

Scoops



The Newsletter of the Guild of Postnatal Exercise Teachers
Issue 15 - December 2003
www.postnatalexercise.co.uk

GUILD GOES ANTENATAL!

Some exciting changes are in prospect for the Guild! In part these have been triggered by recent events. Many of you will have been listening on the radio or seeing on TV the Government's 'Big Conversation' on university funding. In fact, the problems have been around for a while and Luton has been having funding difficulties. One side effect of these is that the Department of Sport and Exercise Science has dropped all its distance learning courses and this does mean that the Guild has to find another university partner.

Your committee have therefore taken the opportunity to make two strategic decisions. Firstly, to find a new University partner and explore with them the possibility of expanding the course to full Diploma level. We propose to do this by incorporating antenatal as well as postnatal exercise training in the course.

Secondly, to formally extend membership and the support work of the Guild to antenatal as well as postnatal exercise teachers. Many antenatal exercise teachers have been in touch reporting that they have suffered from the same feelings of isolation and working in a vacuum that postnatal exercise teachers

sometimes do. So welcome to all you antenatal teachers out there!

Although we already have quite a number of antenatal exercise teachers and personal trainers we now need to actively let them know they can have support and encouragement and to come onto the Guild website too.

The University of Luton's decision does mean that the Guild will have to take a breather from training new students during 2004 while we find another university partner, but this does mean that we can concentrate on the support for existing antenatal and postnatal exercise teachers. So let us know what study days you would like for 2004 and we shall see what can be arranged!

Our summer weekend workshop planned for 26 and 27th June is with Judy DiFiore on antenatal pilates. Judy is a great teacher and a lot of you have requested more on pilates, so do put the dates in your diary now.

Finally, a couple of really interesting reviews this issue. Hope you enjoy them!

Meg Walker

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Supported

This is the title of the newsletter of the newly formed Pelvic Partnership. One of their principle aims is to increase awareness and access to information about Symphysis Pubis Dysfunction. If you would like more information about the group or you want to join and support the group's work go to www.pelvicpartnership.org.uk

I recently attended an excellent study day run by physiotherapists for physiotherapists. We spent the day alternating between hearing about recent research and then working in pairs learning how to assess and manually treat SPD. As a very rusty physio I found the day very challenging and stimulating. It was also most interesting to have one's own pelvis manipulated by a physio who is more used to working with burly rugby players than women of my tender age. Aaargh!!!!(only joking)

What is SPD?

It seems to have first been described in 1870 by Snelling but this painful and disabling condition has only recently been given the recognition it deserves largely due to the work of physiotherapist Deborah Fry. (Fry 1999). Many women will find both midwives, GPs and obstetricians dismissing their queries regarding the pain they are experiencing as the normal aches and pains of pregnancy, due to the changing posture, additional weight of the baby

and hormonal changes in the ligaments.

In a retrospective study of 141 women Owens et al (2002) found an incidence of 1/36. Postnatally 63% were still complaining of pain, half of them stating that the pain was similar to or worse than before. At six months 19% were still experiencing pain.

Larsen et al (1999) found that 14% of 1,600 women in their study had pelvic pain with some still experiencing pain at 2 months - 5%, 6 months - 4% and 12 months - 2% respectively. Unless recognized and adequately treated there is a real risk that for some women this condition might become chronic.

It is important to recognize the difference between SPD and Diastasis Pubis. Diagnosis of Diastasis can only be made radiologically and tends to refer to clinical instability due to disruption of the joint. Functional instability as in SPD occurs when the joint surfaces are intact but there is an inability to prevent unwanted movement with poor dynamic control of the range of movement. Townsend et al (2003)

We learnt a lot about the different systems affecting functional mechanics and stability of the pelvis. We heard about recent research into hormonal changes of pregnancy. Early studies highlighted the links between SPD symptoms and relaxin levels but these studies were small in size and didn't have adequate controls. More recent research has not demonstrated such links. (Bjorklund et al

2000) Other studies are unable to demonstrate consistent links between the onset of symptoms of SPD and the stages of pregnancy when relaxin levels would be at their highest. (Kristiansson et al 1999 and Owens et al 2002.

