

Scoops



The Newsletter of the Guild of Pregnancy and Postnatal Exercise Instructors
Issue 17 - September 2004
www.postnatalexercise.co.uk

SORRY FOR THE DELAY!

Yes, I know it seems like ages since a copy of Scoops dropped through your letter box. But we are back with you again and know you would like an update on progress on the new course.

Well, its been a case of snakes and ladders. University of Surrey, after a long delay, finally said the PNEX course would not really 'fit' with their existing courses. But other Universities and Colleges have expressed an interest. An application has just gone in to the University of Middlesex and we are also discussing things with Loughborough College. So, hopefully things are making progress but it is all taking much longer than we originally thought.

So for the moment our main efforts are concentrating on supporting existing members with the study day programme.

We shall shortly be holding the Pilates Study Day weekend (there are still two places left if you are interested) on 18th/19th September. Then there, is the Sacroiliac Joint Instability study day on

5th December, and, next year, the First Aid study day, and the Stability Ball day. So you have no excuse for not being bang up to date!

And so we do not forget what its all about, see below the picture of Django, born in a



bathtub, to Ania Witkowska this year.

Ania reports that she is a walking advertisement for PNEX and has got her pre pregnancy shape and energy levels back in no time at all. Lucky Ania! Not sure it is

CONTENTS

Page 2-3 Normal Birth Normal Labour?

Page 4 Hints and Tips for a More Interesting Class!

Page 5 Knee Osteoarthritis

Page 5-6 The Complete Guide to Postnatal Fitness

NORMAL LABOUR NORMAL BIRTH?

In these days of closing local maternity units, ever increasing technology, and slowly but surely rising caesarean section rates, it's easy to feel that all is doom and gloom. Images of calm, serene mothers, confidently nursing their equally calm newborns in the comfort of their own bedrooms, surrounded by supporting family members, with a satisfied midwife lurking in the background, are today but images found in pipe dreams. Or are they?

I have just attended part of the second research conference "Normal Labour and Birth" organised by the University of Central Lancashire Faculty of Health. The university has an active Midwifery Studies Research Unit, with currently 50 research projects underway. Examples of research titles are, "Planned caesarean section as a delivery option in primigravid [*first time*] women", "Survey of womens willingness to be randomised to place of birth", "A study of the effects of weighing of babies by health visitors on the ongoing decision making of breastfeeding women in the UK", and "Refugees

experiences of maternity care in England".

Many of the presentations at the conference were based on current research projects, but there were others from well-known and prominent figures in the maternity field. Mary Newburn from the NCT (Head of Policy Research) gave an address as did Catherine McCormick Midwifery Advisor from the Department of Health. The delegate list numbered 109, and included midwives from as far afield as New Zealand, Australia and Japan. Out of this list I counted 3 lay persons aside from the research fellows - of which I was one!

The conference was spread over 3 days - unfortunately I was only booked in for day 2, but the day was riveting. I heard about the midwifery led birth centre in St George's London, which delivers in excess of 600 births a year (and rising). No doctors are present in the centre (although the centre is situated 2 floors below the labour suite and there is an effective emergency call system), 39% women have a physiological 3rd stage, there is an 84% normal birth outcome, with 45% suffering no perineum

trauma.

I heard about a study in the Republic of Ireland to provide evidence that continuous foetal monitoring during labour is both unnecessary and potentially harmful where there are no risk factors present. 99.5% of births in the republic are in hospital maternity units: 61.5 thousand births per year spread between 22 units. Out of these 22 units, 21 use EFM routinely on admission, with 36% using it continuously in the absence of risk factors. Given the high false positive risk, the suggestion is that caesarean sections and operative vaginal deliveries are happening unnecessarily.

Probably the session which had the most impact on me was the session on the Lamaze Institute. I knew a little about this organisation, but I was completely unaware of the conditions in the United States which Lamaze is working against. 99% of all births in the USA are in hospital with 91% being attended by physicians. The caesarean rate is 26% and rising, as opposed to the UK's 22%, the induction rate is 44%, over 60% receive epidural

anaesthesia, and over 10% of vaginal births are instrumental deliveries. More than 90% of surveyed women had EFM, although this is thought to increase caesarean rate with no change in infant morbidity or mortality. These statistics are alarming since there is no evidence to suggest that medical births are safer for women and babies. In fact, there is an increasing amount of research which suggests exactly the opposite, although medically managed births continue to be the norm in the USA.

Lamaze International believes that the safety of birth is enhanced not by "expecting trouble" but by respecting and facilitating the normal, natural physiologic process of birth. Their mission is to promote, support, and protect normal birth through education and advocacy. They have adopted 6 care practices to promote normal birth, and these are adapted from the World Health Organisation.

