

## Returning to running after childbirth

---

This leaflet gives you information, advice and exercises for women wishing to return to running after having a baby.

---

### General advice

#### Can I return to running straight away?

No. It is **not recommended** to begin running straight away after having a baby.

Running is a high impact exercise which puts pressure on your pelvic floor muscles and abdomen, which have already been stretched and damaged during pregnancy and childbirth. The muscles in these areas need to return to strength and function before high impact exercise can begin. This reduces the risk of:

- Incontinence (leaking of urine (pee) or stool (poo)).
- Prolapse ('falling down' of the bladder, uterus (womb) or bowel into the vagina).
- Muscular injury.

**This return to strength and function can take at least 3 months**, and often longer.

This leaflet will help you to prepare your body for safely returning to high impact exercise, by giving you a graded exercise programme in combination with advice from your physiotherapist.

The initial exercises (from week 0) can and should be done **as soon as you feel able** after your baby is born. **It is completely safe to begin these exercises straight away**, provided you do not have a urinary catheter (tube into your bladder to drain urine). If this is the case, wait until the catheter has been taken out and you have passed urine normally.

**Do not go on to the next stage** of exercises if you **still have, or begin to have**, any of the following problems:

- Urinary incontinence (leaking pee).
- Faecal incontinence (leaking poo).
- Urgency of bladder or bowels (needing to go 'right now').
- Feeling of heaviness, pressure or dragging, or a bulge in your vagina.
- Pain when having sex (dyspareunia).
- Difficulty passing stool (poo) (needing to use finger, or straining).
- Separation of abdominal muscles.
- Pelvic pain.

If you have any of these problems, continue with only the initial exercises (pages 2 and 3) until the problems resolve. Remember that you may need more recovery time if you have had a Caesarean section, or stitches near your vagina. Ask your physiotherapist for further advice.

### From week 0:

- **Pelvic floor muscle relaxation:** 4-5 times per day, along with your pelvic floor muscle exercises (below).

It is as important that you learn to relax your pelvic floor muscles as it is to strengthen them. Learning to relax them will mean you will go to the toilet more easily, and your strengthening exercises will be more effective.

### Some common symptoms of a 'tight' or 'tense' pelvic floor:

- Constipation and pain when passing stools or having a feeling of incomplete emptying of bowels.
- Bladder pain.
- Urinary urgency and incontinence.
- Incomplete bladder emptying.
- Pain or discomfort when having sex.
- Stress incontinence – sometimes your pelvic floor can be tight on one side only, and this can cause opening of the sphincter muscles which causes leaking on coughing, sneezing, running, laughing etc.

### How do I relax my pelvic floor muscles?

Lie down with your knees bent and feet flat on the bed (crook lying).

Listen to your breathing. You may notice your stomach rising as you breathe in. This is called diaphragmatic breathing.

Then follow these three steps:

- a) Breathe into your stomach so that it rises up. You can place your hands on your stomach to feel the stomach rising. Hold your breath for 4-5 seconds, making sure to keep your shoulders relaxed and your ribcage soft.
- b) While you are holding your breath, consciously relax your tummy downwards and relax your pelvic floor muscles from front to back opening (e.g. as if you are passing urine, opening your vaginal muscles as if using a dilator and as if opening your bowels.) You could also use the image of your pelvis widening or a rosebud opening, until you feel them soften. Remember that this is NOT an active push; you are trying to 'let go' of all the muscles instead.
- c) Then 'sigh' the breath out, with an open mouth as if steaming up a window. Try to do this without any effort.



©Physiotools

The above technique does require lots of practice and concentration to begin with. Once you are able to do this consistently, incorporate it into your pelvic floor muscle training by **relaxing your pelvic floor muscles on the in-breath, and contracting them on the out-breath**. If you are doing slow contractions, remember to take normal breaths in between each contraction.

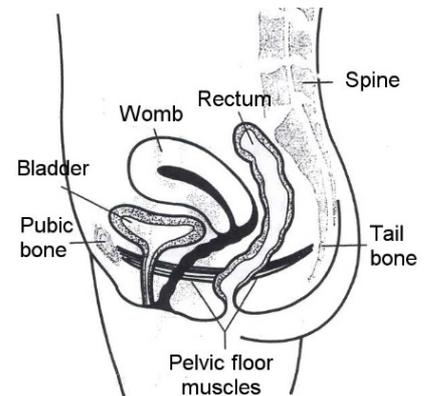
Alternatively, you can complete the relaxation exercise sitting in a comfortable and supported position.

- **Pelvic floor muscle exercises:** 4-5 times per day.

Your pelvic floor muscles go from the pubic bone at the front to the coccyx (tailbone) at the back. They help to support your pelvic organs and assist you with control of when you pass urine or open your bowels (continence).