' It would seem that the presence of laxity, probably as a result of some form of hormonal link is undisputed, but causal effect to pain is less substantial' (Bjorklund et al 1999).

The information we shared on the day made me want to read much more about the hormonal research. From the point of view of a postnatal exercise teacher the important message to take home was to encourage women to seek help early and not hope that it will automatically improve as the months go by.

The Pelvic Partnership has a list of physiotherapists who have attended the study days and are able to accurately assess the dysfunction and offer manipulative treatment and exercise to sort out the problem as well as give advice on pain management.

I very much admire the aims of the Pelvic Partnership team because we need a larger pool of physiotherapists who know how to assess and treat SPD as well as more midwives who fully understand the condition and are then less likely to put women at risk by adopting inappropriate positions in labour. I would like to thank and congratulate the team of Physios who delivered an excellent study day. It was not appropriate for anyone other than physiotherapists but I

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have spoken to Sarah Fishburn about adapting it for us as Guild teachers. We in the Guild would love to know if you would be interested in such a study day and if so what would you want it to include, so please email Meg on megwalker@pnex.freereserve.co.uk to let us know. The Pelvic Partnership produce two very useful booklets called 'Pain Management in SPD' and 'A Guide for family and friends'.
Gillian Fletcher.

With thanks to Lucy Townsend, Clare Woodward and Sarah Fishburn who ran the Symphysis Pubis Dysfunction Workshop October 2003

A NOTE ON PELVIC FLOOR CONTRACTIONS BY MOIRA CLARK

A while back I asked a question about the suggested length of 10 seconds for a pelvic floor contraction when training the PFMs for endurance.

I had a variety of replies for which thank you all very much. I was also wondering why the limit of 10 seconds endurance hold did not seem to apply when using the Pelvic Floor in Pilates exercises or when using an aid like weighted cones which suggest holding in place for up to 10 minutes (a bit longer than 10 seconds!)

Now, there may be some of you out there who think that this is pretty basic, but I have realised that I have never given much thought to this before

and have fallen into the trap of just carrying on teaching the same thing

because that's the way I was taught to teach it and I haven't asked myself why I am doing it this particular way.

After having a look at the various replies received, re-reading the notes from Samantha Gillard's PF workshop and having a chat with the physio who specialises in PF at the Physiotherapy clinic where I work, I have arrived at the following.

If anyone disagrees or knows differently please feel free to comment.

The PF muscles are postural muscles.

Postural muscles are made up

simply not be able to maintain the quality of the contraction - and an effective contraction must be maximal to obtain overload.

When retaining cones or doing Pilates type exercises the muscles are used

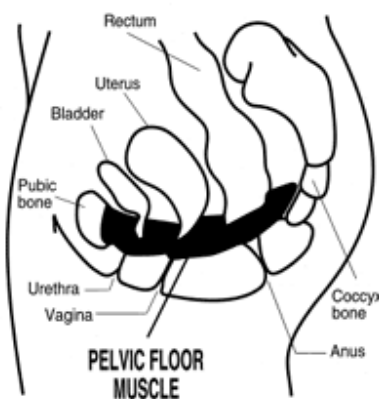
SUB-MAXIMALLY and therefore the hold can be maintained for longer before fatigue of the slow twitch fibres. This will also produce effective isolation and recruitment of TAs - more postural muscles.

I have to say that most women in my classes are probably unable to maintain a hold of longer than about 4 or 5 seconds at best and the maximum strength achieved is probably pretty weedy!

But I do my best to motivate them.

Moira Clark

Figure 1



of a high proportion of Type I, slow twitch, red fibres with a good blood supply (aerobic)

When slow twitch fibres are contracted MAXIMALLY they fatigue at about 10 seconds, as the blood supply is reduced because it is "squeezed out" (the physio's phrase - not mine!)

Therefore - the most effective length of time for a MAXIMAL endurance

contraction is up to 10 seconds. After this the muscle will

A BIG THANK YOU TO ANNETTE HOLTMEYER!!!

Many thanks to Anette Holtmeyer who has raised £78.50 by selling refreshments at an NCT Nearly New Sale specifically for the Guild of Postnatal Exercise Teachers. This raised awareness of the Guild and the work we do in supporting and training postnatal exercise teachers to those in Stroud Valleys National Childbirth Trust.

