make things as easy for them as possible, offer them your time at clinic or any groups they run, a special leaflet explaining some exercises for the early postnatal period.

4. Sure Start has to move quickly - the minute the government approves the plan put forward by the organisations who want to deliver a Sure Start programme the money comes through and they have a year in which to spend it. This means that new Sure Starts normally take a year of so to find their feet. During this time they are so busy recruiting that they have no time to spend their budgets. It makes it an ideal time for a freelancer to approach them.

5. Sure Start means that you will be delivering a project not just a postnatal exercise session. This means you will take responsibility for publicising the class to reach the Sure Start mothers, monitoring and evaluation. You need to find out how good they are at attracting sure Start mothers to their programme already and you need to agree common aims. What will make your project successful in their eyes- is it numbers, quality of experience or maybe the fact that mothers who come to your class become active in Sure Start in other ways.

6. There is often a problem in

attracting women from the Sure Start area to the services provided and instead women outside the Sure Start boundary start to come along.

This is due to many things, the Sure Start area is usually defined to satisfy government targets and does not reflect an actual community, the most hard to reach parents are just that, unconfident with bad experiences of being in 'groups', scared to try something new. It takes a long time to reach them and you have to use a range of strategies.

7. Be realistic with your budget - work out how many personal visits you will make to groups (often the best way to get the word out), make sure you get invited to Sure Start project workers meetings, count the hours you need to spend getting to know the area, the time you need to redesign your publicity and booking forms, and your time spent evaluating and attending meetings. Then set a generous hourly rate because believe me - you will underestimate

8. One last word- they often have huge underspends in that first year so if you think new mats or a new stereo would benefit the class put those in the budget as well, they will remain Sure Start property of course but might enhance your sessions image and will be a useful resource for Sure Start Services.

Ania Witkowska



PAUL CHEK SEMINAR REVIEW

Paul Chek Seminar - "Equal But not the Same - Considerations for Training Females"

Paul Chek is an international fitness speaker and presenter. He runs an Exercise Certification programme which focuses on "Corrective, High Performance" techniques.

I decided to attend his seminar because the majority of my clients are women and I was interested in learning more about postural and hormonal considerations when designing training programmes, and thinking about the reasons behind aesthetic goals that women often set themselves..

The seminar was very well attended - I would guess at least 60 participants, probably roughly 2/3 male.

The first part was devoted to a lecture on postural considerations to do with head carriage. I learnt that females have less neck extensor muscle mass than males, they have a steeper first rib angle, protracted shoulder girdle position and a wider pelvis and anterior pelvic tilt. This was very interesting, although the pelvis on display (which was not actually used) was male! Paul also covered the effects of greater flexibility in women; general weakness of stabiliser muscles, often as a result of a preference for using weight machines over free weights, and lower participation in formal exercise in comparison to males. Pelvic Floor Dysfunction was covered, although no mention of pregnancy as a cause and no mention (even during the practical part of the seminar) of specific PF. I was disappointed that the section on hormonal considerations was not covered in

more detail. There was no example as to how the hormone balance changes during the monthly cycle, pregnancy, the post-birth period or the menopause, nor how this might result in emotional and physical changes which might necessitate a change in training routine, exercises and motivational approach. Instead the focus was more on how nutrition might affect the hormone balance. My feeling was that this section was used as a sales pitch for further reading of a book on sale from the Chek Institute and another Chek course! The message was that "Metabolic Typing" is the best way to determine the balance of one's nutritional intake and that the only source of usable protein is from animal sources. Vegetarians get a bit of a bad press here! There were some good messages regarding the importance of adequate protein intake, the disadvantages of diets, especially very low calorie, and the importance of maintaining an adequate body fat percentage. We then moved on to more

Overall, it left me with more questions than answers than when I started...

specific training for females who think they are "bulking up" too much. For example, changing exercises more frequently, alternating aerobic and strength training in the same session, increasing rest periods, changing tempo of the lift and increasing the proportion of compound exercises. When selecting exercises for a programme the focus should be on flexibility, muscle balance, stability and functional strength.

