

Scoops



The Newsletter of the Guild of Postnatal Exercise Teachers
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www.postnatalexercise.co.uk

PILATES WEEKEND A GREAT SUCCESS!

Judy DiFiore gave a brilliant study weekend on September 18th and 19th 2004. The two-day workshop on Ante and Postnatal Pilates and adaptations included an OHP presentation on the effect of pregnancy and birth on a woman's body. This was mixed with practical discussion and try-out of the various exercises (which went all too quickly!) together with discussion and debate about various points.

We spent practical time on assessing what exercises would be appropriate and suitable for each trimester of pregnancy and the early and post-six week postpartum period and the course booklet provided a base for reviewing each exercise. An excellent study weekend which had participants begging for more!

Judy will be giving this workshop again for Stott Pilates in January. Please contact www.activepilates.co.uk or ring 0870 0116530 if you would like more information.

Hope you enjoy the really interesting reviews in this issue. Yet another video, this time on DVD, about Pilates and Pregnancy. And no, its not the same as Pilates for Pregnancy reviewed on the website, which is a book and is by Anne Selby! Moira Clark has also reviewed Chrissie Gallagher's Caesarean Recovery, Finally, congratulations to Guild member Jane Wake on

the birth of Daniel James Michael Abraham. He was born, after only a two hour labour on the floor of Jane's home office!!!!

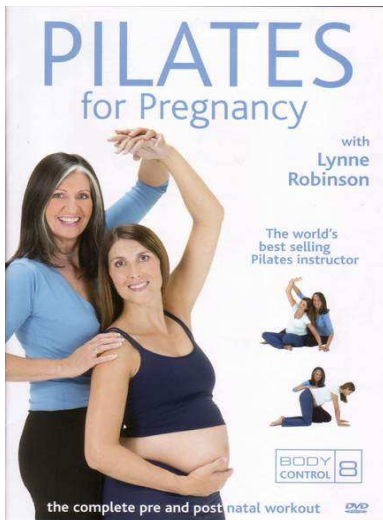


Jane Wake's son Daniel, born on 8th September 2004

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PILATES FOR PREGNANCY REVIEW



Pilates for Pregnancy DVD Lynne Robinson 2003 Firefly Entertainment

I picked this DVD up by chance whilst in the sports section of a well known department store looking for a hockey stick for my son. It was in the sale and I can't resist a bargain! I have a couple of Lynne Robinson's Pilates books but have never before ventured into her DVD and video collection.

This DVD offers a 40 minute pregnancy workout consisting of 15 individual moves. It is possible to do the whole workout or select individual exercises - This is simple to do and I thought this very useful. I found the whole workout time went very quickly as a result of the wide variety of moves included. There is also a 10 minute postnatal section with 5 additional moves suitable to be added to the pregnancy workout after the postnatal check - more of this later!

I think that Lynne has a

wonderful teaching style - clear, unhurried and precise; professional yet warm. I found it easy to do all the moves without actually watching all the time - all I needed to do was listen - just how it should be and a real treat. In true Pilates manner she uses lovely visual imagery to help describe the movement she's looking for and I found this very relaxing. The moves chosen are lovely for pregnancy, cued gently through the pelvic floor, with a super introduction on posture, alignment, breathing and stability. Any pregnant woman watching this would be in no doubt as to what was required and I also think that any instructor would benefit from watching this - personally I rediscovered much to use to improve my own teaching.

If I had any criticism at all it would be that, if the whole workout is followed from start to finish, the moves tend not flow into one another and the transitions from one position to another are not shown. Although instructions are given at various points for making some transitions I feel that a mum following this workout might find this a little disjointed. I would also have liked to see some moves included for thoracic mobility and mid back strength to balance the workout completely. Many of the moves are supine and although none of the moves are held for very long, a couple of minutes at the most, it would have been "the icing on the cake" to have been offered some alternatives for

those women who cannot support this position at all.

In the postnatal section we are told that all the pregnancy moves are suitable after 6 weeks post-birth and I agree that these would make a great introduction back into exercise. Such a wonderful change to see mums encouraged to work to re-establish posture and stability before anything else! Some criticisms. A "rec check" is not shown and Lynne suggests that if mothers are not sure whether there is still separation they ask their doctor to do this. Also, mothers are told not to attempt the curl-up move shown until rectus abdominis has gone back together again, and the section on health advice directs that the curl up should be avoided for 5 months post caesarean, I found myself wondering why it was thought necessary to include this move at all?

