

Pilates for postnatal recovery

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In this study case I will demonstrate how Pilates helps recover from delivery.

After delivery the body is fragile, women often encounter postnatal issues such as diastasis recti, pelvic floor weaknesses with urine incontinence, postural changes, back ache.

Pilates has been one of the most efficient but also safest way to recover and get back in shape after the child is born. It's also one of the only method allowed in post-partum from 6-8 weeks after delivery.

I will indicate how, and with which exercise it really makes a difference in postnatal recovery compared to other technique;

The uniqueness of Pilates method, as whole mind-body conditioning, bring to women holistic health in their motherhood journey and help reconnect after what is one of the most important change in human's body.

Pilates method associated with the proper breathing, appropriate knowledge of anatomy of birth and woman's pelvic floor, as well as very kind and human touch regarding this particular moment of life, is secret to a real wellness and well-being for women after birth.

This moment of life is made of changes, emotional tornado and and anxiety regarding self, the baby and the body. Pilates not only because of its physical's efficiency but also thanks to its mind body connection, education, and the human relationship it requires, helped me to support hundreds of mothers in their postpartum.

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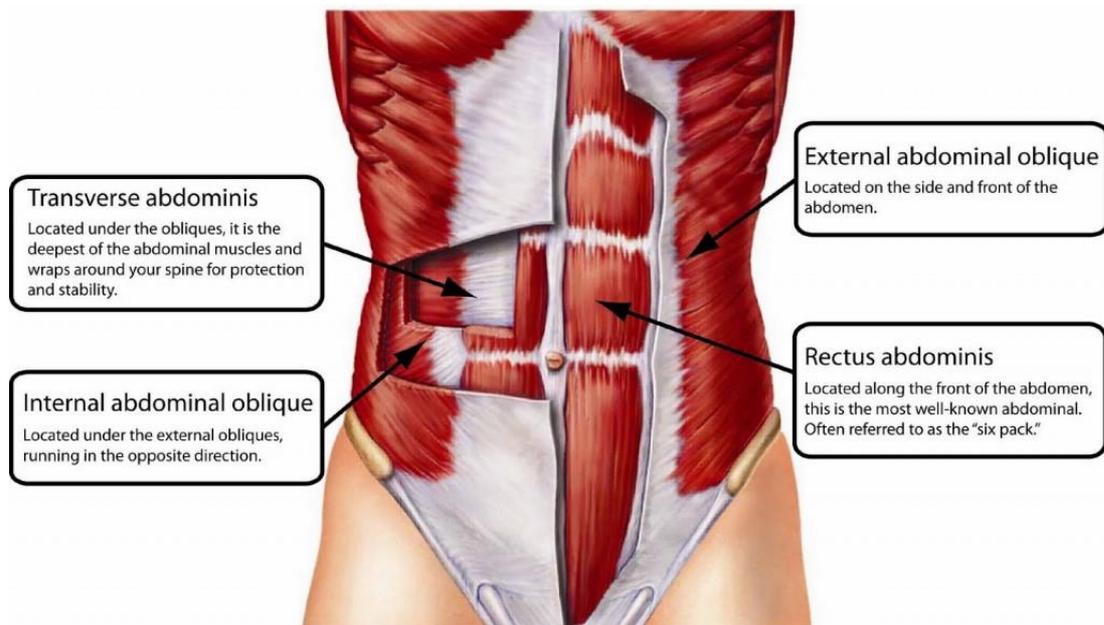
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Anatomical description

When we talk about Pilates for postnatal recovery we want to focus on muscles that have been “damaged” or had a lot of changes in terms of weight, postures and proportions during pregnancy.