We moved on to the practical workshop of exercises suggested for inclusion in a female training programme. These focused very

heavily on core stability work (no bad thing) with many exercises using the swiss ball. Unfortunately we were in large groups of about 20 to 25 people which gave limited opportunities for asking questions, although the trainers there to help us (2 per group) were friendly and did their best. Some exercises were too difficult for the average female and some positions suggested were likely to be uncomfortable for women with large or tender breasts. There was also the assumption of access to pieces of kit (e.g. an adjustable high/low pulley) that not all trainers (like me!) might have. There was much emphasis on corrective techniques, particularly in relation to maintaining neutral spine, and use was made of a dowling rod to adjust the spine into the correct position. This became complicated and tedious and ignored the practicalities of using this technique in a busy, crowded gym with subsequent embarrassment to the client. Some of the exercises would have been almost impossible for the average client (male or female!) to do on her own. Overall I found the course interesting, but ultimately disappointing because of what I felt was left out - PMT, Menopause, HRT, pregnancy, female surgery and, I think, most worryingly, the pelvic floor.

Great chunks of the average woman's life - menstruation, child-bearing and menopause were not adequately covered, or covered at all.

He didn't touch on how to encourage women not to be so influenced by what they read and see in the media.

Overall, I picked up some useful bits and pieces, I can say I've done it, it was an interesting experience, albeit an expensive one! But it has left me with more questions than when I started!

Moir Clark

AMERICAN COLLEGE OF OBSTETRICIANS

New ACOG Recommendations Encourage Exercise in Pregnancy

Earlier this year the American College of Obstetrics and Gynecology (ACOG) published its newest exercise and pregnancy recommendations,¹ replacing an advisory that it published on the topic in 1994.² The changes promote regular exercise for its overall health benefits. In a nutshell, the older recommendations state that healthy pregnant women *can* exercise; the recent recommendations suggest that healthy, pregnant women *should* exercise.

Exercise as Prevention and Treatment

The new recommendations state that healthy pregnant women can adopt the activity recommendation for the general population: 30 minutes or more of moderate exercise on most, if not all, days of the week. Raul Artal, MD, principal author of the ACOG recommendations, says pregnancy is a unique time for behavior modification, and that healthy behaviors maintained or adopted during pregnancy may improve health for the rest of a woman's life. And he notes that the excess weight gained in pregnancy, which many women never lose, is a major public health concern. Artal is professor and chairman of the Department of Obstetrics and Gynecology at St Louis University in St Louis and an editorial board member of the physician and sportsmedicine.

James F. Clapp III, MD, an obstetrician and emeritus professor in the Department of

Reproductive Biology and the Schwartz Center for Metabolism and Nutrition at Case Western Reserve University in Cleveland, says the 2002 recommendations are more flexible than before. "They do not recommend in a dictatorial fashion exercise type and target heart rate," he says. "This makes it more difficult for the doctor, but easier on the woman."

For the first time, the recommendations highlight a possible role for exercise in the prevention and treatment of gestational diabetes. "From my own clinical experiences, exercise can prevent gestational diabetes, even in morbidly obese patients," Artal says.

The recommendations emphasize that previously inactive women or those with medical obstetric complications be evaluated before prescribing exercise.

Useful Clinical Tools

The new recommendations contain three useful tables: absolute

....30 minutes or more of moderate exercise on most, if not all, days of the week.....

contraindications to exercise, relative contraindications to exercise, and, for the first time, a listing of warning signs to terminate exercise. Many of the new contraindications that were not specified in the 1994 recommendations are general medical conditions, such as heart disease, lung disease, and orthopedic limitations. The new recommendations offer more sports-specific guidance than the previous version. It lists examples of contact sports, such as ice hockey, soccer, and basketball, that could cause abdominal trauma

and activities that have a high risk of falling, such as downhill skiing. The recommendations advise that competitive pregnant athletes be closely supervised by their physicians.