A prone move is also included - again why? When so many postnatal and breastfeeding women find this position uncomfortable if not impossible? There are also some upper arm exercises using light weights, well taught but again why, when the time might be better spent on other areas like back strength?

The quality of the production is super with good close-up shots for emphasis, clear sound, very relaxing music and lovely, calming settings. For the first time ever (!) I would have no hesitation in recommending this DVD to a pregnant mum and I

THE SACROILIAC JOINT INSTABILITY STUDY DAY

Having suffered in the past with sacro-iliac joint problems, this study day was one which I immediately thought I shouldn't miss (although I still managed to miss the early bird booking!) I suffered some slight confusion nearer the date, as the advertised day seemed to have changed to "Symphysis Pubis Dysfunction". Was I going to get the information I was expecting, I wondered.

Before attending the study day I had considered SPD and sacro-iliac problems to be two separate unrelated conditions, and had SPD down as symphysis pubis diastasis. If Sunday did nothing else for me, it certainly put me straight on this point! Actually I got a lot more than that from a really well presented and enjoyable day.

The presenters were Sarah Fishburn, a physio, SPD sufferer, and the brain behind the Pelvic Partnership - an information and support group for SPD sufferers - and Lucy Townsend also a physio who has moved from the sporting arena into Women's Health, almost by accident (her words!). The combination worked very well - the technical knowledge of an able physiotherapist who provided us with a thorough overview of the mechanics of the pelvic girdle, and a sufferer who could give

practical advice and tips on how to help women suffering from this condition.

Firstly I learned that SPD covers not only symphysis pubis diastasis, which incidently is a clinical diagnosis for the separation of the pubic joint where the ligament has failed completely, but also sacro-iliac joint instability (right, left or both), and osteitis pubis, which is inflammation of the ligaments of the pubic joint. Diagnosis is made by exclusion; in other words by excluding conditions which can be diagnosed by x-rays or MRI scans.

Lucy showed us through a review of research that there is no direct causal link between pregnancy hormones and pain in the pelvis. Furthermore, it seems that although it still works for 'lesser' mammals, the joints of the pelvis are no longer significantly influenced by these hormones (oh dear, have to change my chat). What has been shown is that the increased laxity of the ligaments can help to exacerbate an existing imbalance present in the pelvis so causing pain, but she stressed that the pain is caused by the mechanical failure or dysfunction, and not the fact that the pregnancy hormones are present in the system. This may sound a bit 'picky', but it is an important distinction to make for it has implications for the most effective treatment. It also means that similar conditions may be found in the rest of the

population (my deduction).

I'm sure that many of us are aware of the way this condition is typically managed - support belts, bed rest, and crutches in extreme cases - and these aids can be extremely useful to a woman suffering from SPD. However, if the mechanical dysfunction is not addressed, then recovery is slower, and can be incomplete, resulting in subsequent pregnancies causing even more discomfort. Research has shown that as many as 8.5% of sufferers still have pain 2 years post-delivery, which certainly indicates that the health professionals are not always getting to the bottom of this condition (pardon the pun!).

Of course it is not only the physical pain which a sufferer has to put up with. Often the decreased mobility is such that the individual cannot function on a day-to day basis, so cannot fulfil their roles either as a worker, wife, home maker or mother. This then leads to isolation and stress is placed on relationships.

So what can we do to help this condition? As with so many other things, education and information are key. There seems to be little understanding of the condition within the health profession, which is why so many sufferers do not get optimum treatment. The Pelvic Partnership goes a long way to highlight the condition, and provides comprehensive leaflets and guidance available to anyone

THE SACROILIAC JOINT INSTABILITY STUDY DAY (continued)

who requests them. This may be information about the physical condition, or places where you can get practical help in the form of, for example, temporary disability car stickers. As exercise professionals we can help by fully understanding the problem so that when we come across women in our classes who are experiencing pelvic pain, we can ask the relevant questions and point them in the right direction. We can also encourage women to seek second opinions if they are not fully satisfied with their care. The other way we can play a positive part in their recovery is by helping them with appropriate exercise. I'm sure like me, you are aware of all the exercises which are inappropriate, but are you sure of the most beneficial exercises to recommend?

