

Scoops



The Newsletter of the Guild of Postnatal Exercise Teachers

Issue 19 - April 2005

www.postnatalexercise.co.uk

NEW TRAINING COURSES STARTING!

The Guild website has generated a large number of enquiries regarding training, both from existing qualified aerobics teachers and also from those wishing to start from scratch. So, in the autumn we plan to start the new courses. This is very exciting, even if it means a lot of work for those involved!

Meanwhile study days for existing members have been continuing. We have had one on Symphysis Pubis Dysfunction given by the Pelvic Partnership, and we have just had Moira Clark and Judy DiFiore's Stability Ball and PNEX day. Both were excellent and well attended.

In this issue you will find the Guild accounts. There is also a voting slip so, if you are a full member, you can formally receive the accounts and re-elect the Committee. You can also use it to send any comments you may have about the work of the Guild and suggest any events you would like to see organised. If you would like to take part in running the Guild, or contributing to teaching a weekend, we would be delighted to hear from you!

On the members front we are delighted (rather belatedly!) to congratulate Caroline Oliver on the birth of her baby boy, Rio, last

year. Birth did not seem to affect Caroline's fitness much, she also took part in ITV's 'Only The Best' competition last year and her



team were runners up!

Hope you enjoy the issue and hope to hear from you all with any news, hints or tips you want to pass on!

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STRESS URINARY INCONTINENCE

Stress Urinary incontinence (SUI) is now estimated to affect more than four million women in the UK (Hunnskaar 2004). SUI is defined by the International Continence Society as an involuntary leakage of urine on effort, or on sneezing or coughing (Abrams 2000). SUI causes a great deal of embarrassment and distress.

Pregnancy and birth have been identified as factors, which can lead to SUI. Therefore when we are leading postnatal exercises classes we need to be aware of the problem and the treatments available.

Traditionally treatment has focused on Pelvic floor muscles exercises, bladder

...a new treatment has come on the market...

training and the final solution being surgery. Now, over the last year a new treatment option has come on the market. This is a new drug called **Duloxetine**.

Duloxetine (Yentreve) is an oral treatment licensed for women with moderate to severe symptoms of SUI.

How is it thought to work?

Duloxetine is thought to act on the part of the sacral spinal cord involved in the control of urine storage and bladder emptying. Research

showed a median reduction in incontinence episodes (52%), compared to 33% in the control group.

The most common side effect is nausea, which is generally mild to moderate. Other side effects include insomnia, fatigue, constipation and dry mouth. **The drug is contradicted in pregnancy and lactation.**

Overall the data from three double blind, randomised placebo-controlled trials are convincing and consistent. Duloxetine is now seen as a treatment option to treat moderate to serve SUI but to be combined with **Pelvic floor muscles exercises.**

Conclusion

Knowledge of the existence of Duloxetine is important, but the first line of treatment for SUI should always be **pelvic floor muscle exercises.**

References

1. Abrams P et al. The standardization of terminology of lower urinary tract function; *Neurourol Urodyn* 2002; 21(2): 167-178.
2. Hunnskaar S et al. The prevalence of urinary incontinence in women in four European countries. *BJU Int* 2004; 93(3): 324-330.
3. SUI review - Uncovering a Hidden condition (2005 Royal college of Nursing Continence Care Forum).

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GUILD OF PREGNANCY AND POSTNATAL EXERCISE TEACHERS ANNUAL ACCOUNTS 2004

On the opposite page you will see a summary of the Guild's Annual Accounts, kindly prepared for us by David Fletcher.

Income has improved over 2004. Because more of you have attended study days we have managed to make a 'profit' of £2,650.96 this year.

We are, of course, a non-profit making organisation and this money is used to reduce our current deficit. It will allow us to have sufficient resources to start the new training courses in the Autumn.