Thank you Anette!

BROWSE THE WEB!

Looking for new programming ideas for your postnatal clients? Or designing a website for your postnatal exercise business? Perhaps you will gather some ideas from these overseas websites of instructors and businesses specialising in pre and postnatal fitness:

www.babyandmetoronto.com

www.childbirth-connections.com

www.fitfor2.com

www.fitmomcanada.com

www.fittodeliver.com

www.healthymomfitness.com

www.marieandron.com "Freya Fitness"

www.maternalfitness.com

www.mommyandbabyfitness.com

www.motherwellfitness.com

Fitness with Buggy and Baby (see Scoops Issue 13):

www.dsr.nsw.gov.au/assets/pubs/active/info_pramwalk.pdf

www.parkweb.vic.gov.au/resources/05_1027.pdf

www3.telus.net/Lets_Strollercize

www.strollercize.com

www.strollerfit.com

www.strollerstrides.com

www.walkabyebaby.com

Many thanks to Andrea Childerhouse for the tips!

SPAM! SPAM! SPAM!

Not really a postnatal exercise subject, but one that I am asked about fairly constantly.

Are you being slowly driven mad by spam? If you do not know what spam is, then you probably do not use email much! Spam is a slang term for the sort of junk mail that is sent electronically and clogs up the inboxes of anybody using email. It is sometimes about relatively innocuous subjects, such as loans or mortgages, but is more often advertising hard core pornography, penis enlargement, or viagra, under titles such as 'my live webcam' or 'meds'.



If your email address is with hotmail or yahoo, or even just appears on a website, there is a fair chance that the 'spammers' will find it. So you may become the unfortunate recipient of this unwelcome literature.

Computer experts all over the world are trying to work out ways to beat the 'spammers' but it is proving very difficult and may reach a stage where email itself becomes useless, which would be a great shame as email is a very useful way of communicating, as some of you will be aware.

Here are a couple of basic tips on how to deal with it.

Firstly, avoid opening it. Delete it straight away without opening

it. If you use Outlook or Outlook Express, you can avoid opening it automatically by turning off the preview pane. If you open it, it may tell the spammer you have looked at it, or may even contain a virus to cause you even more irritation!

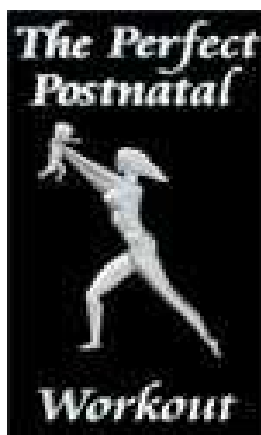
Secondly, do not reply to it. If you reply, then the spammers know your email address is operational and will send you loads more! Even using the 'unsubscribe' button will result in yet more drivel coming your way. And it encourages the spammers. If nobody replied then the spammers would give up and go away!

Most email systems do have some sort of wizard for setting up filters to prevent spam getting to your inbox. But, sadly, they can be quite fiddly to set up and the spammers find all sorts of clever ways to get round them. So the best thing is to simply delete them without looking at them.

Finally, spammers are linking themselves to virus writers. If you are not using a good virus checker you are asking for trouble. As soon as you connect to the internet or start to receive emails, viruses are out there! I use Norton 2003 but whatever virus checker you use, they are all completely useless if you do not update them at least once a week, or preferably allow them to do it automatically. If you want to know more or have any computer questions then email Meg and I'll try and help.

Eliot Walker

REVIEW OF 'THE PERFECT POSTNATAL WORKOUT'



"The

Perfect Postnatal Workout with Karyne Steben and baby Azia.

2003 Far Star Productions, Inc. California, USA

To order visit: www.progressiveparent.com

I was rather curious when I sat down to watch this video, as Karyne Steben is a trapeze artist of 11 years, formerly with Cirque de Soleil! Would she and baby be hanging from the chandelier and would she be stretching her legs behind her ears? The video proved quickly, however, to be a sane, charming and 'low key' affair with baby very much in focus!

The video is divided up into sections;

A short work-out for the first month

Two 15 minutes work-outs for after the 6 weeks' check

A 12 minutes instructional section where Karyne explains the dos and don'ts of postnatal exercise.