- Labour begins on it's own
- Freedom of movement throughout labour
- Continuous labour support
- No routine interventions
- Non-supine positions for birth

- No separation of mother and baby with unlimited opportunity for breastfeeding

Lamaze encourages the adoption of these practices as standards of care for hospitals and birth centres, and encourages women to choose care providers who promote, protect and support normal birth. Lamaze also offers childbirth education, and in Lamaze classes women learn to understand and trust normal, physiologic birth and are encouraged to work actively with labour, allowing it to start on its own, and to keep their babies with them from the moment of birth.

Each of the six care practices above are based on sound research evidence - for more information on the evidence for each practice, visit the Lamaze International website, www.lamaze.org.

A PhD student (a qualified male midwife) gave an account of a stand-alone birthing centre he has been studying in the North of England, fully operating the Lamaze care practices. He described how users saw the unit as more of a hotel than a hospital, and many accounts were given of care and support given beyond

what would be expected. For example, one woman chose the centre because it was the only place which welcomed her older teenage children to be part of the birth experience. Other examples majored on the centres hospitality, describing how the midwives invited family members to eat meals with them! It was interesting to hear from this and other sources that midwife-led units and birth centres do not experience the problems with recruiting and retaining staff that hospital units do!

In summary, there was much to feel positive about presented at the conference. What with the National Service Framework currently being developed focussing on normalising birth, and organisations like Lamaze International and the National Childbirth Trust educating women on natural physiologic birth, it is my hope that we will see a gradual move back to normal labours and births for low-risk women, both in this country and abroad. The icing on the cake was returning home to the news that a good friend had given birth at home completely normally to a breech baby (even though

SOME TIPS FOR A MORE INTERESTING CLASS!

Consider thinking laterally. Why not explore and build in areas such as healthier food, nutrition and cooking and how these can figure within and around a health and fitness regime.

Four quick examples could include:

1. Why not 'calculate your body mass':
<http://www.nhlbisupport.com/bmi/bmicalc.htm>

2. You could also look at the BBC Healthier Body website at:
http://www.bbc.co.uk/radio1/onelife/health/index.shtml?healthy_body#topics.

Here there are a range of things you could incorporate, print off, pop onto a disk to give to learners or just point learners at.....many of which also provide spin off ideas or hooks into other areas that learners might wish to look at and/or explore.

3. There is a huge list of sporting links via the Sport England website to tease

and tickle your learners tastebuds at:

http://www.sportengland.org/index/get_resources/resource_ul.htm

4. Why not get hold of an NLN sampler disk, where there are 4 objects within the 'Sports/Fitness' category - 'Building a Body', 'Coaching Process', 'Healthier Lifestyles' and 'Planning a Balanced Diet'

Find out more at:

<http://www.aclearn.net/content/exchange/submit/> or contact

info@aclearn.net if you have created any resources yourself that you would consider sharing.

Cath Pickering

At my last Tai Chi class of this term (mixed, beginners and more experienced learners) at a church hall I took in a data projector and laptop (thanks E guides funding!) and a video projector (my own) and showed 3 videos of the same Beijing 24 hand form Tai Chi sequence.

Each demonstration of this form only takes 5 minutes or so and I felt that the time taken out of the class was justified because it showed very powerfully how what they had been learning was part of a Chinese tradition which is

practised all over the world (each video was from a different country) and also some very interesting differences between different practitioners which they could appreciate after a minimum of one year's practice.

The feedback from the session was very positive and we had a really thoughtful discussion. Learners come to Tai Chi to practice and I would not make this a regular event but as an occasional additional tool in the toolkit I thought it an excellent. It was my first use of this particular kind of ILT in Tai Chi classes. I have used digital and video cameras for very specific purposes previously, for example taking posed photos for illustrating different classes at an exhibition, for recording Tai Chi forms for people who are leaving the country and want to continue to practise, "class of 2004" pictures as presents to people leaving etc.

Cherry Heinrich

EDITOR' NOTE

Digital cameras are getting cheaper and easier to use, as are projectors (£650) you can plug your laptop into. You can then display films, pictures and Powerpoint presentations!

**THE COMPLETE GUIDE
TO POSTNATAL
FITNESS**

(continued from page 6)

this very helpful and inspirational in restructuring my own postnatal course. The Pelvic Floor chapter has been expanded with clearer diagrams and the link with TrA explained. Breast changes are covered, as well as various postnatal problems including more emphasis on Symphysis Pubis Dysfunction and Sacroiliac pain, which I found very helpful as I frequently see mums with these debilitating problems (sadly, frequently mis or undiagnosed!).

Section Two on fitness principles in general and suitability for postnatal women places great emphasis, once again, on the importance of core stability before introducing other forms of training and there is a wide variety of exercises using the foam roller or the stability ball. Further on there are full explanations for body weight exercises (cardiovascular and strength), cardiovascular and resistance machines and small equipment resistance (bands, body bars and dumbbells). Therefore this book covers the needs of those training at home, in classes or in the gym. Particular postnatal concerns relating to various forms of training are discussed, as well as suggestions given for

additional teaching points, and the suitability (or otherwise!) of various forms of group exercise is also covered.