You should do both slow and fast exercises as detailed below, 4-5 times per day until you can do ten 10 second holds in a row and ten fast contractions.

- Tighten or squeeze around your back passage as if trying not to pass wind, around your vagina as if trying to hold in a tampon, and around the front as if trying not to pass urine.
- Then lift these muscles up towards your belly button. Nobody should be able to see you doing the exercise; you should not be using any muscles in your legs, abdomen or buttock cheeks.
- For the **slow exercises**, hold for several seconds (up to 10), then relax for a few seconds. Repeat up to 10 times. (To start with, you will probably only be able to hold for about 5 seconds, and will only be able to do them 4 or 5 times).
- For the **fast exercises**, hold for only one second then relax. Repeat up to 10 times.
- Remember that **you need to be in voluntary control of both the squeeze (tightening) and the relaxation**. If the squeeze is 'melting away' on its own before you've relaxed, you need to hold for less seconds and build up more slowly.



- **Core exercise:** 3 times per day.

- Begin in the crook lying position.
- Imagine someone is pulling on your belly button from behind – bring your belly button back towards your spine and hold it there for 2-3 seconds. **This is called 'engaging your core'**.
- Repeat up to 10 times. Gradually build up the length of time you can hold it, so that eventually you can hold it indefinitely. Remember to breathe normally throughout!



©Physiotools

- **Pelvic tilts:** 3 times per day

- Begin in the crook lying position.
- Push the small of your back into the bed, then off the bed, tilting your pelvis backwards and forwards.
- Repeat 10 times.

- **Gentle walking:**

- Build up how much gentle walking you are doing each day within your own tolerance levels; this will help your general fitness. levels.

From week 4:

- **Continue and progress pelvic floor exercises**

- Check how many seconds you can squeeze your pelvic floor for, and how many times you can repeat the holds.

- **Continue and progress basic core exercise**

- You need to be able to hold your belly button back towards your spine (engage your core) and still breathe normally in order to progress to the next exercises. **Do not progress to the next exercises if you still have bulging of the tummy muscles!**

- **Sit ups (crunches):** 3 times per day. **Only do this if there is no ‘bulging’ or ‘doming’ of your tummy muscles.**

- Start in the crook lying position.
- Pull your belly button back (engage your core), hold.
- Reach your hands towards your ankles and bring your head and shoulders off the bed.
- Hold for 2-4 seconds. Repeat 10 times.
- **If there is bulging of your tummy muscles, stop!**



- **Knee bends** – 3 times per day.

- Start in the crook lying position.
- Engage your core, hold.
- Slowly bend your hip and knee towards your chest.
- Hold for 10 seconds, then slowly bring the leg back down.
- Repeat 10 times on each leg.



- **Knee fall outs** – 3 times per day.

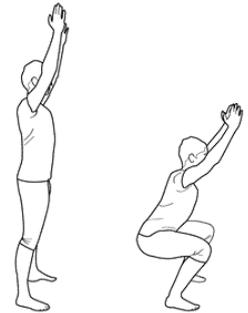
- Start in the crook lying position.
- Engage your core, hold.
- Let one knee slowly fall out to the side while concentrating on keeping the opposite knee still.
- Slowly bring the knee back up.
- Repeat 10 times on each leg.

- **Lunges** – 3 times per day.
  - Stand with legs hip width apart.
  - Engage your core, hold.
  - Begin with your right leg and take a big step forward.
  - Lower your body until your right thigh is parallel with the ground.
  - Hold for up to 10 seconds, then stand back up.
  - Repeat on each leg up to 10 times.



©Physiotools

- **Squats** – 3 times per day.
  - Stand with legs shoulder width apart.
  - Hold your arms out in front of you.
  - Engage your core, hold.
  - Sit back and down as if an imaginary chair is behind you, getting your thighs as parallel to the floor as possible.
  - Hold for 5 seconds and repeat 10 times.

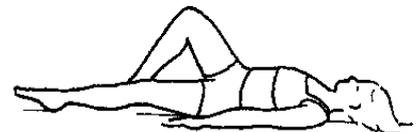


©Physiotools

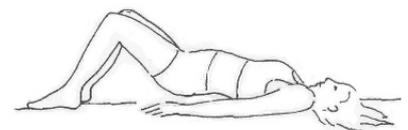
### From week 6:

- **Continue and progress pelvic floor exercises**
  - Increase the number of seconds held and the number of repetitions as able.

- **Leg stretch** – 3 times per day.
  - Begin in crook lying position.
  - Engage your core, hold.
  - Slowly slide one leg out straight, making sure you are not arching your back.
  - Slowly slide the leg back up, keeping the opposite leg still.
  - Repeat 10 times on each leg.