Recommendations note that scuba diving should be avoided because it puts the baby at increased risk of decompression sickness. At the other end of the spectrum, the recommendations note that women who are active at altitudes greater than 6,000 ft be aware of the signs of altitude sickness and seek medical attention if symptoms arise.

Acknowledging the Gray Areas

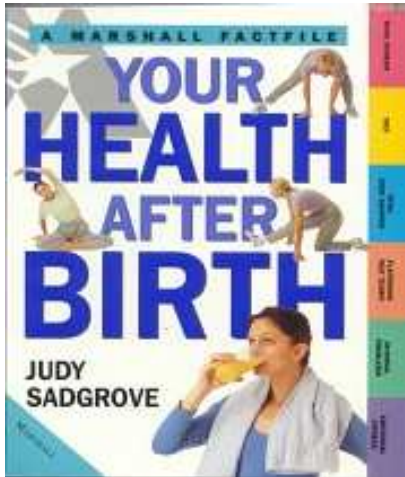
The report highlights areas that don't have a strong research basis for recommendations, such as the effect of strenuous activity on foetal growth and the effects of exercise on core temperature during pregnancy. More research is needed in additional areas, says Clapp.

Postpartum Reassurance Several postpartum concerns are now addressed in the recommendations. They note that there are no known complications of return to training. Though rapid resumption has not demonstrated adverse effects, a gradual return to activity is advised.

Lactation and postpartum depression are covered for the first time in the new recommendations: They report that moderate weight reduction while nursing does not compromise neonatal weight gain and that exercise has been associated with decreased incidence of postpartum depression--but only if the exercise is not stress provoking.

Lisa Schnirring

YOUR HEALTH AFTER BIRTH A REVIEW



Your Health After Birth by Judy Sadgrove. Published by Marshall Publishing 1998.

When I've a few precious minutes to myself, one of the things I like doing is wandering around the cheap bookstores in Swindon Town Centre. I am a book lover, but find it hard to justify too many at regular publisher prices. On such a trip I came across the following two books at very reasonable prices, so bought both.

This book appealed to me immediately due to its format. It is a Marshall Factfile - a loose-leaf spiral bound affair, although it didn't prove very easy to turn the pages at first. It is divided into 6 sections with the following titles: Total Fitness; Diet; Total Body Shaping; Flattening the Tummy; Internal Problems, and Emotional Fitness. The format and presentation is very accessible with clear explanations and plenty of photographs. My only

criticism in this area is the use of several young, slim, model-like women for their illustrations!

All exercises are well described, and the choice of exercises reflects strongly my own choice for the classes that I take. There is a section included about the rectus abdominus separation, and how to assess the gap, although I wasn't sure about the instruction to relax the tummy before lifting the head from the floor. The toning exercises used involve the use of free weights, but there are clear instructions for starting very gradually and building up the weight as strength improves. There is also advice to keep clear of aerobic exercises involving medium or high levels of impact. Emphasis

...The format and presentation is very accessible with clear explanations and plenty of photographs...

was placed on posture and good exercise technique to minimise injury risk.

I was very interested in a paragraph describing "new thinking on abdominal training". Apparently physios and osteopaths are coming across an increasing number of people who are suffering with lower back pain caused by excessive pelvic tilting whilst abdominal training. Apparently experts are now recommending that abdominal training be carried out with both legs extended but raised

about 6 inches from the floor - supported on a low box or similar aid. The book goes on to suggest that once abdominal and back muscles have got stronger (this is not quantified), curl ups should be tried with legs extended and raised. I have to say that I have not come across this recommendation before and would be interested to hear any further thinking / research in this area.)

There is a whole section devoted to pelvic floor, including sexual relations and episiotomies. The pelvic floor exercises are explained very clearly (not one mention of toilets!), and includes a diagram of the position and structure of the muscles.