Section Three is specific to planning and teaching postnatal classes and although I found nothing particularly new here, I definitely benefited from a refresher and reminder as to how to evaluate my personal performance.

I found the style in this book to be clear, precise, easy to follow and very motivating. Each chapter ends with a quick summary of the important points, which is useful as a quick reference. Up to date research references are included and the appendix covers correct getting up and down, transitions, and standing and seated posture.

My view is that this book should be an addition to every postnatal instructor's reference shelf. The sections relating to pelvic stability are essential reading, to ensure that every mum who comes to a postnatal class receives up to date, high quality instruction in this crucial area of postnatal recovery.

Moira Clark

Research recently carried

**NEW RESEARCH
ON KNEE
OSTEOARTHRITIS**

out by a team at Oxford

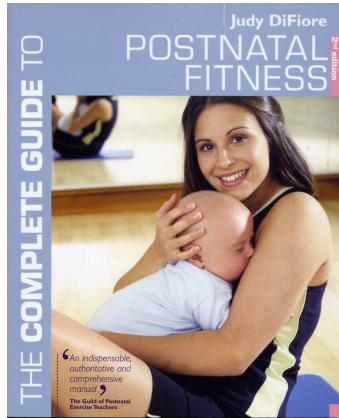
Brookes suggests that being overweight increases risk of knee osteoarthritis.

The research, undertaken by a team led by Dr Jill Dawson, indicates that wearing high heels does not increase the risk of knee osteoarthritis, but being overweight before the age of 40 does!



Researchers interviewed over 100 women who experienced varying degrees of knee pain and were awaiting knee replacement surgery. Several factors were significantly associated with osteoarthritis of the knee, including: previous knee injury, osteoarthritis of the feet, heavy smoking and being overweight. If anything, wearing high heels seemed to be associated with a reduced risk of developing knee osteoarthritis. The age at which people first gain excess weight, especially if they fail to shed it, may be a crucial factor in the development of the condition.

THE COMPLETE GUIDE TO POSTNATAL FITNESS



Judy DiFiore. Published by A & C Black ISBN 0 7136 6454 1 £14.99

(Editors note: Judy's book is so good we felt it deserved a more detailed review, which Moira Clarke has kindly provided. Highly recommended.)

I bought the first edition of this book when newly qualified just over 3 years ago and have used it ever since as a reference guide and source of inspiration. I invested in the 2nd edition hoping to find new ideas and renewed personal enthusiasm. I was also interested to discover how Judy now covers "core stability" in the postnatal context, as this topic is now known to be crucial for recovering stability of the spine and pelvis as well as the role in rehabilitating the pelvic floor.

The anatomy of the spine and pelvis, the effects of pregnancy on posture and the postnatal implications are covered in clear detail as

before. The section on abdominal muscles has been expanded, with greater explanation and emphasis on the role Transversus Abdominis (TrA). Judy is emphatic that TrA strength must be located correctly and worked on before any other abdominal re-education.

The cue "naval to spine" is used frequently here to describe TrA recruitment. This is a good visual cue and one to which everyone can relate. My own experience has been that mums are frequently very out of touch with this particular area of their bodies and that they often interpret "naval to spine" too literally and too strongly, thus recruiting the external obliques instead. Therefore time should be taken to carefully read the section describing correct location and recruitment of this often elusive and under-utilised muscle. The link with the muscles of the pelvic floor is also explained and time should also be taken to understand this vital connection. The importance of correct breathing and head and chin position (to avoid neck strain) is emphasised, as is the importance of postponing work on the oblique muscles until full stability and strength of the pelvic area has been obtained, and Rectus Abdominis separation reduced.

There then follows a very

useful section of suggested progression through various levels of abdominal exercises starting with gentle recruitment and challenge of TrA and finishing with shortening of Rectus Abdominis. There are detailed reasons and explanations, and clear diagrams, for all the exercises shown, and guidance is given for when each level should be introduced.

All the exercises suggested are Pilates based and as a qualified Pilates Instructor I found nothing new in the exercises themselves. However, the most instructive thing about this section for me personally, was in the reasons and logic for the suggested progression, and I have found

Continued on page 5

DON'T FORGET DATES FOR YOUR DIARY:-

Pilates Weekend with Judy DiFiore on Saturday 18th September and Sunday 19th September 2004

Sacroiliac Joint Instability with Sarah Fishburn and Lucy Townsend on Sunday 5th December 2004

First Aid with Dave Woodgate on Saturday 26th February 2005

Stability Ball with Judy DiFiore and Moira Clark on Sunday 24th April 2005