- **Bridging** – 3 times per day.
  - Begin in crook lying position.
  - Engage your core, hold.
  - Squeeze your buttock muscles and slowly roll up into the bridge position.
  - Hold for 2-3 seconds at first before slowly returning to original position. Repeat 10 times.
  - Gradually increase the amount of time you can hold for.



- **Static cycling** (low impact exercise).
  - You may begin static cycling **provided any stitches have healed and you are comfortable to do so.**
  - Start slowly and build up gradually.
  - Build up duration before intensity.



©Physiotools

- **Cross trainer** (low impact exercise).
  - If you have access to a cross trainer, you may begin using it, **provided any stitches have healed and you feel comfortable when doing so.**
  - Start slowly and build up gradually.
  - Build up duration before intensity.

### From week 8:

- **Continue and progress pelvic floor exercises.**
  - Increase the number of seconds held and the number of repetitions as able.
- **Continue and progress low impact exercise, e.g. static cycling, cross training to build strength and cardiovascular fitness.**

- **Cross abdominal sit up** – 3 times a day.
  - Begin in crook lying position.
  - Engage your core, hold.
  - Reach one hand towards the opposite knee.
  - Return to start and repeat with opposite hand.
  - Repeat 10 times each side.



©Eitzel

- **Begin power walking.**
  - Start slowly and build up gradually.
- **Begin scar mobilisation** – provided **stitches are out dissolved and scar is completely healed.**
  - Using a lotion such as vitamin E, gently begin to massage scars – e.g. from tears or episiotomy or from Caesarean section – using a circular motion.
  - Massaging your scar will help to loosen the scar tissue making it more elastic, will improve sensation and encourage healing.
- **Swimming.**
  - You may begin swimming, provided lochia (bleeding) has stopped and scars are healed.

### From week 10:

- **Continue and progress pelvic floor exercises.**
  - Increase the number of seconds held and the number of repetitions as able. The maximum number of seconds you should hold is 20.
- **Continue and progress low impact exercise, e.g. static cycling, cross training to build strength and cardiovascular fitness.**

- **Add resistance/weights** to squats and lunges, and increase reps and sets as able.
- **Spinning.**
  - You may begin spinning classes provided the saddle is comfortable for you and any stitches have healed.
- **Clams.**
  - Begin lying on your side with knees and hips bent.
  - Engage your core, hold.
  - Keeping your heels together, slowly raise your top knee, then bring it back down.
  - Repeat 20 times on each side.



©Physiotools

### From week 12:

#### Testing your readiness to begin running again

To judge whether your body is ready to begin running again, you need to be able to do the following **without feeling any pain, heaviness/dragging in the vagina and without any incontinence:**

- 30-minute walk.
- Stand on one leg for 10 seconds (both sides).
- 10 x one leg squats on each leg.
- Jog on the spot for 1 minute.
- 10 forward bounds.
- Hop on each leg 10 times.
- Single leg 'running man' 10 times.
- One leg bridge both sides.
- One leg sit-to-stand both sides.

#### Beginning running again

If you can do the above **without problems:**

- Begin with small, short runs of a couple of minutes at a slow pace.
- Aim for **small distances** and have **walking breaks** in between – sometimes known as 'jeffing'. The **NHS 'couch to 5k' programme** can be useful to help you with this.
- Distance or time should be increased before intensity, and do not increase it by more than 10% per week.
- If you experience **any problems, stop** and go back to previous exercises until you feel stronger or the problems resolve.

### Breastfeeding

Once you do begin running again, it is advisable to time your runs around your baby's feeds. This prevents your breasts from becoming uncomfortably full during your run.

Wear a properly fitting and supportive sports bra.

Be sure to stay properly hydrated, start slowly and do not ramp up the intensity of your runs too quickly. This will ensure that you continue to have a satisfactory supply of milk.

The quality and composition of your breast milk will not be affected by the exercise.

### Running with a buggy

You can run with your baby in a running buggy, once they are **at least 6 months old and able to hold their head up on their own. You must have a buggy that is designed for running.** You should always run pushing it with both hands. Do not use a running buggy with a younger baby, as their necks and spines are not yet strong enough.

A running buggy should have:

- A 5-point harness.
- 3 wheels – the front is fixed.
- Pneumatic wheels.
- Hand operated brakes.
- Rear wheel suspension.
- Wrist strap.

### References:

Goom, T., Brockwell, E. and Donnelly, G., 2019. **Returning to running postnatal – guidelines for medical, health and fitness professionals managing this population.** Available at [researchgate.net](https://researchgate.net)

### Further resources:

POGP <https://pogp.csp.org.uk/information-patients>

This document can be made available in other languages and formats upon request.

Authors: Jenni Churches (Women's and Men's health physiotherapist), August 2020

Approved Maternity Information Group and Patient Information Manager, September 2020

Review due: September 2022