Some of you may remember that the Guild was enabled to get started because of a generous donation by Mrs Joan Blair. This donation enabled us to keep going through 2003/4 when tutors fees and costs were more than the income from the study days. We have always tried to keep the costs of the study days affordable, even when numbers attending do not cover costs.

The fact that we have this donation to keep us stable means that we can offer the new training courses in the Autumn. We are planning weekend courses for existing qualified aerobics instructors and a full time distance learning course for new teachers. We are very excited that at long last the Guild can again fulfil one of its most important functions, training new teachers!

Thank you all for your support, you are the Guild and what keeps us going.

GUILD OF PREGNANCY AND POSTNATAL EXERCISE INSTRUCTORS**INCOME AND EXPENDITURE ACCOUNT****FOR THE YEAR ENDED 31ST JANUARY 2005**

<u>INCOME</u>	<u>2005</u>	<u>2004</u>
SUBSCRIPTIONS	1705.00	1405.00
STUDY DAYS	3270.00	1185.00
TRAINING	0.00	0.00
SUNDRY INCOME	0.00	78.50
INTEREST	33.03	18.43
BOOK SALES	53.50	62.50
	5061.53	2749.43
<u>EXPENDITURE</u>		
TUTORS FEES	1036.44	1501.00
TRAVEL EXPENSES	745.92	1465.92
INSURANCE	110.00	110.00
ADVERTISING	371.33	423.00
SUNDRY	146.88	117.50
	2410.57	3617.42
<u>SURPLUS / [DEFICIT]</u>		
<u>FOR THE YEAR</u>	2650.96	-867.99

BALANCE SHEET AT 31ST JANUARY 2005

	<u>2005</u>	<u>2004</u>
<u>GENERAL FUND</u>		
DONATIONS	7750.00	7750.00
DEFICIT TO DATE	-2499.02	-5149.98
	5250.98	2600.02
<u>REPRESENTED BY</u>		
BANK BALANCES	4986.60	2453.14
PAYMENTS IN ADVANCE	264.38	146.88
	5250.98	2600.02

LOCAL CLASSES AN EXAMPLE

I was particularly interested in Liz Batty's article last issue about how she has set up postnatal Pilates courses in the Malvern area. This is an interesting variation of the more usual aerobics.

I would love to know more about what other people offer in their classes so I thought it might be good idea to start by writing about the classes for mums with new babies in our Stroud area. I hope this will encourage one of you readers to respond and tell us about your experiences and the sort of classes you offer so that it can be published in the next issue of Scoops.

There are Guild members like me who offer postnatal exercise classes in conjunction with an **NCT postnatal class**, which is facilitated by a trained leader and designed to enable women to explore postnatal topics in more depth than they might if just "chatting" over coffee.

I find something very satisfying in offering women the opportunity not only to exercise in a safe environment but also to give them a **chance to talk about their pleasures and concerns of motherhood** and exchange experiences. Most women in the group bond and keep in touch for a long time after the class finishes, to many these contacts

provide a vital lifeline. A considerable number join the classes not only to get fitter after pregnancy but for social reasons, either because they have just moved to the area, or they have worked and don't know anybody in the same situation, or they don't have family nearby and need a social contacts to keep them sane. By offering a **six-week-course** and limiting the numbers they get progressively fitter (well, at least we try!) and by the end of the course they also have a social network.

Within the six weeks period I usually also try and offer a **bring-and-share-lunch**, to which we invite the current NCT antenatal classes as well as other women who might be pregnant or just had a baby. Even though this involves a lot of hard work the lunch is not only excellent publicity for future courses but also a very good networking opportunity for the women who attend the lunches. Besides, the food is very good and I also get a very tasty lunch out of it!

Women who have finished the six-week course get an invite to a **follow-on course**, which is still geared towards postnatal needs but a bit more demanding than the initial course. This course does not offer the discussion element afterwards, but a lot of the women who attended the six-week course move on to this class and stay on for a drink thus giving women the chance to join in and get to know

those who might not have attended the previous course.