The final section of the study day was to try out some suitable exercises. Lucy advocates the use of the stability ball - she uses it widely during her therapy sessions. The aim of all the exercises should be to enable the correct recruiting of the major, local stability muscles - transverse abdominals, pelvic floor, multifidus - followed by the global stabilisers - hamstrings and obliques as examples - and finally the global mobilisers such as rectus abdominals.

It is only by the correct recruiting order of muscles, controlled by the motor units, that stability can be achieved. Problems occur when there is alteration to the recruitment pattern, often as a result of asymmetrical mechanical failure, the overall result being instability.

So what is the advice if you are a pregnant woman experiencing significant (high or low levels of) pelvic pain? Use all the aids and resources available to you to make life easier and the pain less, but visit a good physiotherapist who knows about pelvises to sort out the mechanical dysfunction as soon as possible. In addition make very sure that your labour carers and supporters know all about your condition and which positions are possible for you and which ones will not be. Lastly buy yourself a stability ball and get going with stability exercises - your physiotherapist will give you suitable exercises to

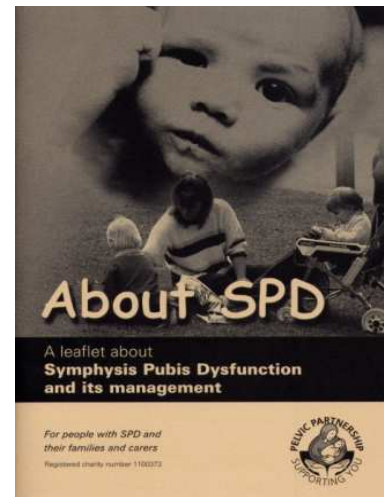
BOOK NOW FOR THE STABILITY BALL STUDY DAY! SUNDAY 24TH APRIL. Email Meg at megwalker@pnex.freereserve.co.uk

perform.

I came away from the day with a much clearer understanding of SPD and all it entails. I knew what had helped me when I suffered from sacro-iliac joint problems over the course of a few years, and I knew that my problems had disappeared, but now I understand **why!**

RUTH BARRETT

*****ESSENTIAL READING**



FOR ALL ANTE AND POSTNATAL EXERCISE SPECIALISTS***

This is one area where we should know enough to help. Regular study days are held and information for teachers is on www.spdworkshops.org.uk

The booklet 'Symphysis Pubis Dysfunction (SPD) and its management' was written by women with SPD. SPD means that the joints in the pelvis are unstable and painful. SPD is characterised by a stiffness or dysfunction in the joints that make up the closed ring of the pelvis. Because this ring of bone comprises a closed system, when one of the joints becomes still or stuck, others may compensate by moving excessively. This process can cause pain.

SPD can affect any woman of any age or background. It can occur during or after pregnancy or birth. The symptoms are:

- Pain in the front and/or back of the pelvis, sometimes in the groin, legs or back.
- Difficulty walking and doing normal activities due to pain and instability of joints.

TEACHING POSTNATAL PILATES

I remember my postnatal days well - lots of weekly get-togethers and NCT coffee mornings - chatting, drinking tea and eating biscuits - great fun but not necessarily good for the figure!

I started Pilates almost 4 years ago and have never looked back - improved posture, fitness, the regaining of stomach muscles after 2 c-sections plus relief from shoulder problems (which I believe results from carrying car seats, babies, toddlers and shopping). I have been hooked on Pilates from day one and took the plunge to train as an instructor with Stott Pilates early in 2004.

I now run 14 group classes a week including 2 postnatal groups. Inspired by the very informative weekend course in September on ante and postnatal Pilates organised by the Guild led by Judy DiFiore and also encouraged by the experiences of other course delegates, I started the postnatal classes early November.

The two classes run back to back and incorporate a tried and tested crèche exchange system (thanks for the help on this Anette!) Mums bring their babies along but sign up to a babysitting rota to help out the mums doing the other class (usually 3 out of the 6 sessions). Basically, it cuts out the childcare costs and brings a

social aspect to exercising.