There is a disclaimer at the beginning, especially regarding the safety of the baby. It is, however, quite difficult to attend properly to Karyn's heavy accent and you have to know in advance that "Kegles" means pelvic floor lifts!

The first section consists of five exercises only, including "kegles" and pelvic tilts with ab. transversus retraction. A challenging exercise at this stage would in my mind be the 'hip lift'/bridging exercise. This should have been left for the next section. Throughout the baby is in focus; cradled or swaddled on the floor.

Workout 2 is apparently for after week 4, containing 12 exercises in all. It includes interesting "labour squats", which is a sequence of large body ripples into a full squat and recover. (Not suitable for the "untrained" mother.) Karyne uses the weight of the baby quite a bit, especially for the arm exercises, such as swinging the baby back and forth in an arm cradle whilst in a high kneeling position, and in "half leg extensions" for the transverses abdominal with baby 'out flying', resting on her shins holding on to mums hands. Other more traditional exercises such as press-ups, curl-ups and "kegles" alongside a few stretches were also in there.

Workout 3 contains more challenging exercises, such as deep squatting "swoops" with baby, oblique work and bridging/hip lifts.

The Instructional section is good with up-to-date researched based references, nutritional advice and information about the exercises. I was pleased that she referred to post-natal depression and the 'blues', by urging mums to seek help or talk to their doctor if they feel negative towards themselves or their baby.

Karyne suggests feeding baby half an hour before exercising and

mentions that the milk may taste differently immediately after exercising. But it is only when someone works beyond their training zone that this is likely to happen.

She refers to abdominal diastis, checking the 'gap', and urges mums to pay attention to baby whilst exercising: "if she is not enjoying it, go on to the next exercise". Baby Azia seemed to enjoy all of it though, and when not participating was swaddled on the floor in front of Karyne.

Why this section was not put right at the beginning of the video, however, is a mystery! As there were hardly any explanations or teaching points during any of the workouts, this seems an error of judgment to me, leaving exercising mothers vulnerable. There were no explanations as to why or what the exercises were for during any of the demonstrations! Many exercises were harder than they looked, and it is then especially important to prompt the exerciser through it.

All in all, this is a refreshing postnatal exercise video with a pleasant and low-key ambiance. The music is very soothing for the first 2/3 of it, which prevents sensorial overload. The demonstrations are clear and the exercises mainly simple. It can provide us PNEX teachers with many good and charming ideas for exercising together with baby, which is for many the only realistic way for the first few months!

Solrun Fluge-Faull

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sweeping generalisation. There are suggestions for mothers in the first 6 weeks after the birth, including "start early and increase slowly",

However I found my hackles rising a little at the emphasis on how necessary it is for mothers to get away from their baby! He seems to assume that mothers should WANT to leave their babies. In my experience this is usually the last thing a new mother wants to do! My heart

...I found my hackles rising....

goes out to those poor, implied "abnormal" mums who feel distress at leaving their baby to exercise. I also felt slightly "boggled" at the suggestion that mums should exercise at least 3 times a week in the first 6 weeks - most of the new mums I know have trouble getting to 1 class a week on time! Clapp also suggests that exercising mums buy a baby scale (!) to check that their baby is not losing weight; an idea which I'm pretty certain would not receive support from a BFC, although he does give LLLs alternative suggestions for checking the growth of a baby. Contra-indications to exercise are given for these early days, however Clapp is positive that returning to exercise even 2 weeks after a Caesarean is OK, unless there is pain or bleeding. His studies have not shown any problems in returning to exercise so soon. I was astonished that he has managed to find mothers to study who WANTED to do this, especially after a C-section! After 6 weeks, according to

Clapp "most women who exercise are beginning to have everything under control". My jaw dropped when I read this. Obviously American mums have something that mums in Kent don't, possibly

...and my jaw dropped....

a full-time nanny...?!

Postnatal joint laxity was noted as persisting however was not reported to cause problems. Clapp doesn't seem to think that impact activity is a problem for joints, even from quite soon after the birth, in fact he advocates jogging. However, I couldn't find any specific advice on the importance of technique and joint alignment. Clapp also finds that exercising women have fewer discomforts and a lower injury level, however the participant level of experience, technique and coaching is not detailed.