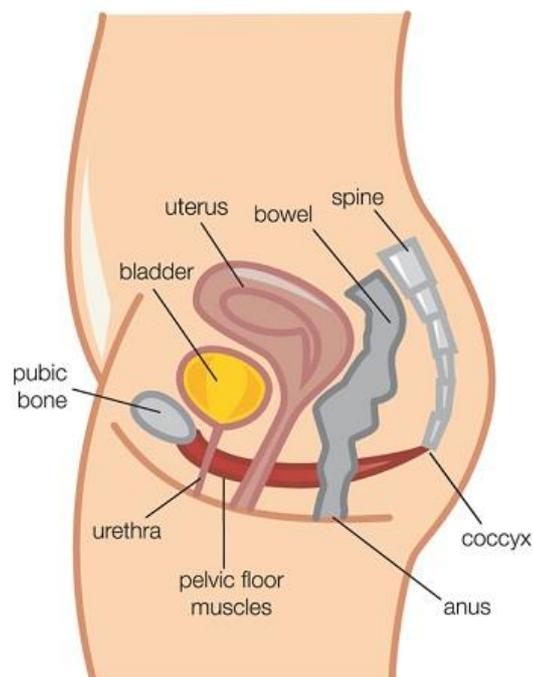
Muscles focus will be on the muscles of the trunk. Going from the thoracic spine in the back to sacrum and pelvic floor. And from the chest to the abdominals’ muscle group including:

- 1- The abdominals muscles’ group: from the most superficial one: rectus abdominis to the oblique and the deepest: the transverse abdominis. (See schema 1)
- 2- Directly linked to the transverse & vice-versa: the pelvic floor muscles (see schema 2)
- 3- The diaphragm (see schema 3): linked to pelvic floor and abdominals: from its shaped as a cupola : diaphragm will help a lot in the recovery : it is from it that we use shaped breathing and lateral breathing pattern.



schema
1

schema1: <http://abmachinesguide.com/abdominal-muscles-anatomy/>

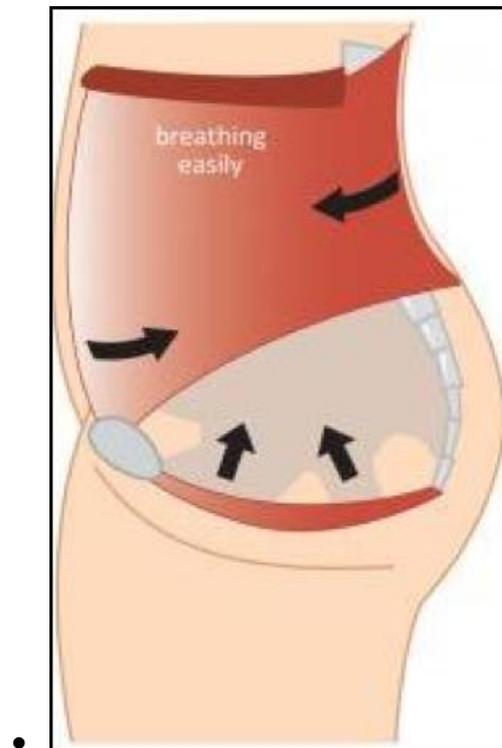


schema 2

The pelvic floor muscles, consisting of the levator ani and coccygeus form the funnel shaped floor of the pelvic cavity. They provide support for the terminal part of the rectum, vagina and urethra in females.’ (Isacowitz 2011)

Pelvic floor muscle is not less than 12 muscles. Often unknown, neglected and solicited the wrong way, they play an essential role in postpartum recovery. They are the secret muscle and key to success the postpartum rehab. They initiate most of the movement and are responsible for:

- **Resistance to intra-pelvic/abdominal pressure** during activities such as coughing or lifting heavy objects.
- **Urinary and fecal continence.** The muscle fibers have a sphincter action on the rectum and urethra. They relax to allow urination and defecation.
- **Sexual pleasure**
- **Posture**



schema 3

Diaphragm is linked to PF (pelvic floor) and essential to a right workout and efficient exercises. The diaphragm is the dome-shaped sheet of muscle and tendon that serves

as the main muscle of respiration and plays a vital role in the breathing process. Also known as the thoracic diaphragm, it serves as an important anatomical landmark that separates the thorax, or chest, from the abdomen. The origins of the diaphragm are found along the lumbar vertebrae of the spine and the inferior border of the ribs and sternum. (<http://www.innerbody.com/>)