We are all in a large room with a lovely view onto the Malvern Hills - the Pilates class at one end and the crèche at the other.

There are so many benefits to the mums from the postnatal pilates workout

- Improving posture
- Muscle tone and balance
- Improving self image
- Increasing and improving strength and endurance

And, of course

Shortening the time scale of postnatal recovery.

Strong emphasis is placed on pelvic floor and TA (transverses abdominus) strengthening and the mums are already noticing great changes to their bodies.

The social aspect is great as well - I have 7 mums in each class - some of whom did not know each other. After the first week, they were arranging walks on the hills and even a trip to see Bridget Jones!

As an instructor, I must admit the classes take up a lot of energy - extra organisation, extra time for the classes (due to last minute feeding/settling the babies) plus a strained voice on occasions when the babies have become vocal! But - to see the benefits for the mums - physically, mentally and socially is greatly satisfying - making exercise accessible to those who would normally find it difficult.

LIZ BATTY

The following article on 'The

THE EFFECT OF EXERCISE ON LACTATION

Effect of Exercise During Lactation on short- and Long-term Immune Status' by Laurie Nommsen-Rivers MS, RD IBCLC was originally published in the Journal of Human Lactation and was submitted by Elizabeth Mayo, who is an Infant Feeding Advisor with Cheletenham Hospital and NCT Breastfeeding Counsellor. It helps to answer a commonly asked question. Does exercise adversely affect breastfeeding?

After recovering from childbirth, many new mothers are motivated to "get back in shape" through dieting and/or exercise. However, some women worry that regular exercise is not compatible with lactation. Some of this concern may stem from a well-publicized study showing a decline in the concentration of immune factors in breast milk within the first 30 minutes of a bout of maximal exercise (1). While the results of 2 previously published randomized trials show that breast milk volume and calorie content, in addition to the lipid, protein and lactose concentrations, are not affected by either an intense, short-term (11 days) aerobic exercise program (2) or a more moderate, sustained (10 weeks) regimen (3), neither of these 2 studies measured the effects of exercise on immune factors in breast milk. The anti-infective properties of human milk confer powerful immunity to the breastfed infant. It is

EFFECT OF EXERCISE DURING LACTATION (continued from page 5)

understandable that mothers would not want to jeopardize this important benefit of breastfeeding.

Exercise scientists have described the relationship between exercise intensity and immune status as an "inverted J". In other words, it has generally been observed that as the amount of exercise increases, immune function is enhanced, up to exhaustive levels of exercise (such as running a marathon), which suppresses immune function. Based on the inverted J hypothesis, Lovelady and co-authors theorized that even though Gregory et al found a short-term decline in milk SigA following a test session of exercising to exhaustion (VO₂ max test) (1), more realistic levels of exercise would not affect the immune status of lactating mothers or cause a decrease in the levels of immune factors in their breast milk.

To test this hypothesis, Lovelady et al recruited exercising and sedentary mothers of exclusively breastfed 12 plus or minus 2-weeks-old infants to participate in a cross-sectional study of exercise and immune status. A sub-sample of the exercising group also participated in a randomized crossover study of the short-term effects of

moderate exercise on immune status. In the first study, the immune status and breast milk composition of 29 lactating women who exercised at least 30 min/d for a minimum of 3 d/wk were compared to that of 24 lactating women who were sedentary (exercised less than 1 d/wk). On the day of laboratory measurements, subjects expressed 30 ml of breast milk during the first morning feed. Study subjects then came into the lab to have a fasting morning blood sample drawn while at rest, followed by a treadmill test.

Although the exercise group showed significantly better cardio respiratory fitness, confirming their regular exercise status, no differences between the exercising and sedentary groups were found in any of the immune factors measured.

Maternal immune status - whether expressed as percentage of absolute counts of Blood T cells, cytotoxic cells, helper T cells, B cells and natural killer cells; leukocytes; lymphocytes; monocytes; neutrophils; haemoglobin or hematocrit - was not significantly different between the groups. Furthermore, breast milk concentrations of secretory IgA, lactoferrin and lysozyme were not significantly different between the exercise and sedentary groups. These results suggest that moderate, regular exercise does not cause long-term alternations in maternal immune status or milk composition.