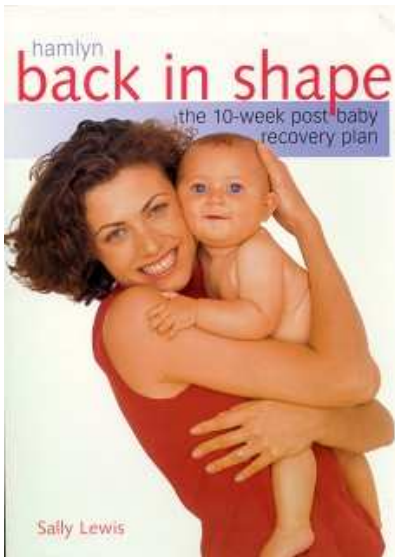
The other sections of the factfile are also helpful, dealing with such topics as what and how much to eat for health / breastfeeding / weight loss / anaemia, how to get more sleep (?!), mood swings, postnatal depression, and relaxation techniques.

All in all I thought for the price (RRP £9.99 - The Works price £3.99) it was a jolly good buy - one I would buy for a postnatal friend.

But, it occurred to me that neither this book or the one reviewed on the next page referred to, or gave any information about, helplines, or charitable organisations which may be of use postnatally. This struck me as unusual, and a lost opportunity.

Ruth Barrett

BACK IN SHAPE A REVIEW



Back in Shape - the 10-week post baby recovery plan by Sally Lewis. Published by Hamlyn 2000.

This book is apparently written by postnatal fitness expert Sally Lewis, and takes the form of a 10 week plan aimed at 4 week postnatal women, ie., her week 1 equates to week 4.

After enjoying *Your Health After Birth*, this book was rather a disappointment.

My first criticism is the occasional use of what I would call bad, potentially demoralising wording. Examples are, in relation to stretch marks, "Ideally, you will have been massaging them with oil while pregnant", and, concerning pelvic floor exercises, "Hopefully, you will have been doing these throughout your pregnancy".

Such comments are likely to make the reader feel that they have been doing something 'wrong' if they have not been massaging their

stretch marks, or doing their pelvic floor exercises (even though certainly the latter is a very useful exercise). But these minor criticisms pale into insignificance when compared to the ones I have about the exercise section.

Firstly, the only description of pelvic floor exercises is the one of stopping urine mid-stream, and there is no description of the muscles themselves, nor their importance throughout life. Next, the explanation of rectus muscle distention is OK, but the photographs given to accompany the abdominal retraction exercise are not good - there is no discernible difference between the two stages.

The biggest problem concerns the advice given regarding aerobic exercise.

...my feeling is that it is verging on dangerous advice to newly postnatal women....

Nowhere could I find reference to keeping exercise low impact, or joint protection, or anything else like it. The only safety advice given is to warm up and cool down adequately. Examples of suitable aerobic activity includes skipping, jogging, running, step, and "most sports", and one of the photos shows the model skipping.

On close scrutiny of the 10-week plan itself (which you have to find at the back of the book), the suggestion for aerobic activity moves from marching on the spot for 7 minutes and stair

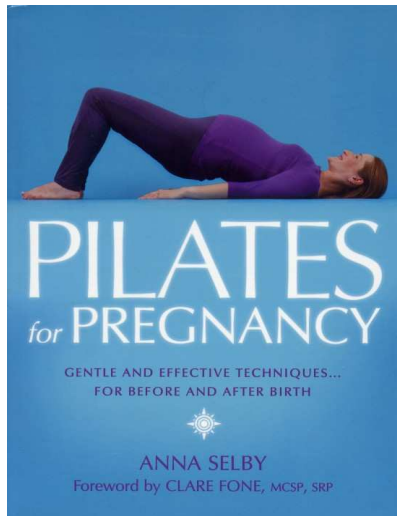
climbing (5 minutes of) in week 1, (remember that is the equivalent of week 4), to 1 hour's walking, 2 minutes skipping, and 5 minutes stair climbing at the end of week 3 (week 6). By the time you get to the end of week 10 you are expected to be able to skip for 10 minutes and jog for 10 minutes, on top of 15 minutes of pelvic floor, 16 x 3 sets of curlups, 12 x 3 sets of press-ups, 12 x 3 sets of lunges, and 12 x 3 sets each of bicep curls, with weights, and tricep dips!! Incidentally the press-ups described are not simple box press-ups, but leaning forward on the knees with legs raised, with a view to moving to full press-ups! The assumption also from the information in the book, is that this plan is applicable to anyone, regardless of their previous fitness level / exercise history.