If there's one thing to rectify and modify in our scholar system, from physical education to reeducation and fitness it is: breathing (Pelvic floor stop the disaster, Bernadette de Guasquet 2013)

Breathing has played a vital role in most body-mind system, the shaped breathing used in Pilates is key to post-delivery rehab. It will make the difference to engage the right muscle at the right time and obtain the greater results from the exercises.

The Lateral breathing used in Pilates help to maintain abdominal contraction while performing Pilates exercises during which keeping a stable core is important for successful performance and for protection of the body. (Pilates anatomy, Isacowitz, Clippinger) Diaphragm plays a big role in lateral breathing, on the exhale helps release all the pressures on pelvic floor and engage deeper abdominal muscles like the transverse. It's also the main tool to help recover from postnatal issues such as diastasis recti (separation of the superficial muscle of the abdominals).

Case Study :

Anna, 37 years old, first child at the age of 36 years old she had a natural delivery. I met Anna through her postnatal recovery journey. She was experienced with Pilates that she practiced in the US for many years before. She was really aware of her body and movements, but also had big expectations and high criteria regarding her physical appearance so she wanted it to be efficient. She was used to be a certain way, and wanted to get back in shape the way she looks before her pregnancy. She knew as having a “late” first pregnancy, it was more “work” for her to get back physically and mentally to what feels comfortable with.

I met her two months postpartum, she was breastfeeding her baby, and was very tired, but motivated. We started a program of 2,3 times sessions / week.

She had a weak pelvic floor and some effort’s incontinence, she also had a diastasis recti (separation of the rectus abdominis). We performed a check to confirm the diastasis diagnosis; For that check : laying down on the floor, knees bent, feet hips distance apart, exhale lift the head. With your fingers touch and feel if there’s any hole or bulk or separation, that is diastasis recti. It goes to 1 finger to several centimeters for some. Anna had one of 2 fingers, and was followed by her physio and midwife aside the sessions.

In this case of diastasis recti, the main goal is to avoid any pressures on the organs and the pelvic floor by working the abdominal “in and up”. It’s also body awareness to reconnect with your body, understand how to engage the TA during exercises, strong mind-body connection and the proper breathing to help the muscles fibers to heal and reconnect, to close the separation.

She also had hyper mobile pelvis and was feeling weird on her left hip when she was walking.

She had light kyphosis due to hours of breastfeeding in uncomfortable positions and little tendency to take too much strength in her upper back and upper trapezius.

Programs:

Our program consisted in reconnection between the mind and body. First the instructor in postnatal rehab build trust and confidence with his client. Prior any exercise, my mission, is to let the client feel safe and understood, to help her calm down, educational steps to understand body's motion, and feel respected enough, to share her very personal details about pelvic floor health and / or discomforts postpartum. Postpartum is a unique time in a woman's life, after 9 months constant attention on her, she can feel let down, or depressed considering that she goes through a lot from : delivery, to sometimes breastfeeding, hormonal changes, body's images issues, and new born care. I have to deal with human beings in a deep fatigue state, with very low focus faculty.

First 10 sessions, We start with Mat only, and develop body's awareness, anatomical education, and deep breathing / hypopressive breathing patterns. I always start with health questionnaire and body's check to see abdominal' state and/ if diastasis recti.

- 1- Body's awareness /Education : Childbirth is a big trauma for the body and the mind, the new mom has to be patient and aware of her new body and embrace it.
- 2- Breathing: through deep breathing we connect and help to calm down and feel pelvic floor deep muscles and the TA. I use hypopressive breathing technique

used by physio and midwife (Bernadette de Guasquet), This one is super-efficient to reduce intra-abdominal pressures and help reconnect muscles' fibers tissues in case of diastasis recti 'abdominal separation.