In the second study, a sub-sample of the regular exercisers (n=17) returned to the lab on 2 separate occasions to have their breast milk sampled before and 10 and 60 minutes after either a 30-minute test session of exercise or rest. The order of the sessions (exercise or rest) was randomly determined for each mother. Unlike the Gregory study, mothers were not exercised to exhaustion. Instead, mothers walked or jogged on the treadmill at a pace that elicited an intensity of approximately 75% of predicted maximum heart rate.

Researchers found no significant difference in breast milk SigA, lactoferrin or lysozyme concentrations between rest and exercise sessions at any of the time points studied (1, 10 and 60 minutes post-session). The only significant comparison was in breast milk lysozyme, which declined significantly over time (from 1 to 10 to 60 minutes post-session), but the degree of decline was similar during both rest and exercise, perhaps reflecting changes in milk composition related to a great degree of breast emptying with each subsequent milk sample.

The combined evidence from these studies provides support for the compatibility of exercise during lactation. Moderate levels of exercise do not appear to have a short- or long-term detrimental effect on the levels of the major immune factors in breast milk. Thus, lactating mothers can be

CAESAREAN REVIEW (contd from back page)

increased blood flow to the wound site may encourage healing, I fail to see how lower abdominal breathing will make any difference other than encouraging inefficient breathing patterns.

The initial progression of suggested exercises unfortunately does not include the importance of neutral spine (see further on) and introduces twisting movements (hip rolls/knee drops) far too soon, in days 4 to 7. No guidance is given as to the optimal intensity for pulling the lower tummy in. I would also like to have seen emphasis on the importance of rolling to the side when getting up and down. Posture, neutral spine, pelvic floor and relaxation information are relegated to the end of the book in the section "return to normal", "6 months after your operation". This is a shame because I feel that it is essential to introduce these elements at an earlier stage. The pelvic floor section is clear, with correct emphasis on the importance of these exercises even post caesarean and the suggestion of adopting a position (4 point kneeling) where the weight is off the pelvic floor, however there is no accompanying caution to avoid this position for the first 6 weeks in compliance with current ACPWH recommendations. The suggested length of time for pelvic floor holds is 20 or 30 seconds (depending which page you read), which is, in my opinion,

unrealistically long at this stage and therefore probably not as effective as it could be. The section on posture contains a basic error where "prone" is used instead of "supine", which, again, is a pity because there is good postural advice for buggy pushing and realistic suggestions for recovery and progression over the following year.

Three separate sections cover exercise suggestions for post operative weeks 2 to 6, 7 to 12 and 13 to 24. Unfortunately, these sections contain a host of inaccuracies - unsubstantiated information about relaxin and breastfeeding, incorrect spelling of rectus abdominis, the incorrect information that the "stomach muscles have been cut", the implication that a gap of as little as 1 finger width is a muscle diastasis and that any gap

...my opinion is that the suggested exercises are mainly much too advanced in level...

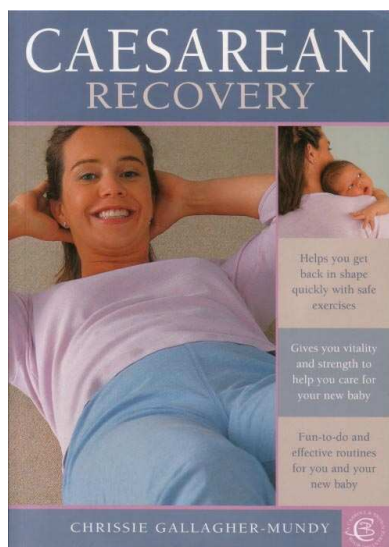
is a problem, and that the post caesarean check is performed at 12 weeks - in most areas is 6 to 8 weeks and has been for several years.