I find myself wondering why I see so many pregnant and PN women who report general knee pain/aching, SPD and sciatic type pain and problems from "going over" on an ankle, whether or not they are active or exercising regularly with a formal programme.

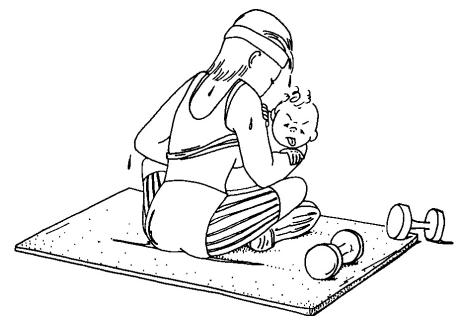
Abdominal crunches were resumed without problems and pelvic floor problems were fewer in Clapp's exercising group compared to the control, however there are no details of how his studies were conducted or monitored. I wondered how much self-reporting by mothers was used to gather information. A mother who is keen to return to exercise as soon as she possibly can is hardly likely to report problems that may stop her doing what she wants. Also levels of

perception of what is normal may vary and what is an acceptable problem to one mother may not be acceptable to another.

There is a broad range of information in this book including training the competitive athlete, training at altitude and the importance of adequate support for both the stomach and the breasts. The overall conclusions are that exercise in pregnancy has very positive benefits, and I found much here to encourage me to motivate normal, healthy women to challenge themselves in pregnancy within their own limits and capabilities. However, the book is SO positive that I am concerned that a lay pregnant woman looking for reasons to carry on exercising might miss, or choose to ignore the significance of some specific recommendations, guidelines and contra-indications given.

Moira Clark

Editor's note



Clapp's book is very helpful in providing real research that dispels a number of myths. For instance, his laboratory looked into the suggestion that exercise adversely affected the taste of human milk, by increasing the level of lactic acid it contains. He found previous research flawed and wrongly interpreted. So this book is a useful source of properly researched scientific information. Although it was listed as out of print by my local bookshop I had no trouble getting it through Amazon.com.

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and these unfounded concerns have then been perpetuated by health care providers.

Clapp's studies show no evidence that healthy women need to change their exercise habits at this time. He admits that there are no studies on women who begin to exercise when trying to conceive or in early pregnancy, however it appears that it should be safe providing intensity and

....no evidence that healthy women need to change their exercise habits....

duration are limited.

Clapp then looks at the idea that the physical stress induced by exercise in mid to late pregnancy may cause premature labour or problems with foetal and placental growth. This was all covered in fascinating detail and, again, his findings are all in favour of continuing to exercise at a moderately hard to hard level. The studies concluded definite benefits to the baby, by improving tolerance levels to the stresses of labour and delivery. Breastfeeding and infant growth are then covered. I was disappointed in this section because it is a review of previous studies rather than new work and contains a lot of "maybes". I found myself wondering how much Clapp actually knows about breastfeeding and the individual interaction between mother and baby.

The chapter on maternal benefits of exercise starts with reduced weight gain and fat accumulation. The message comes

across that overall weight gain is bad and I didn't feel entirely comfortable with this. Clapp says that for exercise to be beneficial it needs to be "regular, weight bearing and sustained", therefore the usual advice to swim in pregnancy, although well intentioned probably does not confer the same benefits. I was not surprised that Clapp's results conclude that women who are already exercising regularly need less exercise to control their weight than women who start exercising in pregnancy. Strength training and flexibility were not specifically studied.

I was disappointed with the lack of detail on intensity levels (although this is obviously individual) and type of exercise undertaken.