- 3- Whole body strengthening: breastfeeding and repetitive standing posture, carrying the baby, and hormonal changes makes a real challenge on the body. We encounter many upper back issues, and lateral unbalances. At this step we integrate the body as a whole and learn how to move safely, open the chest, stretch upper back, and get rid of poor habits' tensions. method)

The Exercises:

1- Mat ONLY at least 10 sessions:

- Pelvic curl and pelvis mobility: learn how to breathe, properly engage: move / stabilize the pelvis.
- Feel pelvic floor muscles to Bernadette de Guasquet method (hypopressive) and Pelvic floor midwife exercises – using mental cues and images to visualize and contract pelvic floor & TA.
- Kegel's exercises: Pelvic floor contraction
- Rolling like a ball, Cat stretch, back extension, swan prep (magic circle) resting pose
- Small props: Foam roller, shoulder stretches, Swiss Ball: stretches

both pelvic floor awareness, deep abdominal muscles & spinal articulation.

- Spine twist supine / Single leg lift / Leg changes

These exercises help her to feel and strengthen deep abdominal muscles: TA & obliques. Also helped her develop hips' dissociation and power house engagement throughout the exercises.

Main work For Anna:

- Pelvic floor TA & obliques / abdominal strengthening:
- Upper back mobility and strengthening: Chest stretches
- Hips mobility: stretches, and strengthening: correct right / left unbalances and left hip pain & disfunctions.
- Overall mobility and stress release
- Cool down / breathe / relax / some “me” time.

For Anna we did many modifications in the first place as she had weak pelvic floor, especially deep pelvic floor, she reported a feeling of a “hole” and some air out during exercises. First, we needed to build a strong pelvic floor awareness and then strengthening those muscles, with TA & obliques. Those are the deepest layer and need time and patience to reinforce. She had slight abs separation (approx. two fingers), so we avoid any head lift exercises and any exercises that can put intra-abdominal pressure if badly executed, we stuck to mat a lot with deep breathing and hypopressive patterns.

In addition, we integrated some upper back extension and strengthening to help with her light kyphosis posture and her complain about some upper back pain around thoracic region.

2- Reformer: Hips work / Spinal Art / Lateral flex / rot

- a. Frog, circles, openings
- b. Bottom lift, bottom lift with extension, semi circles
- c. Mermaid Stretch

3- Spine Corrector: Abdominal work, stretches / lateral flex/rotation

- a. Chest lift, Reach (upper back extension, careful with abs)
- b. Shoulder stretch lying side
- c. Side Lift, Spine twist supine

CONCLUSION

I have worked with Anna for six months two to three times a week, then once or twice a week for the last six months; Total we worked on her postnatal rehab for a little less than one year after delivery.

She was very dedicated and motivated to regain her body from pre-pregnancy, so she was a good listener and a hard worker; Through her hard work, my kind and devoted assistance as an instructor, and my team work with the para medical team of midwife, osteopaths and chiropractor, we succeeded in a complete recovery.

Anna started to have huge improvement in her hip hyper mobility and unbalance after three months, and many pelvic curls – modified type exercises.

After six months she had a stronger pelvic floor and good awareness of her TA, she knew how to engage her deepest abdominal layer in the exercises. She sometimes felt very tired and not focused because of her lack of sleep, so we also put a big emphasize on letting her having her “me time” so much needed, and I helped her release stress and anxiety through shoulders’ & chest stretches, psoas stretches and deep breathing exercises.

After one year she was stronger that she was before, she closed her diastasis recti completely and even proudly show off some beautiful six packs abdominis rectus. (Even if therapeutic goal was the motivation, esthetic reward was also very grateful for her).

I loved how the BASI system, adds thoracic extension focus and how much I've used that in my postnatal training journey with her and many other clients. It is what makes BASI unique to me, for postnatal recovery, compared to traditional methods.

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