I was interested by the choice of exercises, as no explanation is given as to why these should be particularly suitable post caesarean. My opinion is that the suggested exercises are mainly much too advanced in level, some using the long lever of an extended leg (strongly engaging hip flexors), dorsal raises (ouch on the breasts!), jumping jacks and scissor leg jumps! - (pity the pelvic floor!) and fairly strong work on the obliques (more

photos of a doming tummy!). There is no mention anywhere in these sections of the importance of engaging Transversus Abdominis, re-addressing posture or regaining pelvic stability. Neutral Spine is not mentioned in any of the individual explanations, only briefly in the "return to normal" section at the end of the book - as an afterthought really!. We are also told that "curl ups...are essential for getting your stomach back in shape"; the photos show a mum demonstrating the curl up technique with a doming tummy. The mums who have a rectus gap are advised to perform a curl up either holding the tummy together with the hands or using a crossed towel wound around the mid section - a technique that I have never found successful or effective. The weeks 13 to 24 sections uses the baby held by mum as an additional weight. I like the idea that babies should be included, however some of the exercises selected would not have been my choice, and I wondered about the safety of performing moves like grapevines and jumping jacks holding a baby! There are no exercises for mid back strength. The section on stretching is pictured outside using a baby buggy, where again I wondered about safety issues, with the possibility of a lightweight buggy tipping over while a hamstring stretch, and the mother pictured is wearing inappropriate footwear. No upper body stretches are shown at all. Overall, I found this book a disappointment and thought it was a wasted opportunity.

Moira Clark

**CAESAREAN
RECOVERY BY
CHRISSIE GALLAGHER**



**Caesarean Recovery -Chrissie Gallagher-Mundy - 2004
Carroll and Brown
ISBN 1 903258 72 3**

I bought this book because, sadly, with the caesarean rate in my area around 22%, and every postnatal class I run including at least 2 or 3 mums who have had a caesarean, realistically I feel there is a need for accurate and up to date information to help mums recover from surgery which is increasingly (and alarmingly) routine, but no less traumatic physically, and possibly emotionally. Current N.I.C.E guidelines are recommending working towards a reduced percentage of caesareans nationally, however it may be some time before this becomes a reality and we see this reflected in our classes.

I was spurred into action to write this review now because, by co-incidence, I have recently seen two other reviews of this book, both more favourable

than I would have been following my initial reading.

The first I saw was by a midwife in the Midwifery research Digest, MIDIRS, which was short and says "useful and informative" and "practical, realistic advice". The second, in the N.C.T. "New Digest" for specialist workers, expresses "a few concerns about some of the information"; that the book contains "inaccuracies", and "tends to be positive about caesareans and fails to acknowledge that some women have difficult physical recoveries". The conclusion is that this book would be recommended "to women looking for a guide to physical recovery after caesarean, especially those looking for post caesarean exercises", but it would not be the "book of choice for other caesarean information". As the N.C.T review was written by their Caesarean birth/VBAC co-ordinator, I think it is safe to assume that her concerns about the general caesarean information given are justified. My first reaction was to the front cover, showing a smiling mum performing a classic "sit-up", hands behind the head and doming tummy. This would not be my first choice for any postnatal woman, let alone one who has had a lower abdominal incision.

The book starts with information about elective and emergency caesareans, the operation itself, the first 24 hours and first week, breastfeeding (The NCT reviewer comments that "some of the breastfeeding pictures show poor positioning"), and

moods and depression. The section on scar appearance and care is good but would have been improved by some photos of real scars as a guide, or at least the suggestion of looking at the caesarean website www.caesarean.org.uk. There is no section included for further resources, information and reading which is a pity. The section on healthy eating and weight loss is practical, although stating that breastfeeding uses up 800 calories a day; my La Leche League reference book says 500. There is good advice for getting in and out of bed and supporting the scar area when moving around, however, remembering (after 16 years!) how I felt after my own caesarean, I winced at the suggestion that deliberate coughing was a good idea to stimulate the area around the stitches. I would rather have seen sensible advice for managing this.

The exercise programme is broken down into sections according to post operative time. Days 1 to 4 suggest ankle circles and breathing exercises. I was interested to read the suggestion that taking the breath down into the stomach, will "stimulate the tissues around the scar". Whilst agreeing with the idea that

**DON'T FORGET DATES FOR
YOUR DIARY:-**

**Stability Ball & Postnatal
Exercise with Judy DiFiore &
Moir Clark Sunday 24th April
2005**

**Natural First Aid: May or June
2005**