In summary, although there are some nice sections about other areas relevant to postnatal life, for example, relaxation and massage, diet, etc., the exercise section is enough to stop me recommending this book to anyone.

OK, it only cost me £2.00 (RRP £12.99), but you would have to be Jane Fonda (or the 2003 equivalent) to cope with the exercise level in the plan, and my feeling is that it is verging on dangerous advice to newly postnatal women. Very concerning since it claims to be written by a postnatal fitness expert!

Ruth Barrett

PILATES FOR PREGNANCY



Anne Selby's Pilates for Pregnancy - A Review

Published in 2002 this was one of the first books on the market to address this specialist area. The author is a health writer and journalist who has been involved in many types of dance and, together with Alan Herdman, (one of the original disciples of Joseph Pilates) has co-written Pilates: Creating the Body you want. There is no mention of her experience in the antenatal field but Clare Fone, physiotherapist, has written the foreword.

This book is suitable for all stages of pregnancy and includes a postnatal programme from birth to six months plus. No previous experience of Pilates is required.

Section 1 introduces the reader to the principles of pilates which are fundamental to the programme, and discusses basic hormonal, breast, circulatory and digestive changes. The pelvic floor has its own, very small section, but surprisingly, no mention is made

of the abdominal musculature. It goes on to discuss the benefits of correct posture during the three trimesters but confusingly suggests that a pelvic tilt will also help to strengthen the pelvic floor muscles!

The pregnancy exercise sections are divided into the three trimesters with the warm up (consisting of two exercises) being appropriate to use throughout. All exercises are very low intensity, mostly mobility in nature. The introduction to the second and third trimesters carry a warning about supine lying and recommends these exercises are omitted if readers feel uncomfortable in this position.

I would like to have seen a more comprehensive warm up, focusing on standing mobility and joint alignment that can be easily integrated into everyday life. I was surprised to find the first trimester exercises so incredibly low-key; this is the perfect time to develop postural strength and awareness when the body is still unrestricted by the growing baby but this

...a very low key pregnancy exercise programme that does not really reflect a good understanding of pregnancy changes and exercise....

opportunity is not utilised. Most of the pregnancy exercises are suitable; although one or two are taken to an inappropriate range, ie deep squats against the wall, and seated wide adductor stretches held for five minutes! Standing forward flexion with arms raised above head is contra-indicated! Supine exercises are

performed with a pelvic tilt; although this position doesn't engage TrA as effectively as neutral spine, it does allow a safe margin of error if the exercises are incorrectly performed. More precautions are needed to protect the sacro-iliac/symphysis pubis joints during hip rolls, knee drops and side leg lifts and generally much more emphasis is needed on the use of abdominal support.

The postnatal programme, recommends that new participants review the pregnancy exercises before proceeding. There are three mini programmes; months 1-3, months 3-6 and 6 months plus. These programmes progress quite well and offer a varied selection of mobility, stretching and postural strengthening exercises.

There are one or two exercises which need precautions for sacroiliac/symphysis pubis joints, ie walking on your bottom and side knee rolls and all exercises would benefit from a greater emphasis on abdominal and pelvic stability.

Overall, a very low key pregnancy exercise programme that does not really reflect a good understanding of pregnancy changes and exercise alignment. Guild members may find the postnatal programme helpful but will need to supplement with their own teaching points relating to alignment and effectiveness.

Judy DiFiore

DON'T FORGET DATE FOR YOUR DIARY:-

Next Guild study day on Pelvic Floor Latest Research - Sunday 5th October - with Samantha Gillard - Physiotherapist Specialist in Womens' Health. Please See flyer or phone Meg Walker 01453 884268