Once women have passed the five-months postnatal stage there is a circuit class in the evenings on offer, geared towards women who feel like going out in the evening or those who have gone back to work. All classes are offered by a different teacher and complement each other very well.

The teachers Gill Tavner, Meg Walker and, myself, Anette Holtmeyer-Cole, together with the NCT antenatal preparation teachers Mikala Ritzau, and trainees Marianne Orr and Gill Merrett, keep in contact with each other and meet informally and formally. However, we do still need to meet the **antenatal yoga** teacher and encourage her to join the Guild!

What is interesting for us as teachers in the Stroud area is that we complement each other. Each course is offering something slightly different which could appeal to women at each different stage of pregnant or postnatal life. What we feel strongly about is that women have the chance to meet each other, make new friendships and at the same time give themselves space to move, heal, relax and refresh the body.

If you are interested in studying and qualifying as a Postnatal Leader with the National Childbirth Trust, you may want to contact Juliet

PROBLEM WITH A PENDULOUS NAVEL

Gill Tavner is collating interesting queries from the Guild members e-group queries for each issue - to join the e-group contact megwalker@pnex.freemove.co.uk

(This reply by Moira Clarke to an email query from a trainee gym instructor was so good we thought you all should have the benefit of it!)

QUERY: ' A lady has come to me and advised that her tummy button hangs down after the birth of her baby. Is this common & can she do anything about it?

REPLY: I have seen very "loose" or flabby navels before. Obviously, it's very difficult to comment on individual cases without an actual visual assessment, however my guess would be any, or a combination of, the following:

1. The mother carried a very large 'in front' pregnancy (possible twins?)

2. There is a lot of loose skin in the abdominal area because of the above and the skin has stretched.

3. There may also be visible stretch marks and the pelvic floor may possibly also be weak, indicating poor collagen remodelling and weak core stabilisers.

4. There is a wide diastasis of rectus abdominis - possibly greater than 3 fingers

5. On palpation the area between rectus abdominis (linea alba) may feel soft and "doughy" - as if the fingers are going to disappear inside the

abdomen - this would indicate the possibility that the connective tissue has actually come apart (split) - there is a risk of umbilical hernia if this is the case.

6. There may be a low back problem.

7. General posture may be poor.

8. This may not be a first pregnancy - in other words, core stabilisers and rectus abdominis may have been weakened by a previous pregnancy and not strengthened /re-aligned before the following pregnancy - however I have seen this in first-time mothers, so it doesn't always follow. I have noticed a relationship, though, with previous large muscle group activity/sport such as badminton, tennis, horse-riding

and golf where there has been no balance with strength, core stability and flexibility training. The mother will typically say "I've always been very fit" - this is usually my clue to look extra carefully and if I had a pound for every so called "fit" person I've found with a problem, I'd be on a beach in Barbados and not sitting here typing this!

My suggestions are:

1. Possibility of assessment by

a Physio - preferably physio in women's health - my experience of NHS physios/GPs for this type of problem is mixed.

2. Core strength exercises (pilates) - emphasis on relation to functional/everyday activity

3. Avoidance of any situation where the head and shoulders are levered up and down against/with gravity without good core control (eg ill-taught sit-ups) and careful tuition in the correct method to get up and down off the floor, lifting and carrying.

4. If large muscle group work is considered (this would not be my choice), careful selection and tuition of exercises chosen, recruiting core stabilisers.