Part 3 covers the principles of exercise prescription using the information from the first two parts of the book. Clapp stresses that the individual differences between women and their individual goals should be the main concern when deciding frequency, intensity and duration, and that most women should not need to change their

....lack of detail on intensity levels....

current programme unless a problem develops or they wish to increase the exercise load. Any woman wishing to take up exercise for the first time during pregnancy should be monitored and given specific advice. Clapp covers the differences between the traditional (swimming/cycling) approaches and the more liberal approach, with appropriate safety precautions, which offers

greater variety. There are "dos and don'ts" and contra-indications to exercise. This is all covered in great detail and would be useful to the exercise professional, however it's possible that the average, lay exerciser would find this part quite confusing. I was concerned that a pregnant woman might receive the overall message that it is OK to carry on with her usual exercise programme regardless of type of activity, level of exertion, individual capabilities and technique. In particular there are 2 photos showing heavily pregnant women exercising on a step, one in a ballistic move. An enthusiastic mother might be encouraged to ignore her own changing capabilities and limitations, and possibly not be aware of early warning signs in her own body

....possible that the lay exerciser would find this part confusing....

signalling a need for a change in her training. The importance of being monitored when exercising is stressed, but this is not an option for most people.

The last part covers returning to exercise after the birth. The majority of women studied by Clapp resumed exercise at 2 to 6 weeks post birth (where did they find the energy?) and were followed up at 6 weeks, 3 and 6 months and 1 year post birth. They reported a more rapid physical and emotional recovery with a lower incidence of PND. Clapp puts this down to mothers having had some time for themselves without their baby, which I felt was a rather

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EXERCISING THROUGH YOUR PREGNANCY

Exercising Through Your Pregnancy



Your guide to an active, healthy pregnancy written by the physician whose research makes the compelling case for exercise before, during and after pregnancy.

James F. Clapp III, M.D.

"Exercising Through Your Pregnancy" James F. Clapp M.D. Addicus Books

ISBN1-886039-59-3 2002
James Clapp is Professor of Reproductive Biology at the Case Western Reserve University, and Research Professor of Obstetrics and Gynaecology at the University of Vermont College of Medicine. He has been studying the effects of maternal exercise on the course and outcome of pregnancy since the late 1970s/early 1980s. This book details his experiences of over 250 women who exercised before, during and after pregnancy and another group of 50 women who began structured exercise programmes during pregnancy. The title "YOUR pregnancy" led me to believe that the book is aimed at pregnant women themselves, however my general impression is that much of the, quite detailed, information given would be of more interest, and

make more sense, to the exercise professional than the lay reader..

The first part covers the myths that surround exercise in pregnancy and how they still persist, and the previous lack of research based knowledge on

...the myths that surround exercise in pregnancy...

the effects of maternal exercise both on the mother and her baby. In 1970/80s women's interest in regular exercise grew rapidly, and many pregnant women wanted to carry on exercising, however most health care providers had a conservative view because they simply didn't know anything about the possible risks or benefits. Supposed risks were mainly theoretical and supported by the first set of ACOG guidelines issued in 1985. There is a detailed review of the physical and physiological adaptations to pregnancy and to exercise in pregnancy, including research references prior to the studies on which this book is based. The heart and circulatory system explanation includes the reasons why standard heart rate calculations do not work well in pregnancy (in particular the 1985 ACOG guideline of 140 bpm maximum) and why the Borg RPE scale is a better indicator of effort level. Lung function and oxygen transportation, body temperature, sweating, metabolic and hormonal responses, muscle, ligament and bone adaptations and postural changes are also covered. The findings relating to adaptations

to exercise do not support previous concerns and show how both mother and baby gain positive benefits from increased protection against physical stress.

Part 2 covers James Clapp's findings from his own, more recent studies. He first looks at the idea that exercise can cause fertility problems and that in early pregnancy it may cause miscarriage or birth defects. I was interested in this part because I frequently see mums whose midwives or doctors have told them to stop all exercise for the first 12 weeks. This sometimes causes an emotional conflict for the mothers because they do not want to stop an activity they enjoy, however are concerned because they have been introduced to the idea that they may be somehow harming their baby. I was reassured to read that Clapp's findings are that previous concerns about exercise while trying to get pregnant or in early pregnancy are supported only by anecdotal information and scientific results taken out of context,

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DON'T FORGET DATES FOR YOUR DIARY:-

**Next Guild study day is on:-
Motivating Your Groups
14th March 2004 - with Sue Woodd.**

AGM is also on 14th March - all full members welcome.

**Weekend Workshop for Ante and Postnatal PILATES
26th and 27th June 2004 - with Judy DiFiore**

Please phone Meg Walker 01453 884268 or booking form on website

www.postnatalexercise.co.uk