5. Well taught and regularly executed pelvic floor exercises.

6. Postural tuition

7. If it turns out to be just lots of loose skin, then lycra is the best invention known to woman-kind for disguise purposes and, unfortunately, cosmetic surgery (tummy tuck) is an option - not sure it would be my choice, but I have known one mum who had a very successful op - she was very satisfied and she had breast implants at the same time, and although I hate to admit it, every client I've had who has had breast implants has had a pretty impressive job! So

A QUESTION OF INTENSITY

After over a decade of teaching postnatal fitness and related subjects, I have come to feel that there is a wide variety of views as to what a well rounded session should contain and what intensity and fitness level we should cater for. **What is the right level and content?**

There are a lot of different settings for postnatal exercise teachers to teach in these days, from Health Clubs to community settings (such as Sure Start or clinics), from one-to-one training to big classes. Having taught in many of these different settings, it is quite clear that new mums come with very differing expectations and abilities. The expectations of a mother in a health club for example, for both herself and the class, is often more ambitious than that of a mother coming to a Sure Start clinic course. A member of a health and fitness club is more likely to have exercised regularly before and during her pregnancy. So understanding the right level for each person is important.

Many come to lose weight or get their figure back. But, as Judy diFiore says in her recent book, "A return to fitness and regular weight should be viewed as a long term goal, which cannot and should not be achieved in a short space of time".

I think there are pressures out there to exercise at a higher level than that which is recommended by the majority of expert bodies. Whether this is due to client led pressure or a highly charged atmosphere in the gym is open for discussion.

In the Guild it is generally accepted that about 20 minutes of endurance (aerobic) after a good warm-up is appropriate postnatally, and where the women reach 5 to 7 on Borg's Perceived Exertion Scale of 1 -10 is the optimal level. Care should be given to the range of movements, number of repetitions, changes of directions as well as speed and low impact moves throughout. Resistance training should generally be avoided until muscles and joints regain their stability and strength. In the meantime, developing their core strength is priority, through correct breathing, pelvic floor strengthening, deep transverses muscle work and upper back strengthening.

All postnatal women have heightened levels of relaxin, as well as stretched and weakened pelvic floor and abdominal muscles from the pregnancy and/or the birth. Most have larger and heavier breasts. In addition, and sadly, **most** women suffer from lack of sleep, which in turn depletes them of energy as well as weakens their concentration and memory span. We should also bear in

mind that according to Janet Price, 50% of mothers experience a period of 'Baby blues' during the first year post-partum.

So our clients will all have different levels of these various problems. Such a challenge calls for us to recognise that we are likely to have a 'mixed ability' class, and offer continuous alternatives as well as keeping a keen eye on the newest mums.

The conclusion I would draw is that it is vitally important to keep yourself up to date with the latest recommendations and research. Guild study days help but you also need to read widely and keep your professional development up, so that you are always conscious of the different needs of your clients and are reinvigorated with fresh and new teaching ideas.

Do not be frightened of splitting your classes into smaller groups if necessary and moving those experienced exercisers on to a more intense class that will suit them better.

Make sure you keep your monitoring of peoples experiences in the class up to date and that you are not overstretching your clients ability or capability. Feedback forms help in this respect and provide you with written records that may well be important from a health and safety point of view.

STABILITY BALL STUDY DAY



The Postnatal Stability Ball Study Day taken by Judy DiFiore and Moira Clark was an excellent revision of core stability, what it really means and why it is so important, particularly for the postnatal exerciser. Judy presented an in-depth explanation of the physiological components of core stability, and how these muscles are affected by the postural changes that take place during and after pregnancy. Moira gave a grounding on the origins of the stability ball, and ideas and teaching points for instructing exercise and technique, as well as how to choose the correct size ball for each individual.

We also went through a demonstration class using the ball, with Judy, which provided some interesting ideas and teaching points for incorporating the ball into a

class workout. As a personal trainer who works solely with pre and post natal clients in

their own homes, I found the class tips and group teaching points less relevant, though good for a few ideas. One-to-



one personal training enables total control and constant instruction on posture and technique, and hence one can devise an exercise programme that pushes women a little harder in some cases (note:

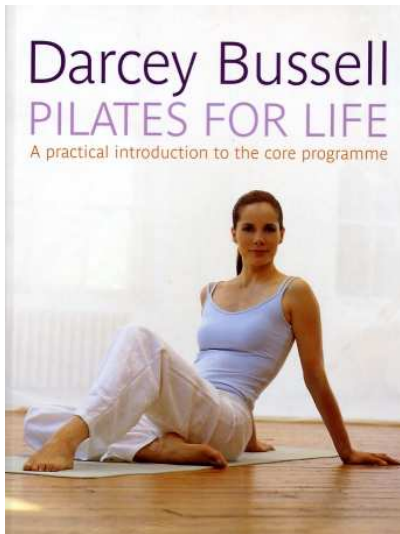
SOME women, if they are capable - hence my point about individualised attention). The class environment

demands that difficulty must be dictated by the least able or even the most recently 'post-natal', here again the personal trainer has the luxury of individual attention and personalised programming. In all, I found the day an excellent revision on core stability and its vital importance to all postnatal exercise programmes, regardless of teaching environment. This was my first PNEX study day, and it was a positive and beneficial session, and a great opportunity to meet other trainers, as well as the presenters. I have also joined the email group, which

I think is an great idea for idea-sharing and networking.

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PILATES FOR LIFE



Pilates for Life Darcey Bussell

ISBN 0-718-14766-9

£14.99 Penguin

Darcey is a high profile ballet dancer who has recently had two children. But don't get the impression that all the positions shown in the book are suitable for a postnatal mother. As a ballerina, Darcey's body awareness, gracefulness, strength and flexibility are significantly better developed than the average mother.

The book is divided into sections - Basics - key starter points, then a Warm up/flexibility section, followed by the main programme which includes a series of ten abdominal exercises, three stretches, two sitting exercises, six four-point kneeling exercises and five prone exercises. She has a series called balancing and lifting, some specifically for the arms and a warm down.

Lastly there is a mini programme which includes

pelvic floor exercises. Her hot tip if you cannot locate these is for you "to squeeze your bottom cheeks together". I have not heard this before and do not believe it to be helpful. Using these gluteal muscles may well confuse people into thinking they had found their pelvic floor muscles when they haven't!

The book has a good glossary explaining the various terms and a section for her own story.

She was introduced to Pilates as a young dancer who was very supple and "needed to learn to know how to control my body". This is part of the problem with this book. For most of us, it is the reverse! We are trying to develop flexibility and do not have anything like the suppleness that Darcey shows.

However, the photographs of Darcey are stunning.

I found the picture of her showing shoulder stabilization and mobilization very useful to illustrate correct and beautiful placement of the shoulders. She also has a clear photo of her doing an incorrect shoulder stabilization that also helps to get the point across. (page 28) Likewise the photos showing neutral spine are very clear and helpful to illustrate the point (page 23).

However, because Darcey is so flexible in the poses it could give an excessive emphasis. For instance, when performing a shell stretch (or sphinx into a roll up), a stretch for the lower spine, she explains that your 'forehead should now be

on the mat' - (page 112). For many people this may take away the main emphasis for this stretch which is to release the lower spine.

Darcey Bussell does not claim to be a teacher, but inevitably people will buy her book and try out the exercises. These are given with almost no modifications or adaptations at all. The description of bugs 2 (page 73) is too strong for most people's abdominals especially postnatal mothers. The saw (page 95) could be offered with a block placed under the buttocks for those with tight hamstrings. The roll down (page 167) description says "keep your legs straight" which for people with tight hamstrings would be unnecessary and detract from the main aim of the exercise, which is to allow the spine muscles to stretch and release.

All in all, my suggestion is to have a look at this book in a bookshop or library and admire the lovely photographs. But there is no need to buy it. There are better resources

DON'T FORGET DATES FOR YOUR DIARY:-

Posture Workshop with Tricia Liggett Sunday 26th June 2005 in BRISTOL

AN/ PN weekend workshops with Judy DiFiore September / October 2005 in LONDON Dates TBA.

Pelvic Floor, Physiotherapy and Latest Research with Samantha Gillard on Sunday 6th November 2005 in ASCOT, Nr READING